Marie Collins Foundation

Child Protection Manual for Professionals and Community Based Groups

Forward

Marie Collins Foundation (MCF), founded in 2011, is a charity based in the UK that is dedicated to supporting victims of Technology-Assisted Child Sexual Abuse on their recovery journey, to go on to live safe and fulfilling lives. We provide a voice for the victim and survivor, and support professionals who work with young people through training, mentoring, and promoting the sharing of best practice. We advocate for victims and survivors by lobbying and sharing our expertise with government and policy makers to improve safeguarding responses for victims and their families.

MCF work tirelessly with survivors promoting their voice to influence change at local, national and international level. As the first NGO member of the WeProtect Global Alliance (WPGA), we influence law makers and governments and are at the forefront of survivor work in the UK with increasing global reach.

We believe children have the right to a safe childhood. Their safety must be paramount. There is a responsibility on all of us to work together to achieve this. It requires a multi-sectoral approach which ensures that the legislative framework, the professional response and the protective network around the child and family respond in a way that does no further harm.

The team from Marie Collins Foundation have worked with various organisations in Namibia since 2019 – the Gender Based Violence Unit, The One Economy Foundation and Lifeline/Childline to name a few. We have delivered training and had the pleasure of visiting the country twice.

It is through these collaborations that we have been able to develop this child protection manual for use across Namibia. The biggest barrier for children who need help and support is the network around them not recognising that abuse is happening or knowing how to respond if they do recognise it.

This child protection manual is to support all to understand the many ways a child may be harmed. With this understanding comes the capacity to respond in a child-centred way. Our vision is that professionals engaging with this document feel empowered to act appropriately, that their confidence to support victims or survivors of child abuse increases along with better outcomes across the board.

The support and funding from Safe Online enabled the development of this manual and other work packages over the last 5 years, allowing us to engage with multiple organisations doing tremendous work across the country. Whilst this project has now come to an end, we hope to find other ways to continue supporting these partnerships.

We wish you all the best as we work together to safeguard children and encourage you to keep up the good work. It can feel overwhelming at times, but remember, if we can improve the outcome for just one child, it is a job well done.

Victoria Green
CEO Marie Collins Foundation

Introduction

This training manual has been produced to support the development of a facilitated child protection training program for individuals who work with children. It seeks to standardise the basic knowledge required when working with children to ensure they are safe and that child protection concerns are recognised and responded to.

The course should be delivered over 4 days and ideally with an accompanying PowerPoint presentation. It can be presented to single agency groups or to a range of professionals (multi-agency) groups.

This Manual has been designed to aid the facilitator by providing additional background knowledge for the presentation they will be delivering. If there are course limitations, such as no access to a projector, the course can be delivered without the accompanying Power Point.

It has been specifically designed for the Namibian work force with participants receiving a certificate upon completion of all modules.

Preliminaries

Before the facilitator delivers any training participants should be provided with a clear outline of the course, so they know what to expect:

1. Introduction.
   The facilitator needs to explain who they are. Participants should also be asked to introduce themselves with a brief description of how they work with children. This helps encourage people to have the confidence to speak in large groups and will help the facilitator to understand the experience in the room so that they can pitch the training to that level.

2. Timings, refreshment/comfort breaks and emergencies.
   Explain what to do in an emergency, where the fire exits are and if there is a planned fire drill for that day. Explain where the toilets are and rough timings for refreshment breaks, and the course finish time.

3. Additional work commitments.
   We recognise that some participants will be juggling attending the course with other work commitments. Although it should be expected that participants commit to attend the course, it is not unusual for individuals to be called to answer either a specific question about a case or to respond to a child protection issue. Therefore, a reminder at the start that if they need to deal with a situation that is okay but to complete the course the participants do need to commit to it.

4. Delegate safety.
   The course covers a range of contexts in which a child may be abused. It may be the case that some participants have themselves experienced some form of direct child abuse. To ensure they are not further harmed by the content, participants need to be assured that they can take a break at any time, and if there is anything that they have found 'triggering' then they can speak to their manager or access a support service. This information should be given at the start of each Module. If the facilitator sees anyone struggling with the course content, they should put

in an impromptu comfort break so that the facilitator can check in with the participant to ensure they are okay.

Glossary:

Child – For this document a child is defined as anyone under the age of 18.

Child Abuse – Child abuse or maltreatment constitutes all forms of physical and or emotional ill-treatment, sexual abuse, neglect, or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development, or dignity in the context of a relationship of responsibility, trust or power.

Child Protection – A broad term to describe philosophies, policies, standards, guidelines, and procedures to protect children from both intentional and unintentional harm.

Multi-Agency Working – Professional from more than one organisation working together (e.g. Police, Social Worker, Teacher, etc.)

Safeguarding - For the purpose of this manual is defined as a set of policies, procedures and practices within a framework designed to protect children from abuse and neglect, preventing impairment of their health and development, and ensuring they are growing up in safe environments. This is a preventative approach whereas child protection responds to harm done.

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MODULE 1: WORKING WITH CHILDREN

Facilitator notes

'There can be no keener revelation of a society's soul, than the way in which it treats its children'.

Nelson Mandela

1.1 Introduction

Working with children is both a rewarding and a challenging job. It requires those who are supporting children to understand a child's needs as they grow and to appreciate the influences that can impact this. In this module we will be exploring child development, attachment, and resilience, as well as introducing the child protection framework outlining the many facets that need to be applied to have a robust system in place to protect children. We will also look at some of the challenges this will bring.

1.2 Objectives:

- Explanation of children's development from birth to 18.
- Appreciation for the child's attachments and what influences it.
- Introduction to the principles of child protection.
- Introduction to the concept of multi-agency working to protect a child.

Outcomes

Participants have:

- a basic understanding of the development stages of a child.
- an understanding of the need for a child protection framework and the challenges this can bring.
- an understanding of the need to work in collaboration with other services/organisations to protect a child.

1.3 Warm-Up Exercise

With the person next to you, describe your childhood. Focus on the influences of the day, any risks that were known to you and your level of freedom. Did your parents give you more freedom than you would give a child of today? Do you believe there are any risks that are greater today and if so, why?

Get people to feed back to the wider group and see if there is a reason why things have changed (media, internet, conflict, changes in economy, etc)

The aim of this icebreaker is to encourage people to think and vocalise about the children of today and what views and assumptions the participant may have or have carried over from their childhood, as well as feeling confident to talk in the group.

1.4 Defining a Child

In Namibia the Child Care and Protection Act 3 of 2015 defines a child as 'a person who has not attained the age of 18 years'. However, there are other ages that although under 18, will mean a child can choose or be held responsible for certain actions.

Age of criminal responsibility is 7[1].
Age of sexual consent is 16[2]
Age of marriage is 21[3]
Age to drink alcohol is 18[4].

In 1989 the United Nation Convention on the Rights of the Child[5], which Namibia has signed up to, outlined several requirements, referred to as Articles. Some of them are:

- **Article 3:** The best interests of the child must be a top priority in all decisions and actions that affect children.
- **Article 7:** Every child has the right to be registered at birth.
- **Article 16:** Every child has the right to privacy.
- **Article 34:** Governments must protect children from all forms of sexual abuse and exploitation.

1.5 Stages of Child Development

Child development is a complex phenomenon, shaped by both nature and nurture. It is determined by a child's genes and embedded in the interactions between the individual, family, community, and societal elements. All children are different, and therefore will grow and achieve things at different rates. Developmental stage guides will only indicate roughly what children should be able to do within the ages described. The child's health may be a factor in how a child is or is not developing, as can other things.

Appendix 1 shows a table of expected development stages at different ages.

Abraham Maslow[6] (1943) proposed a theory called the hierarchy of needs which outlined a sequence of needs that had to be met to develop. He categorised five needs – physiological, safety, love/belonging, esteem and self-actualisation. Maslow placed these needs on top of each other in a pyramid, with the theory being that the need must be met before progressing up the pyramid. This theory can be criticised for not being based on rigorous empirical data and therefore

[1] First Country Report of Namibia to the UN Committee on the Rights of the Child 1994
A child over the age of 7 can in theory be convicted of a crime in Namibia. For children between the ages of 7 and 14, however, there is a rebuttable presumption that the child is incapable of wrongdoing. This means that offenders in this age group can be convicted only if the State proves that the child knowingly intended to do wrong and understood the consequences of the wrongful act. "Juvenile offenders" are generally considered to be persons under the age of 18, and there are special provisions regarding procedures and punishment for children under this age (Criminal Procedure Act No. 51, 1977). There are also a few special provisions in the criminal law for persons over the age of 18 but under the age of 21.

[2] Combating of Immoral Practices Amendment Act of 2000, Sect. 14 – Sexual Offenses with Youths

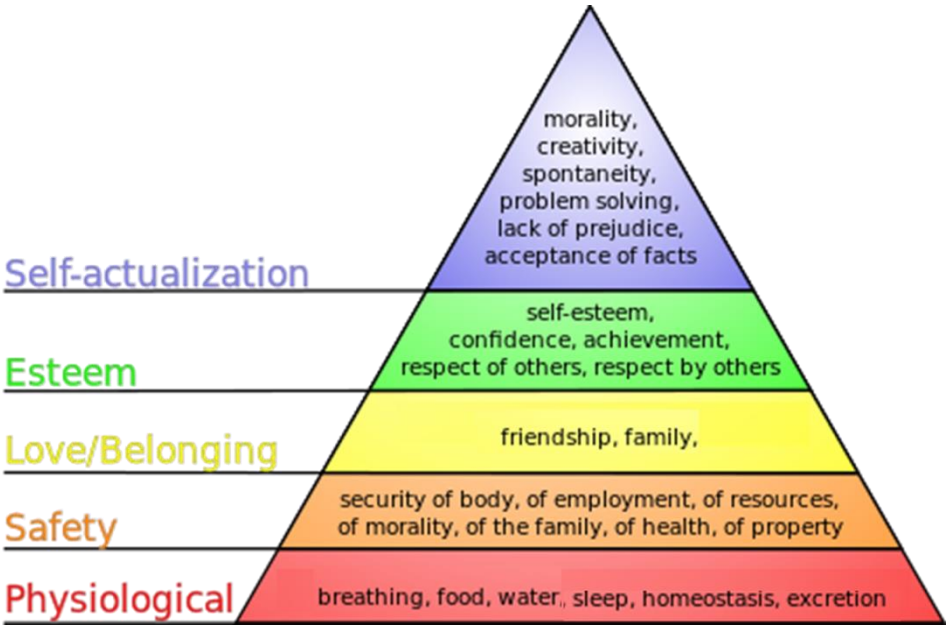
[3] Child Care and Protection Act (2015) Sect. 10(10) – Age of majority - The law sets the minimum age for marriage at age 18 but under 21 must get parental permission.

[4] Liquor Act 6 of 1998, section 56(10)-(12)

[5] UNICEF UK. (1989). The United Nations convention on the rights of the child.
https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_PRESS200910web.pdf?_ga=2.78590034.795419542.1582474737-1972578648.1582474737

[6] Maslow, A. H. (1943). A theory of human motivation. Psychological Review, 50 (4), 370-96.

more a philosophy, but the premise is useful in helping us to consider some of the things in a child's life that need to be met or in place to help that child succeed.



The starting point is Physiological needs. This is about having the right nutrition and water, access to fresh air, enough rest and exercise.

When the Physiological needs have been met then the child can move to the next stage, Safety needs. This is about security and feeling safe – physically and emotionally, the need to have shelter/a home and to have stability in one's life, a feeling of being protected.

Belongingness and love are to do with others, the social side of feeling that you belong, are connected, loved and included.

Esteem needs concern the inner self – having feelings of achievement, being recognised, having power over one's life and being a person different from another person.

Self-actualization is to do with achieving one's full potential, being creative and finding that specialness in oneself.

From a pure child development stance, all child developmental needs are encompassed in Maslow's theory – physical development, emotional development, social development, cognitive and language development, and aesthetic development. What's important to take away from looking at Maslow's theory is that the positive human condition rests on being healthy in body and mind. You have to attend to the basic needs of a child before you can expect them reach their full potential.

Group Activity:

Divide the class into 5 groups. Get them to think about how a conflict or natural disaster would affect the domains on Maslow's pyramid. Examples may include – evacuation (the child's physiological domain would be impacted by the need for shelter as the child may be in a tent or homeless); earthquake (impact on the child's safety domain if it resulted in homes collapsing, how safe would the child feel in another home, or would support and time be needed for them to feel safe)?

1.6 How Conflicts and Natural Disasters Impact on a Child

The impact of conflict and natural disasters on children is substantial and has important repercussions on their well-being. In addition to deaths and injuries, a disruption is caused to all daily activities and the connections they entail. People are often relocated to temporary housing, away from social supports such as schools, churches, clinics or recreation programs and jobs are disrupted due to lack of transportation, loss of tools, or workers' inability to concentrate. As well as losing family, friends, furniture, and clothes, victims lose geographical references (i.e. streets) and symbolic possessions (i.e. photographs), both serving as important reminders of their life, identity and culture.

While it is clear that disaster and war have enormous impacts, research has proven that not all children will be affected in the same way. Children exhibit individual differences in temperament, sources of social support, age and cognitive ability, coping responses, pre-existing stresses, and histories of dealing with adversity. Whereas some children are highly resilient, others may be more vulnerable. Therefore, when working with children or families impacted by such occurrences each child's needs must be responded to on a case-by-case basis.

1.7 Attachment

The desire to make a human connection is universal and has its origins in the need to attach to survive. This bond between parents or care givers and child is one of the pivotal variables determining the course of development through childhood and is referred to as 'Attachment'. The kind of care infants and children receive from the primary care giver determines, to a significant degree, the kind of attachment they form. British psychologist, psychiatrist, and psychoanalyst John Bowlby[7] was a significant leading force in our understanding of child attachment theory. He believed that there are five attachment behaviours – sucking, clinging, following, crying, and smiling, and that these were developed in human beings through natural selection. These behaviours constitute an attachment behavioural system to protect an immature offspring and increase the child's chances of survival. The African continent is home to a rich and diverse range of cultures, and these social and economic factors will also be an influence on a child's attachment. Therefore, when exploring a child's attachment style, we must be sensitive to these cultural variances in acceptable behaviour and expectations for development.

In 1969 Bowlby proposed four different attachment styles:

1 Secure Attachment:

When the infant is left alone, they will show an appropriate amount of distress, but can seek support and comfort in other relationships. The child can regulate their emotions and manage conflict in close relationships. This would indicate a healthy relationship with a caregiver who responds to their needs consistently.

2 Anxious (Ambivalent) Attachment:

The infant will show distress when left alone. The child craves close relationships but will struggle with trust. The child will often display feelings of anxiety and/or jealously. This is caused when an infant learns that their caregiver is unreliable, not consistently providing responsive care that meets the child's needs.

[7] Bowlby, J. (1969). Attachment and Loss, Vol. 1: Attachment.

3 Avoidant Attachment.

The child has no preference for the parent's presence and the child is often independent, withdrawn and can minimise the feelings of others. Often caused by an abusive or neglectful caregiver who has not responded to the needs of the child leading the child to shut down their feelings and become self-reliant.

4 Disorganised Fearful Attachment.

This is the most extreme insecure attachment style with the child wanting a close relationship but putting up walls to stop themselves from being hurt. It involves both high anxiety and high avoidance. For the child, close relationships can be confusing with the child feeling worthless. Children who have this type of attachment often display aggressive or antisocial behaviours.

1.8 Resilience

We have seen that some children are able to overcome stressful situations more easily than others. **Resiliency** can be defined as the ability to respond to a traumatising event by using own resources. Studies have shown that resilient children have characteristics such as a developed intelligence, an ability to be efficient, a strong self-esteem, developed social capacities, the ability to anticipate and plan and are identified as being children with a good sense of humour and optimism. As mentioned in the discussion above, to understand resiliency, it is essential to identify protective factors that buffer the effects of risk factors.

Protective factors that contribute to resiliency can be organised in two categories:

External factors	Internal factors
• Having access to schools. • Having access to economic opportunities. • Having access to shelter and hygiene. • Participating in community practices. • Having connections to religious groups.	• Having a close connection to a primary caregiver (consistent and competent). • Having close connection to caring members of the local community, outside of the family. • Benefiting of good health.

1.9 Concept of Child Protection (CP)

Some children may be at risk of not achieving their full potential due to their parents or care givers not being able to meet the child's needs. For other children they may be being harmed or abused by relatives or by people outside of their family. Thanks largely to ground-breaking accords, the notion that children have rights is no longer an issue of debate or contention in Africa. However, other issues of debate and contention remain. Some of the challenges are how these rights are protected in practice, how provision within the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter harmonise with individual countries and whether child centred legislation is well enough known amongst police and the wider children workforce.

A regional report by the African Child Policy Forum[8] reviews and analyses how far 18 Eastern and Southern African countries, (Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe), have gone in implementing the principles of the CRC and the African Charter, and how well they have built the recognition of children's rights into their legal systems.

The report is targeted primarily at governments and organisations in the countries researched. However, it is anticipated that other stakeholders in children's rights at the regional and international levels will also find it useful. Beyond that, it is hoped that the report will provoke debates on the harmonisation of laws relating to children across the whole of Africa.

Protecting children can be depicted in terms of building a house (picture of the house).

1 Firstly, you need to prepare the ground, which represents introducing the concepts of child protection and child abuse. This can be considered as:
   i) Protection as rights based: The United Nations Convention on the Rights of the Child (UNCRC) ratified in September 1990 by Namibia.
   ii) Protection as state responsibility: Protection is the foremost responsibility of a state towards its citizens. Only where and when a state cannot meet its responsibility, is it charged with enabling the provision of humanitarian action by other organisations.
   iii) Protection as humanitarian principle: Born of a desire to bring assistance without discrimination, the essence of humanitarian aid is to protect life and health and to ensure respect for all people.
   iv) Protection as empowerment: Protection is fundamentally about people. People are always key actors in their own protection.

2 Once you have prepared the ground, you need to lay solid and stable foundation stones which represent the principles or ways of working.

   In Namibia we have a range of legislation and guidance that requires us to respond to child protection concerns. These are:

   i) The Child Care and Protection Act 3 of 2015
      a. Defines a child in need of protective services in terms of Section 131 and the procedures that should be followed as well as stipulated timelines for reports by service providers.
      b. Has made it mandatory for professionals to report in terms of Section 132, including a criminal liability should they not. The act also provides a list of professionals.
      c. National Advisory Council on Children: a multi-sectoral body tasked to promote the rights and interests of children.
      d. Children's Advocate: an official in the Office of the Ombudsman who focuses on issues relating to children.
      e. Children's Fund: a special fund that pools resources from different ministries, donors and development partners for programmes which will benefit children.

   ii) Namibian Constitution – *No persons shall be subject to torture or to cruel, inhuman, or degrading treatment or punishment.*[9]

[8] Governance and Child Wellbeing in Africa: A Review 2009 https://africanchildforum.org/index.php/en/sobipro?sid=57

[9] The Constitution of Namibia, 1989, Article9.

iii) Combating of Trafficking in Persons Act 1 of 2018
iv) Labour Act 11 of 2007

3 Then you can start laying the bricks that represent the elements of child protection and procedures. You may have to deal with bad weather which represents the obstacles you may encounter in implementing the child protection plan. In some cases, child protection concerns will be open to interpretation by others. In Namibia the obstacles can include:

i) Ensuring children's welfare remains a challenge in Namibia. [10]
ii) The 2022 Disrupting Harm Survey focusing on online child sexual exploitation and abuse reported that 9% of Internet users aged 12-17 in Namibia were subjected to online child sexual exploitation and abuse – roughly 20,000 children per year. The report also presents findings that most offenders are known to the child.[11]
iii) Laws are still not fully harmonised. The Child Care and Protection Act (2015) defines a child as being a person below the age of 18. The UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child also defines a "child" as a person below the age of 18. There is a different rule about the "age of majority", which is set at 21 in Namibia by a 1972 law called the Age of Majority Act.
There are also significant inconsistencies in setting various minimum ages such as for criminal responsibility, sexual consent and marriage. (Facilitator to ask if anyone knows Namibian legal age for a child to be criminally responsible, to consent to sex, to get married).
iv) In some cases, the birth of a baby is not registered. One of the fundamental rights enunciated in both the UNCRC and the African Charter[12] is the right of a child to a name and nationality. If a child does not have an officially registered name, nationality and birth date, it is difficult for any legal system to protect that child effectively.
v) Children subjected to Violence. The Government of the Republic of Namibia in 2019 completed a nationally representative Violence Against Children and Youth Survey (VACS)[13]. This survey interviewed 5,191 children and youths aged 13-24 years old and found that both boys and girls experience unacceptably high rates of emotional, physical, and sexual violence. Physical violence is the most common form of violence experienced and witnessed by children and young people and is most often perpetrated by a parent, caregiver, or other adult relative. Nearly one in three females (32.9%) and two in five males (41.2%) experienced physical violence before age 18.

4. Finally, you need to carry out maintenance and repair work on your house, which represents the need to monitor and evaluate your child protection plan by constantly checking and improving them. Learning from critical incidents of failing, reflective practice, training research, listening to the voice of lived experience etc.

1.10. Multi-Agency Working

Exercise:

[10] Afrobarometer Dispatch No. 612 | Christiaan Keulder. March 2023

[11] ECPAT, INTERPOL, and UNICEF. (2022). Disrupting Harm in Namibia: Evidence on online child sexual exploitation and abuse. Global Partnership to End Violence Against Children.

[12] Article 7 of the Children's Rights Convention, every child has the right to be registered in a birth register and to have a name and to acquire a nationality. Article 8 obliges the contracting states to respect the identity of children.

[13] https://files.mutualcdn.com/tfg/assets/files/Physical-violence-The-most-common-form-of-violence-experienced-by-children-and-youth-in-Namibia_2022-10-14-132157_gmrj.pdf

Ask the class to identify as many professionals as they can who will at some point encounter children, or work with families.

The exercise aims to help participants understand the vast range of professionals who work with children or families. The list should name the professionals who have some form of short or long-term interactions with children (see Appendix 2 for list).

Multi-agency working is about how different professionals work together to protect a child they are all working with. Each professional will have their role and a reason for working with the family or child but through their work they are also tasked with keeping the child safe. The key to effective working with other agencies is to understand their role and how all can work together.

An example of this:

A family has a social worker due to concerns of a domestic abuse within the relationship. The perpetrator is under investigation by the police and regularly sees a mental health nurse as they struggle with depression. The mother in the family is pregnant and sees a midwife and a charity worker for victims of domestic abuse. The oldest child has recently been released from prison and sees their Probation Officer. Their other child attends school daily and has a good relationship with their teacher. They have additional help with a school helper. This child enjoys football and attends an after-school club where there is a coach.

If we look in this example, we can see there are a range of professionals (9) that are regularly seeing the family. In addition, we need to consider how many other professionals will come into contact with the child. For example, the child goes to school so consider how many others they will see, such as teachers, cleaning staff, school caretaker, dinner staff, school crossing safety officer, receptionist, etc…

A Coordinated Approach

Working with other agencies is not easy. Some challenges for individuals are:

Difference of opinion on other's professional's roles – one worker may have expectations of what another worker should be doing. One worker may feel that if the police put bail conditions in place this would help keep the child safer. The officer may feel that if the social worker removed the child from the family, then that would keep the child safer, etc.

Sharing of information – information needs to be shared about concerns. Professionals may feel they are breaching confidentiality or that by sharing they are putting an investigation at risk. Ultimately if all professions involved with a family do not know if there is deterioration or wider concerns then this becomes a 'missed opportunity' to protect the child.

Not being clear on the risks – being able to know what another professional means when they are talking about risk is important. Are they clear on what a certain risk level is and does this apply to anything specific? If their role does not require them to have the same level of child protection knowledge, then have the concerns been explained clearly with key indicators being highlighted so that the worker will know what to look for?

Seeing it as another worker's job – some children are not protected even when there are lots of professionals involved, one may not take a course of action as it 'is not their job'.

Professional insecurity – some professionals may feel that others are better qualified or know more about what is happening. They may feel intimidated and reluctant to challenge the view of another professional.

Lack of opportunity – it requires meetings for professionals to come together and a level of coordination for this to happen.

Resources – some agencies will receive more funding than others, that can sometimes leave professionals to feel that these better funded organisations should pay or arrange for support.

Historical influences – not liking another professional or having a negative history with another worker. This may cloud their ability to work with them in a positive manner or value their opinion.
It is important to remember that without working together the benefits for the child's safety are diminished. It is not easy and requires patience, understanding and time to work with other agencies.

1.11 Module Reflection

The aim for participants in module one is to introduce child development and at what stages in the child's life we should see this development. It has highlighted how a child's attachment to a care giver will have a significant impact on that child. This module also introduced the concept of a child protection system, and what it entails. How we work with other practitioners and police officers to ensure that a child is safe is a vital aspect of child protection and one that comes with lots of challenges for those involved.

MODULE 2: INTRODUCING CHILD PROTECTION

Facilitator notes

'Many survivors insist they are not courageous: 'If I were courageous, I would have stopped the abuse,' 'If I were courageous, I wouldn't be scared'...Most of us have it mixed up. You don't start with courage and then face fear. You become courageous because you faced your fear'.

Laura Davis

2.1 Introduction

Child Protection (CP) is a highly emotive subject that can evoke strong feelings in people. However, all those working with children including health, education, and law enforcement have a professional responsibility to safeguard and protect children. This module will look at abuse and circumstances that harm a child, how we may find out about the abuse and what to do if we have concerns.

2.2 Objectives:

- Build on the concept of child protection.
- Explain the legal duties of individuals to ensure they respond to child protection.
- Expand the participants' knowledge of the ways a child can be abused.
- Explain how a child will indicate abuse and what the practitioners needs to do

Outcomes

Participants will:

- understand how children can be harmed or abused.
- have an appreciation of their roles in responding to child protection concerns.
- know what to do if they have child protection concerns.

2.3 Child Protection in Practice

When people consider child protection, they often think of a particular type of abuse such as 'sexual abuse'. Although this may be part of the story, for some families there could be factors that mean they will struggle to meet the child's emotional, physical, and developmental needs. Other children will need protecting from being exposed to harm or through being the target of the abuse. The Definition in Namibia is[14]:

A child is in need of protective services if that child:

- is abandoned or orphaned and has insufficient care or support.
- is engaged in behaviour likely to be harmful to the child or someone else, and the parent, guardian or caregiver is unable or unwilling to control that behaviour.
- lives or works on the streets or begs for a living.
- is being, or is likely to be, neglected, maltreated or physically or mentally abused.

[14] Child Care And Protection Act 2015 s.131

- is addicted to alcohol or drugs and is without support to obtain treatment.
- is involved in a criminal matter.
- is an unaccompanied foreign child.
- is chronically or terminally ill and lacks a suitable caregiver.
- is living in an extremely overcrowded, highly unsanitary or dangerous place.

Depending on the circumstances, a child may be in need of protective services if that child:

- is a victim of child labour, child trafficking, commercial sex work or other forms of sexual exploitation, or a serious crime against the child (such as rape or assault).
- is living in a child-headed household.
- lacks a suitable caregiver because his or her parent is in prison.
- is under the age of 16 and habitually absent from school.
- is under the age of 16 and pregnant or suffering from a sexually transmitted infection (which could be signs of sexual abuse).
- is over the age of 16 and suffering from multiple or repeated sexually transmitted infections.
- is exposed to circumstances which may seriously harm the child's physical, mental, emotional or social well-being.
- is living in a violent family environment.
- is living with a parent, guardian or caregiver who unreasonably withholds consent to necessary medical or therapeutic treatment.
- is involved in a case being investigated by the Children's Advocate or the National Advisory Council on Children.

A suspicion that a child might fall into any of these categories is a trigger for a social worker investigation.

Group Exercise:

Divide the class in half, one side will write a list of what things a child may need protection from, and the other half will write a list of why a caregiver may not be able to meet their emotional, physical, and developmental needs. If it is a large class, it may be that they need to divide into four groups, with two groups doing question one and the other two groups doing question two. Some examples may be:

Need protection from

- *Physically abusive parents.*
- *Being targeted by a sex offender in the community.*
- *Forced to work at too young an age.*
- *Violence within the home.*
- *Harmful religious practices.*

Needs not being met

- *Not being taken for medical treatment.*
- *Not being fed, despite the family having food.*
- *Constantly blamed by the caregivers for everything.*
- *Not taken to school.*

Get representatives from each group to read some of the items on their list to the rest of the class and, where necessary, expand on certain points. It may be during this exercise that some participants start asking about who could support the child in certain situations. In some cases, it may need acknowledging that there isn't a resource or service to address this. Then the question can be explored as to what else could be done to support the child.

Some children will be at an increased risk of abuse due to additional circumstances. The World Report on Violence and Health 2002[15] outlines a number of these factors:

Age – The child's age may limit their ability to say or understand what is happening. Very young children and babies are at an increased vulnerability due to their level of dependency on a parent/caregiver, inability to tell us what is happening and the limited contact they will have with professionals such as teachers.

Special characteristics – Premature infants, twins and disabled children have been shown to be more vulnerable to abuse.

Caregiver and family characteristics – Research cited in this report has linked certain characteristics of the caregiver, as well as features of the family environment, to child abuse and neglect. Some factors are related to the psychological and behavioral characteristics of the caregiver or to aspects of the family environment that may compromise parenting and lead to child maltreatment.

Gender – Statistically males are the most common perpetrators of life-threatening head injuries, abusive fractures, and other fatal injuries as well as the sexual abuse of children.

Family structure and resources – Physically abusive parents are more likely to be young, single, poor and unemployed and to have less education than their non-abusing counterparts. Low education and a lack of income to meet the family's needs increase the potential of physical violence towards children, lack of money for the child's needs was one of the primary reasons given by parents for psychologically abusing their children.

Family size and household composition – The size of the family can also increase the risk of abuse. Household overcrowding increases the risk of child abuse. Unstable family environments, in which the composition of the household frequently changes as family members and others move in and out, are a feature particularly noted in cases of chronic neglect.

Personality and behaviour characteristics – Several personality and behavioral characteristics have been linked to child abuse and neglect. Parents more likely to abuse their children physically tend to have low self-esteem, poor control of their impulses, mental health problems, and display antisocial behaviour. These parents may have difficulty planning important life events such as marriage, having children or seeking employment. Many of these characteristics compromise parenting and are associated with disrupted social relationships, an inability to cope with stress and difficulty in reaching a social support system. Abusive parents may also be uninformed and have unrealistic expectations about child development. They are less supportive, affectionate, playful, and responsive to their children, and they are often controlling and hostile.

Violence in the home – Increasing attention is being given to domestic abuse and its relationship to child abuse. Domestic violence in the home doubled the risk of child abuse.

Other characteristics – Stress and social isolation of the parent have also been linked to child abuse and neglect. Stress resulting from job changes, loss of income, health problems or other aspects of the family environment can heighten the level of conflict in the home and the ability of members to cope or find support. Child abuse has also been linked in many studies to substance abuse.

[15] World Health Organization Geneva 2002 https://www.who.int/publications/i/item/9241545615 P66.

Poverty – Numerous studies show a strong association between poverty and child maltreatment. Rates of abuse are higher in communities with high levels of unemployment and concentrated poverty, chronic poverty adversely affects children through its impact on parental behavior and the availability of community resources.

Social Capital – Represents the degree of cohesion and solidarity that exists within communities. Children living in areas with less 'social capital' or social investment in the community appear to be at greater risk of abuse and have more psychological or behavioral problems.

2.4 Types of Abuse

Children can be harmed in several ways in a range of circumstances. However, broadly speaking, the way a child is harmed, and the type of harm fits into the following categories:

- **Physical Abuse** – includes bodily harm or injury caused by blows or harmful substances, as well as exposure to unreasonable risk of harm or injury.
- **Emotional and Psychological Maltreatment** – attacks a child's self-image, often through labels and ridicule.
- **Neglect** – is the failure to provide for a child's physical, medical, emotional, and safety needs.
- **Sexual Abuse** – can occur through showing and communication as well as through touching. Not only forced activity, but also permission and rescission, can be abusive.

2.5 Physical Abuse

This is defined as an adult's physical act of aggression directed at a child that causes injury, even if the adult didn't intend to injure the child. It is important to remember that it also applies if the caregiver fails to prevent physical injury or suffering to a child including deliberate poisoning, suffocation and fabricated or induced illness.

Many physically abusive parents and caregivers insist that their actions are simply forms of discipline, ways to make children learn to behave, but it is important to see past this excuse. Physical abuse may result from extreme discipline or from punishment that is inappropriate to the child's age or condition, or the parent may experience recurrent lapses in self-control brought on by anger, excessive need for control, immaturity, stress, or the use of alcohol or illicit drugs.

Forms of physical abuse include:

• Burning with cigarettes, acids, iron, metal implements heated on a fire. • Punching. • Pushing, or throwing.	• Being kicked. • Whipped or beaten with an object. • Strangling. • Stabbing. • Pinching or biting.	• Suffocating with objects being put over their head or their head submerged in water. • Being shaken.

Common indicators of Physical abuse are:

• Improbable excuses or refusal to explain injuries. • Wearing clothes to cover injuries, even in hot weather.	• Unexplained recurrent injuries or burns. • Fear of medical help or examination. • Self-destructive tendencies. • Aggression towards others.

• Refusal to undress for gym. • Bald patches. • Chronic running away. • Fear of suspected abuser being contacted. • Fear of an individual. • Demonstrating fear when voices are raised.	• Fear of physical contact – shrinking back if touched. • Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study'). • Explanation does not match the injury.

Physical injuries will often leave marks either in the shape of bruising, scars or open wounds.

Since children typically receive bruises during play or while being active, the leading or bony edges of the body, such as knees, elbows, forearms, or brows, are most likely to be bruised. The soft tissue areas, such as cheeks, buttocks, and thighs, are not normally injured in such circumstances. Additionally, bruises received during the normal course of childhood activity are rarely in distinct shapes, such as a hand, belt buckle, or adult teeth marks. Bruises in soft tissue areas or in distinct shapes are much more indicative of physical abuse.

Unlike bruises, abuse directed to the abdomen or the head, which are two particularly vulnerable spots, often are undetected because many of the injuries are internal. Injuries to the abdomen can cause swelling, tenderness, and vomiting. Injuries to the head may cause swelling in the brain, dizziness, blackouts, retinal detachment, or even death. Referred to more recently as the 'shaken baby' syndrome, violent shaking can cause severe damage in children at any age.

It is important to always ask a child about an injury no matter how innocent it looks and to include this on the child's record. The size and description of the injury should also be recorded, and the use of a body map (see Appendix 3) can be helpful. Description example may be 'there was a small bruise about the size of a 10c coin on the left-hand arm just above the elbow. The child said it had occurred by…' It may be that later abuse can be detected via the child's record or if there is a criminal investigation, previous records can be used by the court to show there is a history of the child being harmed.

Other forms of physical abuse are:

- **Corporal punishment**, the use of physical force with the intent of inflicting bodily pain, but not injury, for the purpose of correction or control, used to be a very common form of discipline. Most childcare experts have come to agree that corporal punishment sends the message to children that physical force is an appropriate response to problems or opposition. The level of force used by an angry or frustrated parent can easily get out of hand and lead to injury.
    - Corporal punishment in the home is prohibited.[16]
    - A person may not use corporal punishment on a child at any residential childcare facility, in foster care or in any other form of alternative care resulting from a court order.[17]
    - A teacher or any other person employed at a state school or private school or hostel commits misconduct, if such teacher or person, in the performance of his or her official duties imposes or administers corporal punishment upon a learner, or causes corporal punishment to be imposed or administered upon a learner.[18]

[16] Section 228(1) of the Child Care and Protection Act of 2015
[17] Section 228(3) Child Care and Protection Act of 2015
[18] Education Act 16 of 2001, section 56(1) (in the process of being replaced by a new Education Act)

- **Shaken baby syndrome** occurs when a 'frustrated' caregiver shakes a baby roughly to make the baby stop crying. The baby's neck muscles can't support the baby's head yet, and the brain bounces around inside its skull, suffering damage that often leads to severe neurological problems and even death. While the person shaking the baby may not mean to hurt him, shaking a baby in a way that can cause injury is a form of child abuse.

2.6 Emotional Abuse

Emotional abuse can be defined as actual or likely severe adverse effect on the emotional and behavioural development of a child caused by persistent or severe emotional ill treatment or rejection. Emotional child abuse involves behaviour that interferes with a child's mental health or social development: one website calls it 'the systematic tearing down of another human being.' Such abuse can range from verbal insults to acts of terror, and it's almost always a factor in the other three categories of abuse. While emotional abuse by itself doesn't involve the infliction of physical pain or inappropriate physical contact, it can have more long-lasting negative psychological effects than either physical abuse or sexual abuse.

Forms of Emotional Abuse may include the following behaviours:

• Terrorising. • Intimidating. • Persistently humiliating or demeaning the child. • Calling them names. • Verbally aggressive behaviour towards the child. • Persistently ignoring them. • Never praising or recognising achievements. • Denying the child having any friends.	• Regularly blaming the child. • Making the child act in a derogatory way. • Exposing the child to upsetting or harmful incidents. • Ridiculing the child through jokes or comments. • Unrealistic expectations of the child's abilities. • Not responding with any emotional warmth or comfort.

Common indicators of Emotional abuse are:

0–5-year-olds	6–17-year-olds
• Do not appear to have a close relationship with their parents. • Do not readily go to parents to seek comfort. • Appear anxious or under confident. • Be over affectionate with strangers. • Show cruelty to other children and animals.	• Age-inappropriate language. • Poor or distant relationship with their caregivers. • Display sudden and extreme outbursts. • Have few if any friends. • Difficulty controlling their emotions. • Withdrawn. • Low self-esteem. • Overreaction to mistakes. • Continual self-deprecation (I am stupid, etc). • Extreme fear of any new situation. • Inappropriate response to pain ('I deserve this'). • Extremes of passivity or aggression.

If a child is also bullied at school or in the community this can exacerbate the child's feeling of low self-worth and reduce respite from the abuse they are suffering at the hands of their parents or caregivers.

It is worth remembering that all abuse involves some level of emotional ill treatment. This category should only be used where it is the sole or main form of abuse. While emotional maltreatment most often is observed through behaviour, it is possible for children to internalise it so sufficiently as to cause developmental lags, psychosomatic symptoms, and other visible effects, such as speech disorders.

2.7 Sexual Abuse

Child sexual abuse refers to various sexual activities perpetrated against children (persons under 18), regardless of whether the children are aware that what is happening to them is neither normal nor acceptable. It can be committed by adults or peers and usually involves an individual or group taking advantage of an imbalance of power. It can be committed without explicit force, with offenders frequently using authority, power, manipulation, or deception.[19]

Sexual abuse is defined as inappropriate adolescent or adult sexual behaviour with a child. It includes fondling a child's genitals, making the child fondle the adult's genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. Sexual abuse also may be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over the child.[20]

Sexual abuse may take place within the family (sometimes referred to as incest or familial), by a parent, their partner, or at the hands of adult caretakers outside the family, for example, a family friend or babysitter. Sexual abuse can take place in the 'real world' and/or be enabled or facilitated by technology, or it can take place online only.

One of the myths of sexual abuse is that it is carried out by strangers, when in reality it is statistically more likely that a child will be abused by someone known to them and has a relationship with them. It is important to remember the age of sexual consent in Namibia is 18 years of age.

[19] Interagency Working Group on Sexual Exploitation of Children. (2016). Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse. Bangkok: ECPAT International.
[20] Combatting Rape Act 8 2000

Forms of Sexual Abuse include:

• Penetrative of either mouth, vagina or anus, by either penis, other parts of the body or objects. • Sexual touching of the child. • Child encouraged/forced to touch other people's genitals. • Showing the child pornography. • Forcing a child to be part of sexual activities. • Forcing the child to have sex with others. • Communicating with a child for sexual gratification. • Production, possession, or sharing of child sexual abuse material (CSAM)	• Forcing a child to undress. • Forcing or coercing a child to behave in a sexual manner, including masturbation. • Child being exposed to watch sexual activity. • Forcing or coercing the child to take and/or share intimate recordings of themselves. • Voyeurism (spying or secretly recording) the child undress. • Live-streaming of child sexual abuse. • Online grooming of children for sexual purposes.

Common indicators of Sexual Abuse include:

• Bruising. • STI (Sexually Transmitted Infection). • Pregnancy. • Self-Harm. • Bed wetting. • Nightmares. • Reduction in self-care and personal hygiene. • Alcohol/drug misuse. • Become worried about clothing being removed.	• Sexualised language and behavior unusual for a child's age. • Fear of being alone or around a particular person known to them. • Sudden mood changes. • Bleeding, tearing in genital and/or anal area. • Inconsistent explanation for injuries to genital or anal area. • Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys.

Sexual abuse is explored in further detail in Module 5

2.8 Neglect

Child neglect is a failure in the exercise of parental responsibilities to provide for the child's basic physical, intellectual, emotional or social needs. The law stipulates the children's rights to basic conditions of living, including food, shelter, clothing, care and protection, as well as adequate health care, education, play, and leisure. It also specifies that caregivers provide rights according to their abilities and financial capacities. [21].

Neglect is the most common type of child maltreatment. It should not be confused with poverty, just because the caregiver cannot afford certain items does not mean they are neglectful. It is the caregiver's inattention to the basic needs of a child, such as food, clothing, shelter, medical care, and supervision that is the factor.

[21] The Child Care and Protection Act (2015, p16)

It frequently goes unreported and, historically, has not been acknowledged or publicised as greatly as other forms of child abuse. Practitioners may be reluctant or lack confidence to make judgements about patterns of parental behaviour, particularly when these are deemed to be culturally embedded or associated with social disadvantages such as poverty or when the parent is a victim in their own right.[22]

Forms of Neglect include failure to meet:

• Physical needs such as protection, food, shelter, clothing. • Developmental needs such as not taking the child to school.	• Medical needs such as not seeing medical professionals when they need to, not following medical advice, or not taking the child for regular checkups with the doctor, dentist, or optician.

Indicators of Neglect includes:

• Clothes that are dirty, ill-fitting, ragged, and/or not suitable for the weather. • Unwashed appearance; offensive body odour. • Indicators of hunger: asking for or stealing food, going through bins for food, eating too fast or too much when food is provided for a group. • Apparent lack of supervision: wandering alone, home alone, left in a car. • Colds, fevers, or rashes left untreated; infected cuts; chronic tiredness. • Untreated medical problems (including not visiting opticians or dentists).	• In school children, frequent absence, or lateness; troublesome, disruptive behavior or its opposite, withdrawal. • In babies, failure to thrive; failure to relate to other people or to surroundings. • Constant hunger. • Poor personal hygiene. • Constant tiredness. • Compulsive scavenging. • Destructive tendencies. • No social relationships. • Emaciation.

The challenge for practitioners in outlining concerns regarding neglect is that often neglect varies based on the age and the developmental level of the child, making it difficult to outline a set of behaviours that are always considered neglect. For example, leaving a child unattended for an hour is considered neglect when the child is young, but not when the child is a teenager.

Group Exercise:

Divide the class up into even number of groups of between 3-4 participants. Ask them to come up with an age when a child can be left alone. They will also have to give their reasons why they believe that age is correct and any variables to it i.e., the child being left during the day verses during the night etc. This exercise should help participants understand how situations can change how we see a child's vulnerability.

22 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/602148/Childhood_neglect_and_abuse_comparing_placement_options.pdf

Another factor when assessing neglect is for some instances it only requires one occasion for it to be neglect such as leaving a 1-year-old home alone while the caregiver goes out to work. Whereas other incidents require a more persistent level of actions to be deemed as neglect such as regularly failing to administer the child's medication. Often the practitioner can evidence by recording the persistent level of neglect and demonstrate a pattern of the child not receiving a sustained level of appropriate care.

There may be complicating factors as to why some children are neglected. This may be through the caregiver's mental health, learning disabilities or through the caregiver's alcohol and substance misuse.

In some cases, the caregiver may find themselves in a difficult situation such as their childcare not turning up. The caregiver needs to go to work to pay for rent and food etc., and they fear losing their job and then being not able to take care of their child. However, if they leave the child at home alone, they would be guilty of neglect. In these cases, it is important to work with the caregiver around the support structures they can use to help them.

It is important to remember that a single occurrence of one of these indicators isn't necessarily a sign of child neglect, but where there is a pattern of behaviour, it may demonstrate a lack of care that constitutes abuse.

2.9 Module Reflection

In this module the delegates should now have an appreciation of what we mean by child protection, have a good understanding of abuse and see how the harms can broadly fit into certain categories. Identifying abuse is challenging. The key is to build on practitioners learning to ensure when they have future concerns, they will know what to do about it.

MODULE 3: CONTEXT OF HOW CHILD ABUSE AND NEGLECT OCCUR

Facilitator notes

'The world is a dangerous place to live; not because of the people who are evil, but because of the people who don't do anything about it.'
Albert Einstein

3.1 Introduction

Practitioners will need to have a broad grasp of contexts in which child protection can occur. This module will build on the previous module looking at how children are harmed, drawing on current legislation to aid practitioners in not only identifying the actions as abusive, but also to aid them in knowing when an offence is being committed. The module includes the harm abuse can have on a child and how this harm can impact on their behaviour.

3.2 Objectives:

- Participants to understand how children can be exposed to harm and abuse.
- Participants to understand how practitioners can find out about a child being abused.
- Participants have an appreciation of trauma and how it can impact the actions of a victim or survivor.

Outcomes

- Participants will be able to recognise that children exposed to certain incidents and behaviours will need protection.
- Delegates will be confident in understanding trauma and why a victim or survivor may show certain responses when experiencing trauma.

3.3 Child Protection in a Social Context.

Families are part of a wider community. They may have friends and family locally and the children may access local schools. The family may have jobs or social standing locally, with no CP concerns and the family are able to meet their child's needs. Unfortunately, on occasions, forces outside of the family's control may have a devastating impact on their ability to cope, leading to the child becoming harmed or abused, or the family suddenly being unable to meet their child's needs.

i) **Armed conflict:** Either international or non-international armed conflict in which the civilian population suffers a range of deliberate violations and abuses as well as the terrible but unintended consequences of war.
ii) **Post conflict situations**: In which peace has been agreed but the effective rule of law is not yet complete, so that violations and abuses persist, and conditions frequently remain life-threatening and personally degrading.
iii) **Natural disasters:** In which natural hazards combine with poverty and social vulnerability to render people materially, personally, and socially at extreme risk.

iv) **Famine:** Where drought, discrimination, political mismanagement and/or deliberate starvation cause acute food shortages, destitution, and severe economic, social and personal risk.

v) **Protracted social conflict**: Civil strife or political oppression that falls short of official armed conflict but nevertheless involves a crisis in which discrimination, violence, exploitation, and impoverishment are constant risks.

How a child is exposed to harm or abuse is an important factor in child protection. If we can identify that a situation is not safe for a child at the earliest opportunity, we can then take steps to address these concerns.

The following examples outline certain practices and environments which would be considered harmful to a child.

Children of Substance Misusing Parents

Professionals may become aware of a child or an unborn baby who is under the care of a person involved in, or in association with others involved in, the use of alcohol, controlled substances or other pharmaceutical substances which may have harmful effects on parenting capacity and the physical or emotional well-being of children. If it is felt that this may cause the child to suffer or be likely to suffer significant harm, then that professional must make a referral to a State social worker or police. [23]. One such harm is Foetal Alcohol Syndrome (FAS) where the alcohol has passed from the mother's bloodstream to the baby through the placenta. This damages the brain and development and can cause the baby to be born with problems regarding memory, movement, hearing, speech, impulse control, concentration etc. often children born with FAS have distinct facial features (see Appendix 4).

Fabricated or Induced Illness

Fabricated or induced illness (FII), used to be known as Munchausen syndrome by proxy.
There are three main ways of fabricating or inducing illness in a child. More than one may be evident in an individual case:

- Fabrication of signs and symptoms, including fabrication of past illness.
- Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents.
- Induction of illness by a variety of means.

This is a complex issue, and individual suspected cases typically require a lot of consideration and discussion between child protection professionals and medical specialists before they are to be regarded in child protection terms. The characteristics of fabricated or induced illness are a lack of the usual corroboration of findings with symptoms or signs, or in circumstances of proven organic illness, lack of the usual response to proven effective treatments.

Parents should be kept informed of findings from any medical evaluation, but at no time should concerns about reasons for a child's signs and symptoms be shared with the parents if this information would jeopardise the child's safety.

[23] The Child Care and Protection Act (2015, p89)

Child Victims of Exploitation and Trafficking

The exploitation of children can occur through the child being sexually exploited, criminally exploited, forced to undertake criminal acts, or used as forced labour. In some cases, children are sold for their organs to be used by other people.

The movement of children to be exploited is referred to as trafficking. An example of this would be a child being used to undertake domestic labour or work in service industries, construction, agriculture, fishing and begging. The 'work' is arranged by 'employment agencies' for domestic service, work in mines or on plantations.

Child labour is attractive not because it is cheap, but rather because children are easier to abuse, less assertive and less able to claim their rights than adults; they can be made to work longer hours with less food, poor accommodation, and no benefits. Victims of trafficking for child labour often work in conditions that risk their physical and mental health[24].

Trafficking for forced labour was the most detected form of trafficking in Sub-Saharan Africa, and the victims were mostly children[25].

The victims of this child exploitation are often stigmatised, criminalised or blamed for their circumstances which poses special challenges to social reintegration and even repatriation. The root causes of the sale and trafficking are multiple and complex, and include poverty, lack of employment opportunities, low social status of the girl child and a general lack of education and awareness. Minority and tribal children, stateless or undocumented children and children in refugee camps are particularly vulnerable.

Sale of Children and Adoption

Adoption is a useful way of affording children the benefits of family life which might not otherwise be available to them. The Child Care and Protection Act takes a child-centred approach to adoption with the best interests of the child as a guiding standard. It makes provision for intercountry adoption where there is no suitable long-term care option for a child inside Namibia. It should be noted that only a small number of Namibian children are adopted each year, while many children are in kinship care or foster care.[26]

The increased popularity of intercountry adoption is not a new phenomenon. However, there is evidence of the increased attention African children are attracting from prospective adoptive parents living in other parts of the world. This recent interest may well be driven by media coverage which continues to bring the plight of abandoned and orphaned children from Africa to audiences all over the world. This is compounded by high profile intercountry adoption cases from Africa (Angelina Jolie and Madonna).

Illegal adoptions, namely adoptions that are the result of crimes such as the abduction and sale of, and the trafficking in children, or that are processed through the commission of other illegal acts or illicit

[24] A CHILD-RIGHTS APPROACH ON INTERNATIONAL MIGRATION AND CHILD TRAFFICKING: A UNICEF PERSPECTIVE United Nations Children' s Fund p 57

[25] UNODC, Global Report on Trafficking in Persons 2020 (United Nations publication)

[26] Guide to Namibia's Child Care and Protection Act 3 of 2015 ◆ Chapter 17: Adoption, p.2

practices such as the lack of proper consent of biological parents, fraud and improper financial gain, violate multiple child rights norms and principles, including the best interests of the child.[27]

Namibia has become a party to the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption.[28] Intercountry adoption will only be considered where there are no suitable long-term care options for the child within Namibia.

The sale of children for purposes of adoption has been reported at the national level but, given the underground nature of this type of offence, national and international statistics cannot be found. Illegal practices used to obtain children for adoption include:

- Abduction.
- Falsely informing a mother who gives birth in a hospital/clinic that the new-born has died.
- Offering cash or goods in exchange for a child.
- False declarations of paternity.
- Substituting the name of an adoptive mother or an intermediary for that of the biological mother when registering the birth of a child.
- Obtaining parental consent to adoption under false pretences.
- Inciting or pressuring vulnerable pregnant women, especially single adolescents, to agree to abandon their child at birth.

Children and Families who go Missing

Professionals and local agencies working with children and families with outstanding concerns should be aware that a series of missed appointments may indicate that the family has moved out of the area or even overseas. State Social Work and/or the police must be informed immediately.

Children who are missing from education may also be at risk of significant harm, and concerns regarding a child's regular or prolonged absence from school should be seen as a cause for concern.

Institutional, Organised or Multiple Abuse

Institutional, organised, and multiple abuse occurs both as part of a network of abuse across a family or community and within institutions such as residential homes, schools, sports clubs and voluntary groups. The abuse occurs without being challenged, often with the knowledge of those in charge. Its investigation is time consuming and demanding, requiring specialist skills from both police and social workers. Some investigations become extremely complex because of the number of places and people involved, and the timescale over which the abuse is alleged to have occurred. The abuse can be a mixture of neglect, sexual physical or emotional abuse and will often occur under the guise of 'treatment' or 'punishment'. The institution makes it very difficult for the child to disclose the abuse and punishment and sanctions are often put in place for the children who do tell of the abuse.

As soon as institutional, organised or multiple abuse is suspected, a referral must be made to the Women and Child Protection Unit who will liaise with the Namibian Police (NAMPOL). The agreement as to how to move forward will have to be made at a senior level within both police and state social work as issues such as the strategic deployment of resources are likely to need addressing. Section 132 of the

[27] Report of the Special Rapporteur on the sale of children, child prostitution and child pornography to the Human Rights council in March 2016

[28] HCCH 1993 Adoption Convention. https://www.hcch.net/en/instruments/conventions/specialised-sections/intercountry-adoption

CCPA, No 03 of 2015 places a mandatory duty on certain professionals to make a report if they suspect that a child needs help. Failure to report is a crime.

Underage Employment

The right to obtain an education is a basic right of every child. Education encourages the intellectual and social development of children and enhances their ability to earn a decent living. It is also a vital component of national development.

The rules on child labour and activities involving children come from the Namibian Constitution, Labour Act 11 of 2007 and the Child Care and Protection Act 3 of 2015 and its regulations. Internationally, there is a difference between "child work" and "child labour".
Child work refers to the child helping their parents in the home or in the family farm business if the work is not dangerous and does not interfere with school attendance and other normal childhood activities. These activities would include reasonable household chores, reasonable and safe tasks at a family farm or business (outside school hours), and reasonable chores at school such as weeding or cleaning the school yard. Participation in this kind of work can often be good for a child's development.
Child labour covers economic exploitation of children, and any work that is likely to be hazardous to a child or to interfere with the child's education, harm the child's health or have a negative effect on the child's mental, spiritual, moral or social development. This protection is guaranteed by the Namibian Constitution, the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. The Namibian Constitution says that this protection applies to children under age 16. Any 'employer' who is using children under this age for work needs to be reported. Children who are age 14 and older can be legally employed if the rules in the Labour Act are followed.

Practitioners who become aware of child labour that is likely to cause serious harm have a legal duty to report this immediately to the police. Any other instances of child labour must be reported to a state-employed social worker or a member of the police.

Female Genital Mutilation (FGM)

This relates to a female child and comprises of procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women and causes severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths. (See Module 7)

Abuse of Children with Disabilities

Children with disabilities may be more vulnerable because of their disability and should be treated in the same way as other child when concerns are expressed about their welfare, including concerns that a child may be suffering, or be at risk of suffering significant harm.
However, some children have such severe disabilities that they require additional assistance to help them raise their own concerns about their care or treatment. For some, the fact they cannot communicate with the abuser or that they require a high level of personal care give the abuser access to them without the child's ability to tell anyone.

Perpetrators can use the child's vulnerability as a way of excusing the abuse, for example they are always bumping into things and that's how they got their bruises. They may quote the myth that people with disabilities are not interested in sex.

Children who Abuse Others

Children who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way that meets their needs as well as protecting others. Their behaviour may be an indicator they need support or protection. Professionals should not dismiss some abusive sexual behaviour as 'normal' between young people and should not develop high thresholds before taking action or making a referral. A list of a child's sexual development stages can be found in **Appendix 1**

Children who Self-Harm and/or have Suicidal Ideations

Self-harm is when an individual deliberately harms themselves, sometimes by cutting into their skin, hitting themselves with objects, burning themselves or stabbing items into themselves. Self-harm, or threats of self-harm, may be indicative of a serious mental or emotional disturbance, and the possibility that it may be caused by abuse or neglect should not be overlooked.

The primary risk is the damage that any self-harm has done. The child may need medical attention. How they are supported to stop self-harming and wider harmful thoughts such as suicide should be assessed. Any risk assessment will need to look at the child's access to harmful implements and substances such as bleach or knives and what clean first aid equipment the family has in the home.

A recent study of adolescents in Namibia concluded that the 12-month prevalence estimates of suicidal behaviour found in the current Namibia are comparable to those found generally among school-going adolescents within the (sub-Saharan) African region, where estimates of suicidal ideations, planning and attempt range from 20.1 to 29% among school-going adolescents (aged 12–17 years) in Namibia. The evidence highlights the importance of paying attention to addressing the mental health needs (including those related to psychological and social wellness) of school-going adolescents in Namibia.[29]

Forced Marriage of Young People under 18 Years

A forced marriage is a marriage conducted without the full consent of both parties and where duress is a factor. It is different to arranged marriages as the individual being forced has no say in it. It can be very dangerous for the person involved to seek help and/or mediation in response to the forced marriage. Refusal to go through with a forced marriage has, in the past, been linked to so-called 'honour crimes' (the individual is murdered as the family believes their actions are shameful to them). (See Module 7)

Marriage under 18 years of age is an offence (unless the bride and groom have written permission from a Minister).

Children and War

The definition of a child associated with an armed force or armed group:
'Any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls, used as fighters,

[29] Quarshie, E.NB., Dey, N.E. & Oppong Asante, K. Adolescent suicidal behaviour in Namibia: a cross-sectional study of prevalence and correlates among 3,152 school learners aged 12–17 years. BMC Psychiatry 23, 169 (2023).

cooks, porters, spies or for sexual purposes. It does not only refer to a child who is taking or has taken a direct part in hostilities.'[30]

The minimum age to be a soldier in Namibia is 18 years old. More broadly it is against Article 38 of the UN Convention of the Rights of the Child to allow children under the age of 15 to take part in war or join the armed forces.

Wider risks for children through armed conflict include:

- The systematic sexual abuse of women and girls is a common consequence of armed conflict for the civilian population, especially in civil wars, where girls can be abducted or abused through force. Rates of HIV among combatants are three to four times higher than those of local populations. As the Secretary-General of the United Nations in 2003 observed, "When rape is used as a weapon of war, the consequences for girls and women are often deadly."[31]
- Exposure to landmines and small arms is also a risk to children. Landmines are perhaps the most dangerous consequence of armed conflict, because they continue to cause harm long after a conflict has ended. UN 2023 report stated that the latest estimates show that in 2021, more than 5,500 people were killed or maimed by landmines, most of them were civilians, half of whom were children. More than two decades after the adoption of the Mine Ban Treaty, about sixty million people in nearly 70 countries and territories still live with the risk of landmines on a daily basis[32]. The proliferation of small arms also can have long-term consequences for post-conflict societies. The danger posed by the easy availability of arms is reinforced by the increased propensity to resort to violence or the 'culture of violence' generated by armed conflicts.

- Some children are forced to leave their homes for fear of being harmed or killed by the fighting. These children and families may become refugees, either leaving the country or becoming internally displaced, moving within the country's borders. The most common causes of displacement include armed conflict, other situations of generalised violence, gross violations of human rights and natural disasters. Many internally displaced persons find themselves at risk of violence, sexual assault, and abduction, and frequently lack shelter, food, and health services. Most internally displaced persons are women and children. Internally displaced people often remain close to the conflict or disaster they fled from, making them especially vulnerable to malnutrition, and a lack of adequate access to medical care and shelter.

Parental Mental Health

For a child growing up in a family where mental health is a significant factor, it can at times be a confusing and scarry place. The behaviour of the parent when their mental health deteriorates may lead to inconsistency in their parenting. The child may feel frightened, particularly if the behaviour is extreme, and the child does not know what is happening to their parent, or if what they are saying it is true. The impact of medication may make the parent drowsy or confused witch may have an impact on the parents' ability to be awake or care for the child at certain times of the day. Another factor may be that the child takes on a 'caring role' for the parent which impacts on their education and development. Practitioners working with children who are living with parents with poor mental health should be open to the possibility that the child may need some additional support.

[30] Paris Principles on the Involvement of Children in Armed Conflict 2007
[31] https://reliefweb.int/report/afghanistan/children-and-armed-conflict-report-secretary-general-a58546-s20031053#:~:text=And%20when%20rape%20is%20used,extreme%20poverty%2C%20displacement%20and%20separation (point 29)
[32] https://news.un.org/en/story/2023/04/1135252

Domestic Abuse

Domestic abuse is any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. Where there is evidence of domestic abuse, the implications for any children in the household must be considered, including the possibility that the children, themselves, may be subject to violence or may be harmed by witnessing or overhearing the violence.

Police will often be the first point of contact for someone reporting domestic abuse. The police must ensure the complainants get clear and complete information about their rights, to prevent further incidents of violence. For example, the option of either laying a criminal charge, or seeking a protection order, or pursuing both at the same time. Victims also need to be aware of their right to temporary police protection. They should see a social worker to support them in the processes soon after the domestic violence incident has taken place, especially if the case is reported at a Woman and Child Protection Unit. (See Module 6)

Spiritual Practice Related Child Abuse

Belief in spirits and possession are widespread. The key feature in cases of abuse is not the beliefs of a family, but that the perpetrator of the abuse uses these beliefs as a justification for the abuse of the child. 'Belief in spirit possession' is defined as the belief that an evil force has entered a child and is taking control. Sometimes the term 'witch' is used in the belief that a child is able to use an evil force to harm others.

The abuse can occur in the household where the child lives or in a place of worship where alleged 'diagnosis' and 'exorcism' or 'deliverance' may take place. (See Module 7)

3.4 Effects of Child Abuse

Studies have shown that abuse and neglect may negatively affect children's physical, cognitive and emotional development, resulting in aggressiveness, anxiousness, the inability to control emotions, depression, and learning difficulties, among other problems.

Victims of child abuse often suffer from:

- An inability to trust, which leads to problem in relationships.
- Feeling of guilt, anger, and low self-esteem.
- A tenancy toward alcohol and drugs abuse.
- Eating disorders.
- Suicidal thoughts and suicide.
- Poor mental health.
- Self-harm.

These effects continue long after the abuse has stopped, even into adulthood.

Group Exercise:

Get the group to discuss something they found 'good scary', for example, a ride of a roller coaster, or watching a scary film. It may be that they have a particular fear such as snakes and found themselves in close proximity to one. The aim is for them to reflect on something scary but that isn't too triggering or traumatic for the class.

This exercise should be engaging for the participants as most people can recall being scared at some point in their lives. As they are describing what happened listen out for the descriptors of the impact of how they felt (thought I was having a heart attack, I wet myself, I fainted, I ran away…)

Explain to the group that what they are describing is a reaction to a traumatic event.

3.5 Trauma

One of the most significant effects of abuse is trauma. This is a psychological response to an experience that an individual found to be very stressful, causing extreme distress and fear. A person can show symptoms of trauma after one incident or after being exposed to situations over a period of time. The individual may struggle with adjusting and coping and experience flashbacks, severe anxiety, nightmares, uncontrollable thoughts about the events and extreme behaviour in certain situations. For some, accessing appropriate support with good self-care in a safe environment can reduce the severity of any trauma and help with recovery. For others the trauma is acute, and the person may start to use drugs or drink as a coping strategy. Unfortunately for some the impact of the abuse and subsequent trauma will result in them taking their own life or needing significant intervention from mental health practitioners.

The Trauma Brain

By looking at how sections of the brain work we can gain a better understanding of what is happening to the person when they are experiencing trauma and how this influences their behaviour.

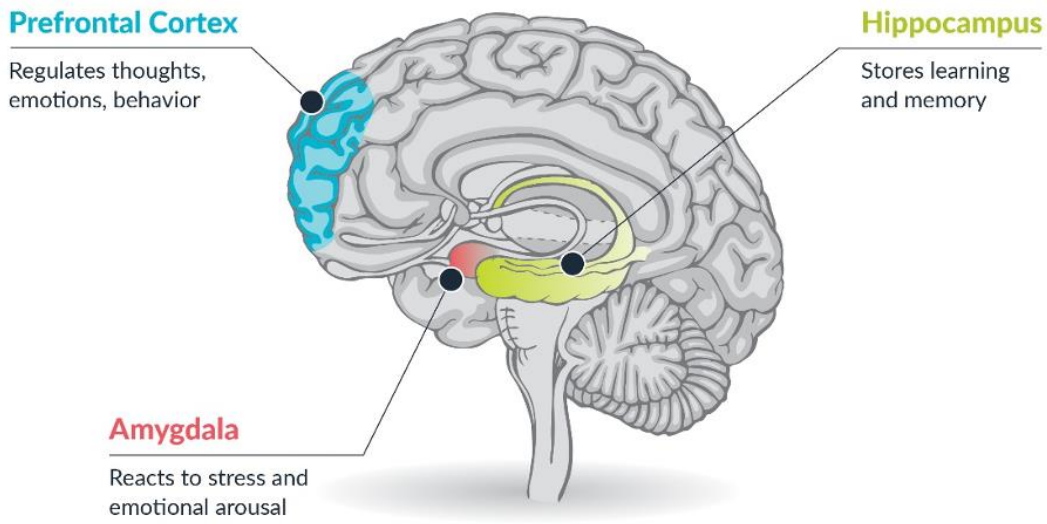


Fig 3.a

In Fig 3.a we can see the 3 sections of the brain that will be the main influencing factors. This image shows the brain cut in half and we need to remember that the other half of the brain also has a Prefrontal Cortex, Amygdala and Hippocampus.

The Prefrontal Cortex is the front part of the brain that is found behind the forehead. This is responsible for our behaviour, how we respond to something at an emotional level and overall to

keep our response 'rational'. Research has found that this part of the brain does not fully develop until a person is about 25 years old.

The Hippocampus is the part of the brain where our memories are stored and where any learning is captured. (The class's Hippocampus should be working overtime during these sessions!)

The Amygdala is a small almond shaped part of the brain that is responsible for emotional processes such as fear and pleasure. This area will trigger a response when these emotions are experienced.

When responding to danger the Amygdala will be getting the person ready to either:

- Flight - run away.
- Fight the threat.
- Freeze - do nothing and hope it isn't that harmful.
- If none of the above work, the next option is Fawn, where you try to be helpful, over agree and/or focus on making the person causing the threat happy.

Fight, flight, freeze, and fawn are natural bodily reactions to stressful, frightening, or dangerous events. This sympathetic nervous system response dates back to our ancestors coming face-to-face with dangerous animals. A good explanation is found here.

When a person is either in a situation where they are possibly going to be harmed or are in a situation where they are 'triggered' by a certain experience of past harm the following will happen:

- The Amygdala sets off an 'alarm' in the brain, and this starts a process of actions that starts to prepare the individual to react to the perceived threat or danger.
- The non-essential parts of the brain not needed to help to survive reduce working, to enable the Amygdala to control the actions.
- The individual may start to breathe faster and shallower as the heartbeat increases. People will often refer to thinking they are having a heart attack when they are describing the body's initial response to the threat.
- As the heart starts pumping the blood around the body quicker, it also starts diverting more to the main muscle group, and not to our stomach, which can make the bladder relax and give the person the feeling of needing the toilet. It is doing this as the muscles may need the additional blood flow to help with either running away or fighting.
- The person may often experience a dry mouth and feel sick. They can also have a fluttering feeling in their stomach.
- Blood flow is reduced to body extremities such as your hands, which can give people the feeling of their hands being cold. The hands may start to become sweaty as the body reduces the possibility of overheating.
- Legs and hands can feel weak and shaky and areas of large muscle such as thighs and shoulders can build tensions.
- The brain starts to think of negative memories to see if any of these matches what the possible threat or harm is.
- The pupils dilate to improve focus, and to help with long vision and we have the feeling of tunnel vision which can reduce our professional vision.
- Recognition of different facial expressions is also reduced.
- Due to the increase in oxygen in the body, individuals can start to feel dizzy and faint.
- The Hippocampus will start to pump cortisol which reduces the body's pain threshold. The brain increases sugars (glucose) in the bloodstream which helps with the availability of

substances that repair tissues. Cortisol also curbs functions that would be nonessential or harmful in a fight-or-flight situation.

All this will happen in a split second. The goal of the fight, flight, freeze, and fawn response is to decrease, end, or evade danger.

Negative Thoughts

Victims and survivors will often reflect on why they acted the way they did and internalise that if they had reacted differently, they would have been able to prevent the abuse happening. Therefore, when we are working with victims and survivors, we should understand their actions through the 'trauma lens', knowing their brain was at that time working differently to how it normally does.

Examples of people reacting with a 'Trauma Brain':

'A person was in a room on the first floor when a fire started in the room. Their 'Trauma brain' triggered fear response and the person wanted to get out of there (Flee), and rather than go to the door and down the stairs which was not obstructed by fire, ran and jumped through the window receiving cuts from the glass and broken bones from the fall. This was due to the reduced ability of the prefrontal cortex to have rational response to the perceived threat.

A person was on a roller coaster when their 'trauma brain' kicked in. They could not run because they were strapped in and moving. They could not fight so they froze and appeared to faint. They would come around every now and then showing strange emotions before fainting again. Their body's way of protecting the person from a scary situation was to 'flop' and therefore protect them from the experience.

An egg was thrown at a person as they walked past. They instantly punched out towards someone in the crowd not knowing what it was or who threw it. The Trauma brain perceived a threat and without finding out who or why the egg was thrown the response was to fight first and then find out more later.'

Individuals who have experienced harmful and traumatic events in their life will often benefit from counselling or therapeutic intervention. Many years into the future an incident can 'trigger' the brain to have a trauma response to something. Often people will benefit from support they can re-access in the future.

3.6 Vicarious Trauma (See Appendix 5)

This is the term given to an individual's reaction to being exposed to information and traumatic incidents that have been experienced by another person. It is sometimes referred to as compassion fatigue or secondary trauma. In all cases the individual has not personally experienced direct trauma but is suffering effects of being exposed to other people's traumatic events. It is a phenomenon that affects each worker differently. Factors such as gender and victimisation history contribute to this unique picture. For example, one worker in a rape crisis program may experience intrusive thoughts of rape. Another worker may feel numb much of the time. Since people cope differently with stress, vicarious trauma is experienced differently by workers.

'Trauma is contagious…When a (support person) experiences, to a lesser degree, similar terror, rage and despair as the victim, the phenomenon of traumatic counter transference or vicarious traumatic counter transference or vicarious traumatisation occurs.' [33]

'This (traumatic counter transference) is an inevitable and normal response to working with traumatised people. Very empathic individuals are at a higher risk of being frequently and negatively impacted'.[34]

Those working in the helping profession are often secondary witnesses to trauma almost every day, as victims and survivors describe child sexual abuse, rape, domestic violence, suicidal attempts, and physical and emotional abuse. Through the support offered, the victim's experiences are validated by the professional. By the end of the day, the professionals have absorbed through their work the experiences of a range of accounts of trauma. It may be through having to look at child sexual abuse recordings and listening to the torture of a child or interviewing a child who describes in graphic detail the abuse they have been subjected to. If not recognised, and without structures in place to support staff, the professional can feel overwhelmed and psychologically harmed by the experiences of others. (See **Appendix 5** for list of indicators of Vicarious Trauma)

Workers' lives may be transformed on three major levels:

1. Vulnerability and Fear

The experience of providing services to traumatised clients imbues practitioners with powerful lessons about their personal vulnerability to victimisation. This vulnerability is particularly acute for female workers. Hearing about violence day in and day out in a counselling session, a therapy group, or an emergency department, can foster pronounced feelings of fear and vulnerability in workers. Hearing details about a clients' rape or assault may cause workers to fear their own victimisation. Workers instinctively have protective strategies that insulate them from the horror of their clients' experiences. However, sometimes a client's story touches a vulnerable place, and story after story erodes a worker's ability to be self-protective. Over time, feelings of safety are often unattainable.

Exercise:

Pose a question to the group of how they deal with traumatic incidents and who now sees the world a little differently from when they started work?

2. Difficulty Trusting

A worker's personal relationships, both real and prospective, can also be affected by trauma work. These changes occur with parents and their children, partners, friends, colleagues, and other family members (Campbell, 2002; Pearlman & Saakvitne, 1995)[35]. Workers' personal boundaries are consciously tightened, and their eyes are opened to what constitutes abuse, making meeting new people a challenging prospect. After hearing many accounts of abuse within intimate relationships through battering, acquaintance rape, and child sexual abuse, trusting someone new is often a daunting undertaking.

[33] Herman, J. L. (1992). Trauma and recovery. Basic Books/Hachette Book Group.

[34] Figley, C. R. (Ed.). (2002). Treating compassion fatigue. Brunner-Routledge.

[35] Wasco, S. M., & Campbell, R. (2002). Emotional Reactions of Rape Victim Advocates: A Multiple Case Study of Anger and Fear. Psychology of Women Quarterly, 26(2), 120–130. https://doi.org/10.1111/1471-6402.00050

Exercise:

Ask the group to discuss how they have been fearful for their children (or those of a friend) after dealing with a situation at work involving children of a similar age.

3. A Changed View of the World

Work in the trauma field causes emotional and interpersonal stress. Existential transformations such as a pessimistic view of the world may also develop. Daily interactions with traumatised clients change a worker's ability and willingness to see the world as a good and safe place for themselves and those they love (Pearlman & Saakvitne, 1995).[36]

Workers, through ongoing exposure to the harm human beings inflict on each other, run the risk of becoming jaded, cynical, and exceedingly angry over the overwhelming injustices in the world. These feelings may interfere with workers' abilities to genuinely empathise with their clients. A feeling of helplessness to make a difference in the lives of their clients may be a warning sign of trouble. Workers struggle, sometimes unsuccessfully, to come to terms with a world where there is extreme cruelty.
Over time, a previously hopeful and optimistic worker may come to view the world through sceptical and distrustful eyes. An inability to believe in the overall goodness of society may create intense feelings of anger, resentment, and isolation in workers.

Exercise:

Ask the group how may feel frustrated about the lack of resources or when dealing with cases over a long time.

The impact of vicarious trauma on professional functioning[37],[38]			
Performance of job	Morale	Interpersonal	Behavioural
• Decrease in quality. • Decrease in quantity. • Low motivation. • Avoidance of job tasks. • Increase in mistakes. • Setting perfectionist standards. • Obsession about detail.	• Decrease in confidence. • Loss of interest. • Dissatisfaction. • Negative attitude. • Apathy. • Demoralisation. • Lack of appreciation. • Detachment. • Feelings of incompleteness.	• Withdrawal from colleagues. • Impatience. • Decrease in quality of relationship. • Poor communication. • Subsume own needs. • Staff conflicts.	• Absenteeism. • Exhaustion. • Faulty judgement. • Irritability. • Tardiness. • Irresponsibility. • Overwork. • Frequent job changes.

[36] Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. W. W. Norton & Company.

[37] Shantih E. Clemans DSW (2005) Recognizing Vicarious Traumatization: A Single Session Group Model for Trauma Workers, Social Work With Groups, 27:2-3, 55-74, DOI: 10.1300/J009v27n02_05

[38] Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. W. W. Norton & Company.

A critical or traumatic incident is an event that takes place, whether personally experienced or witnessed. It may involve a death, serious injury or a threat to one's personal security, which in turn leads to reactions of intense fear, helplessness, or horror, overwhelming an individual's usual coping mechanisms.

Reactions to stress are normal but it is important that professionals prioritise their emotional welfare. Organisations and managers need to ensure they support staff exposed to trauma as well as staff having strategies they can use. Getting support from both colleagues and professional counsellors is the first step in managing stress.

Addressing Vicarious Trauma in the Workplace

Group exercise: Ask the group to describe to the person next to them some stressful situations. It may be workloads, the type of work, limited resources etc. Once they have all identified something that can add pressure to work, ask them to discuss what would help to reduce the pressure.

Ask for volunteers to give feedback on any support or actions that can be implemented that they would find helpful and explore the likelihood of this happening if they were to raise it with their managers. (See **Appendix 5** for good practice in minimising vicarious trauma).

3.7 Module Reflection

Module three has built on the participants knowledge about types of abuse by presenting harmful situations that children may be exposed to. This module concludes with explaining the impact of abuse on the victim-survivor and considers trauma and how it drives reactions in particular situations. The often-forgotten impact on staff is an important topic to discuss openly. The facilitator should be aware this may bring up issues for staff particularly if they are struggling at work.

MODULE 4: GETTING THE RESPONSE RIGHT

Facilitator notes

'*Behaviour is the language of trauma,*
children will show you before they tell you they are in distress.'
(Micere Keels)

4.1 Introduction

The success of any investigation or support will be influenced by the police officer or practitioner undertaking the work. Staff will need to have an ability to interpret the child, and they will need to understand how their presence will have an impact on the child and their family. Professionals who work with children and perpetrators of abuse are not immune to the emotional toil this can have on them. Therefore, in this module we will explore these factors and how best to respond to child abuse, as well as how to recognise the impact on the practitioner.

4.2 Objectives:

- Participants consider how their reactions will impact on any successful intervention.
- Develop a greater understanding of the influences the practitioner has.
- Introduced to how trauma and the wider impact of abuse will impact behaviour.
- How the use of victim blaming language will impact on any victim-survivor.

Outcomes

Participants will:

- understand how professionals are viewed by victims-survivors and what strategies the practitioner can employ to reduce any negative impact of their intervention.
- understand unconscious bias and how to reduce this affecting any assessments, or work.
- know what is classed as victim blaming and the appropriate terminology to use.

4.3 Exercise:

Ask the group to discuss with the person next to them the 'rules' that they grew up with. Did they have more freedom as a child, where things harder, or more dangerous back then than they are for children today?

When the group are feeding back to the facilitator, the facilitator should pose questions to the class asking why they believe this, where they have got their views from and is it a trusted source. This exercise is to consider what we base decisions on, how factual this really is and if we need to challenge assumptions made.

4.4 Practitioners' Personal Values and Ethics

Everyone has views and we sometimes agree with others and sometimes we disagree. Practitioners, through their day-to-day work, will need to work with individuals who may hold views or display behaviour that they find difficult to work with. Families may also resent professional intervention and feel it is unwarranted and intrusive, as they believe there is nothing wrong with their parenting. Where this tension exists, it may be reflected in the household. The child may be affected by either

being told to act or say certain things to make the worker go away, or they may feel guilty if they have disclosed abuse and feel they have made matters worse.

The challenge is that a practitioner cannot ignore or minimise what is happening. They should be able to demonstrate a level of empathy while still being assertive about the importance of the child's needs being met. It can be confusing for families if one professional express no concern and another has completely different views.

4.5 Victim Blaming Language

This is the term given to describe when professionals use phrases or record incidents that places the blame for what has happened on the victim-survivor rather than the person who caused the harm. This can impede the recovery of victims-survivors as often a perpetrator will have told the child that they either wanted, or were in some way responsible for the harm that happened to them. This message being reinforced by professionals can impede children disclosing, limit resources, prevent an empathic response and can be used by defence barristers in discrediting the testimony of the victim.

Group Exercise:

Split the class into small groups. Provide each group with different Victim Blaming Statements from the table below by reading them out loud or by providing a paper copy.
Ask them to explain why the statement is victim blaming, then ask them to consider another way of saying it, or indeed if it is relevant at all. As each group gives their feedback, explore with the wider group a better or alternative way of saying it (if there is one) before moving to the next group.

Statement	Some Problems with the Statement	Some Examples of Suggested Alternatives
They were wearing short dresses.	This implies that if they were dressed differently this would not have happened. It can also suggest that the child was dressed like this because they wanted to have sex. It also negates the possibility that the child initially did want to have sex but then changed their mind.	There are none. This statement is only relevant if it is being used for an evidential purpose i.e., the witness confirmed the victim was wearing a short dress. The use of this would strongly indicate that the person who said it believes the victim may be to blame because they were wearing a short dress.
They had been drinking or had taken drugs.	This implies that if the child had not taken any substances, nothing would have happened. In fact, it may indicate that the intention of the perpetrator was to make the child more vulnerable, or it could be the child's coping mechanism to cope with the abuse they are being subjected to.	• The child is being sexually abused or exploited. • Concerns that the child may have been given substances prior to being raped. • It is not clear how the drink/drugs impacted on the child's ability to consent.
The child had sexual activity with.	It implies consensual sexual activity has taken place. If the concerns are the child has been sexually abused or raped, then	• The child may have been sexually abused. • The child may have been raped.

	it often indicates a lack of confidence on the practitioner to say what has happened and by doing this they inadvertently minimise the concerns.	• The perpetrator has had sexual activity with a child.
They were wearing 'sexy underwear'.	This term, like the one about the short dress, implies that, if the child had not been wearing them then nothing would have happened. It can also suggest that the child was wearing these items of clothing as they did want to have sex. This statement also negates the possibility that the child did want to have sex then changed their mind.	There are none. This statement is only relevant if it is being used for evidential purposes, i.e., the police have seized the items or the suspect said that they removed the victims 'sexy underwear'.
They are putting themselves at risk.	This implies that the child is responsible for putting themselves in a risky situation and therefore should not be surprised if bad things happen. Often the circumstances are unknown. For example, a child gets into a car with 2 adults and is sexually abused. They are seen as 'putting themselves at risk' however the 2 adults had told the child if they hadn't done this, they would have raped the child's mother and killed their baby brother. In this case is the child 'putting themselves at risk' or are they trying to protect their family?	• The child may have been groomed. • The child may have been threatened. • The location is dangerous for children. • We are unsure of the circumstances that led to the child being … • There are concerns that the child was put in this situation. • There were no protective adults around for the child. • There are concerns regarding other influences on the child.
They are prostituting themselves.	This implies that the child or young person is responsible for the abuse. Any sex in exchange for items such as money, accommodation etc. is not prostitution, it is child sexual exploitation. The child's vulnerability is either being abused or they are being controlled by others.	• The child is a victim of sexual abuse and/or exploitation. • Concerns the child is being trafficked. • The child is being forced into situations where they are being sexually abused.
They didn't tell anyone.	This puts the blame on the child for not saying anything. The child may have tried disclosing before or is fearful of doing this.	• We are not sure how long the abuse has been going on for. • The suspect may have significant control over the child. • The child has been groomed. • It is not clear if they have tried to tell anyone.
They were talking to adults online.	This implies that the child or young person is responsible for the communication and does not reflect the abusive or exploitative context. It also misses the point of how the communication started and the control that occurs within it.	• Unknown adults are communicating with the child. • Concerns that others are using electronic devices to communicate with the child. • Adults posing as children, communicating with the child online

They are promiscuous.	The word 'promiscuous' is a judgmental term based on assumptions and includes a significant gender bias. It is rarely applied to boys and men. The person saying it has particular personal views about sex which are not relevant. It does not recognise that the child may have been abused and should have no bearing on the case.	None. It is not an appropriate term and brings nothing to what has or is suspected to have occurred.

4.6 Unconscious Bias

Exercise:

Ask the class to visualise an English person going to work. Let them have free reign to apply all their prejudices and views. They need to imagine what they will be wearing, what job they are going to do, what the weather will be like and how they will be getting to work. The class may describe them as white, male, well spoken, rich, living in a big house, and the job is in an office etc.… What you are looking for is why these people are applying stereotypical views. Some people may have a relative in England and may have thought of them, others may use images from the media. These views we attach to people or situations are often called unconscious bias. This refers to beliefs we have that will subconsciously shape our decisions or views about something or someone, but we are not aware we are doing this, and they are not based on any research or fact.

Within child protection there are a lot of biases that people may have which will impact on an intervention or investigation. The three statements below illustrate some beliefs, despite research telling us this is not the case.

- Child sexual abuse on the internet is not as harmful as a child being sexually abused in person.
- Teenage boys are more willing to engage in sex than girls and therefore don't see it as abuse.
- Children with learning disabilities aren't interested in sex.

If the practitioner holds these views, we can see the danger in them not reporting cases of an adult having sex with a teenage boy, or telling a child that the abuse wasn't done in person so not to worry.

It is extremely rare for someone not to have some form of unconscious bias, so it is important to watch for them. We can reduce the bias by taking time to make decisions, being confident about why we are coming to our conclusions and by exposing ourselves to situations that challenge our bias.

4.7 Responding to Child Protection Concerns

Disclosures

Disclosure is a term used when a child lets another person know they are being abused. Not all disclosures are verbal. Often a child will indicate through their behaviour that something is wrong. It can be difficult for a practitioner or caregiver to recognise behaviour that is 'normal' and behaviour that is the result of abuse.

It is better to think of a disclosure as a process rather than a one-off event. Often the child may tell what is happening, then start to worry about the consequences of this. Their lack of control over the actions of others may make the child retract what they have said, or minimise it by saying that wasn't what they meant. This is very common, and can create a 'dance' between the child and the practitioner as information is shared, retracted, then a bit is shared then reframed by the child, etc.

We need to remember the perpetrator may have told the child bad things will happen to them if they tell or the child is trapped between wanting the abuse to stop, but scared of being abused more if they tell.

- **Accidental Disclosure** - A child may disclose accidentally due to their young age, or not realising that what they are disclosing is abuse. An example is a 4-year-old telling you they don't like their father bathing them because when they put their finger up the child's bottom it hurts them. In this case the child does not realise they are being sexually abused.
- **Deliberate Disclosure** – This is when the child has been harmed and wants to speak to someone to tell them what has happened.
- **Discovered Abuse** – In some cases the abuse is 'discovered', perhaps through the child being overheard telling a friend, written it in a diary, due to injuries, or their images being discovered on the internet or a device.

4.8 Practitioners' Actions

It is important for everyone to be clear about their responsibilities when it comes to protecting children and to know the relevant policies and procedures. Ask the participants what policies they have on CP and where they are located. If they are unsure or do not know, they must find out immediately after this course. (The facilitator may have to contact the organisation to inform them that a member of staff needs to have access their CP policy).

The 5 R's of safeguarding are Recognise, Respond, Report, Record and Review. When there is a child protection concern, the following '5 R's' should be followed:

1. **Recognise.** Identification/suspicion of child at risk of abuse or neglect. What makes you think the child is being harmed? What guidance could you refer to that would give further information if you were unsure?
2. **Respond**. It is important that a person who has a concern does something about it. If you are responding to the child, you need to be calm. They may want to talk to you about something that is harming them. You will need to encourage them to tell you just enough information to report the concern. Your child protection policy will help with knowing how you are to respond.
3. **Report**. Report/discussion with either your safeguarding lead or manager. If the concern is about the safeguarding lead/manager, who would you then raise concerns to? This should be done in a confidential manner and only shared with those who need to know.
4. **Record.** Record accurate notes of what was said, by whom and when. Records should be made as soon as possible and include dates/times. It should be clear who made the recorded entry and if reported, to whom and what action you have taken.
   Record Keeping should be:
   - Accurate (verbatim as using the exact words 'as much as you can remember' and only include what the child said.
   - Indelible and in black ink.

- Unambiguous – distinguishing between fact and fiction.
- Maintained in chronological order.
- Completed within 24 hours of contact/incident.
- Altered only within professional guidelines.
- Signed – not initialed. Your first signature must have your name and title printed alongside it.
- Dated and timed.
- Confidential.

5. **Refer.** Who are you going to refer to? Failure to refer can result in a delayed response from agencies and in some cases the child not getting support, the abuse continuing and possibly impacting on the outcome of any police investigation. It is important that practitioner's evidence that they have responded to any concerns, and that this referral may be needed to support any court or other child protection action. The lack of availability of some of the information for a referral is not a reason to delay, as this can be obtained later. For the majority of concerns a referral to state social work or police will need to be made.

   Making the referral:

Information required when making a referral	• Names and dates of birth/ages of family members. • Ethnicity. • Home Address and telephone number if available. • Names of those who hold parental responsibility.
Factual	• The reason for your referral needs to be clear and factual about any concerns. • State your involvement.
Families' knowledge of referral	• Is the child/family aware that you are making this referral? If not, why not?
Source and nature of concerns	• Is it something you have seen? • Is it based on the concerns of another if so, whom? • Is it based on the child's behavior, an injury, or what the child said? • Has this concern developed over time or just today? • What evidence do you have to support your concern? This may include what the child has said directly to you, and if so, has the child spoken to anyone else? • Physical injuries. These need to be described or drawn on a body map (see **Appendix 3**), and any explanation that is given about them by anyone. • Whom do you believe to be the source of harm/potential harm to the child? • Are there other children in the family or other children linked to this concern? • In your opinion does the child need immediate protection, and what course of action has been taken to reduce the risk in addition to this referral?

In the '5 R's' it refers to responding to the child. Part of this will be clarifying what the concern are, and part will be reassuring the children that they did the right thing in telling you and comforting them if they are upset. However, we need to be careful when talking to a child about their disclosure, that we don't ask questions that may later raise doubt to the credibility of what the child said, or traumatise the child. Best practice would be to only ask as much as you will need to pass on your concerns and leave it to specialist trained staff in the police or state social work to take detailed statements.

If you are still not happy with the response by police or practitioners after making a referral, then escalate to their manager or yours.

4.9 Communicating with Children

Working with children requires a different approach as children think, act and understand differently from adults. The adult needs to adapt their practice to give any child the best opportunity to engage and talk about their experiences.

We need to help the child feel respected and supported, so they feel safe enough to be open about their thoughts and feelings.

Some of the necessary skills are listed below.

Best Practice for Counsellors

1. It is important to actively listen so that a child feels heard.
2. Be non-judgmental, so children feel safe and respected.
3. Pay attention so a child sees that you care about what they have to say.
4. Acknowledge the child's feelings so they feel valued.
5. Put yourself in the child's shoes and let the child know you want to understand their world and feelings.

Other things to consider:

- You may want to explore the child's thinking by asking them questions.
- It may help to revisit what the child has told you, so they hear you have listened.
- You may suggest different ways to express anger or sadness.

Do not:

- Argue with a child.
- Overshare your own feelings and difficulties.
- Solve the problem, help the child to solve it themselves.
- Tell a child what to do.
- Belittle the child's experiences or feelings.

Counselling a child requires a relationship to be established. How you do this depends on the age of the child. Counselling children and young people requires skills in talking and listening to children and young people. Counselling involves helping children to understand their emotions and feelings and to help them make positive choices and decisions.

There are many tools that can be used to help communicate with children and young people. These include drawing and art, telling stories, play, drama, etc.

To do this well you must focus on:

- Establishing a relationship with the child.
- Helping the child tell their story.
- Listening carefully.
- Providing correct information.
- Helping the child make informed decisions.
- Helping the child recognise and build on their strengths.
- Helping the child develop a positive attitude to life.

It does not involve:

- Making decisions for the child.
- Judging, interrogating, blaming, preaching, lecturing, or arguing.
- Making promises that you cannot keep.
- Imposing beliefs on a child.

Children base their views of themselves and the world on their daily experiences. One of the most important experiences adults can provide for children is to talk with, and listen to them. Through these daily interactions, children and adults can develop relationships that help children to learn about themselves and the world. Adults who care for children have a responsibility to create and maintain positive and healthy relationships with them. One of the most practical and mutually rewarding ways to achieve this goal is through positive communication. This requires understanding of how children of different ages communicate.

It is important to help children understand their feelings. In doing so, adults can develop an emotional closeness with children that is important for establishing and maintaining mutual respect. Effective emotion coaching helps children to understand the emotional ups and downs of life.

How can adults help children to better understand their emotions? Here are some ideas:

- Be a sharp observer of children's emotions.
- Recognise that children's emotional expressions provide an opportunity to get close. Make the most of these teachable moments.
- Empathetically listen and respond to children's emotions; tell them that you understand their feelings.
- Help children to verbally label their different emotions.

When adults talk to children, often they do so as if they were communicating to adults. Here are some tips for improving your communication style to help the child understands what you are saying, and to make your interactions clearer.

- **Ensure you are at child's level when you're talking about important things.**
  To children, adults seem like giants, so get down to their level. You can crouch down or sit with the child, the distance between you is smaller, and it's easier to look at each other. When children are looking directly at adults, they are more likely to be paying attention.
- **Use eye contact and share an activity.**

Many children, especially young ones, pay better attention when you are sharing an activity. Some children, particularly younger children, will want to get close to you and touch you. Make sure you don't initiate this as for some children touch may be very unsettling for them.

- **Give clear instructions to a child.**
  Children do not always understand what we want them to do. 'This is the way we pick up your baby sister' works better than 'Don't grab your baby sister that way! What do you think you're doing'?
- **Ask the child to repeat back to you what you have said.**
  Many children assume that if they didn't understand you, they don't have to do what you asked them to do. When they repeat back to you what you said, you are checking to see if they understood.

Core Conditions of the Helping Relationship

Researchers[39] have defined three core conditions that are essential to the helping relationship:

- Empathy
- Respect
- Genuineness

A worker's ability to communicate these three core conditions will strongly influence whether they will build a relationship with the child that is characterised by cooperation, or a relationship that is hostile and distrustful. Each of the conditions is described below.

Empathy

Empathy is the ability to perceive and communicate with sensitivity the feelings and experiences of another person by being an active responder rather than a passive listener. Empathy attempts to experience another person's world and then communicating an understanding of, and compassion for, the other's experience.

Empathy can be demonstrated by:

- Paying attention to verbal and nonverbal cues.
- Communicating an understanding of the child's message.
- Showing a desire to understand.
- Discussing what is important to the child.
- Referring to the child's feelings.

In an effort to be empathetic, some workers may 'over-identify' with the child or with the parents/carers which can lead to some risk factors being ignored. It should be recognised that some in the helping profession have been abused and may identify with either the child or the parent. Things to look out for are, a difficulty or inability to see a parent's strengths, or being unable to see any possible positive intention behind the parent's behaviour. This may make it difficult to be empathetic to other family members, which may lead to counterproductive outcomes for the family as a whole.

Respect

Respect refers to the worker's communication of acceptance, caring, and concern for the child. It involves valuing the individual family members as people but does not mean that workers sanction or approve inappropriate thoughts or behaviours.

[39] *Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting Psychology, Vol. 21(2), pp.95-103.*

All human beings need to feel accepted and respected; it is especially important for abused and neglected children and their families to feel this by their worker. Many abused and neglected children and their families fear or mistrust workers and the social service system. The helping relationship will not be established unless the worker communicates respect for each person's potential.

Respect also means using culturally competent practice which entails:

- Cultural awareness. workers should understand and identify the critical cultural values important to the children and family as well as to themselves.
- Knowledge acquisition. Workers should understand how these cultural values function as strengths in the children and family.
- Skill development. Workers should be able to incorporate services that support the identified cultural values in the appropriate interventions.
- Inductive learning. Workers should continue to seek solutions that include considering indigenous interventions.

Genuineness

Genuineness refers to workers being themselves. This means consistency in what they say and do, being non-defensive, and authentic. They must have clear knowledge and an acceptance of the agency's authority, procedures, and policies, and of their professional role—both relating to the worker and to abused and neglected children and their families. Genuineness means integrating who we are, and our role in the agency, with acceptance of children and families and a commitment to their welfare.

Workers need to be aware of their feelings and at the same time respond in a respectful manner that opens, rather than closes communication. For example, if a worker feels shock, horror, or anger over a parent's abusive behaviour, expressing these feelings would not be productive. In fact, it may alienate parents, causing them to be angry, defensive, or resistant.

Genuineness contributes to the helping relationship by reducing the emotional distance between the worker and the children and family.

Workers can demonstrate genuineness by:

- Being themselves.
- Making sure that their nonverbal and verbal responses match.
- Using nonverbal behaviors—such as eye contact, smiles, or sitting forward in the chair.
- Being able to express themselves naturally without artificial behaviours.
- Being non-defensive.

Techniques for Building Rapport

In addition to the core conditions and guiding principles for developing a helping relationship, there are specific techniques workers can use to build rapport. The following list provides some examples:

- Approach each person involved with an open mind.
- Find out what is important to the child and to their family. This may be difficult for the worker but it important to understand their priorities, and acknowledge them.
- Take note of words used by the child or family and try to incorporate them into your conversations.

- Listen to the child or parent's explanation of the situation without correcting or arguing.
- Ask questions rather than issuing threats or commands.
- Clearly explain the helping process and the worker's role in working together toward solutions.
- Help the child and parent or caretaker retain a sense of control; for example, involve them in scheduling appointments and ask how they would like to be addressed.
- Clarify commitment and obligations to the working relationship.
- Acknowledge difficult feelings and encourage open and honest discussion of feelings.
- Be consistent, persistent, and follow through.
- Promote collective decision-making for meeting needs and solving problems.

Listening to Children

- Listen with your feelings and your eyes, not just your ears. Watch for, and respond to, the child's attempts to communicate. The best listening is active. Do not engage in other activities while you are listening.
- The child will often express themselves indirectly, especially when experiencing strong emotions. Actions usually reflect feelings more effectively than words (e.g. they may slink away when ashamed or jump up and down when proud).
- During early childhood, children often express themselves through stories about other people, imaginary friends, or animals who do things that the child would like to do, is afraid of, or feels guilty about doing.
- If you sense that the child is feeling a certain emotion, they probably are. Ask about it or suggest 'I'm wondering if you are scared', and request feedback.
- Rephrase what the child is saying to reflect both the content and the feelings without adding your own interpretation.

  Say something like: 'I hear you saying .....'.

- Be aware that you affect how a child communicates with you. You may need to help the child put words to the feelings they are expressing through body language or actions. Pausing allows a child a chance to solve the problem on their own.
- Be non-judgmental about the child's expression of feelings, and only intervene if a child's actions or behaviour put them or others at risk.

Talking to Children

- Make sure your sentences are short, simple, and specific, even for very verbal children. This increases the chances that the child will get the message rather than get distracted.
- Give praise and thanks for small, specific actions, rather than making generalisations that the child may not believe (e.g. 'You combed your hair so well!' rather than, 'You're the best girl in the world!')
- Ask a follow-up question to show you are really interested.
- Provide comments to a child frequently to let him know you are thinking about them.
- Use plenty of nonverbal praise such as nodding, eye contact or giving out stickers.
- Praise a child's actions to other adults when they can hear you to reinforce its impact.
- Correct a child in private, when possible, especially away from peers or siblings.

- Praise a child for not misbehaving in a way they might have considered (e.g. ‘I am proud of you for staying calm’, or ‘Thank you for not touching the plates at the store’).
- Avoid diminishing praise by adding a complaint or criticism to it (e.g., ‘Thanks for cleaning up the room! Why don’t you do this every time I ask?’).
- Use statements that begin with ‘’ to show your own reaction and avoid being discounted (e.g. ‘I really like the way you were sharing your crayons with your sister.’)
- As the child gets older, work toward having them assess their own ability (e.g. ‘What do you think of your drawing?’)

4.10 Module Reflection

We are the tools that we bring to our job role. It is not uncommon for us to be a barrier to children being able to tell us what is happening to them, what they are concerned about and/or what will help. Being aware of ourselves, the impact we can have and the prejudices we may hold is the beginning of the journey to becoming an excellent reflective child-centred practitioner.

MODULE 5: CONTACT AND TECHNOLOGY-ASSISTED CHILD SEXUAL ABUSE (TACSA)

Facilitator notes

'Be the voice of those who cannot speak'.
(Survivor of Child Sexual Abuse)

5.1 Introduction

Understanding the true extent of child sexual abuse, in all its manifestations, is a perennial problem. It is the most hidden form of abuse of children and the least spoken about by child victims. Most cases of child sexual abuse do not come to the attention of professionals. Sexual abuse occurs across all social classes, geographic areas and ethnic and cultural groups. Victims are both boys and girls.

Child Sexual Abuse can occur to any child. It can happen in person or via technology. The perpetrator may be someone known to the child or a stranger. It is important to remember that most child sexual abuse happens within the home, perpetrated by someone close to the child.

The online environment has made it easier for those who wish to use children to satisfy their own needs to do so.

5.2 Objectives:

- Build on learners' knowledge of sexual abuse (including Technology-Assisted Child Sexual Abuse (TACSA))
- Understanding of common theories around sex offenders.

Outcomes

- Participants will have a working understanding of how a child may be sexually abused.
- Participants will understand processes employed by a rage of sex offenders to sexually abuse a child.

5.3 Exercise:

Ask the class to work with the person next them and discuss where they learned about sex. Was it from friends, media, school, parents, etc? What age where they, and what aspects did it cover. i.e., was it very much the biological model or did it include relationships? Did it focus on the negatives such as Aids, pregnancy, STI's? Did it include pornography and other types of relationships outside of heterosexual? Looking back now do they think this 'education' was any good?

Remind participants that they are in a training room and to be careful what they share. If anyone is uncomfortable with this exercise, there is no pressure for them to participate.

Ask the group to feedback exploring common themes and different experiences– e.g. the school was very religious and therefore did not teach this subject.

We are encouraging the participants to consider that children will be influenced about sex and relationships from a range of sources and often the information given by the adults educating them on the subject is not very good or relevant.

5.4 Types of Sexual Abuse

As explored in Module 2 a range of sexual activities that involve a child (anyone under 18 years of age) may constitute of sexual abuse. The World Health Organisation (WHO) definition of sexual abuse and exploitation is[40]:

Sexual abuse: Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual exploitation: Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

Sexual abuse and exploitation also includes sexual relations with a child, in any context, defined as a human being below the age of 18 years.

As highlighted in the definition the ways a child is sexually abused can cover:

- Familial abuse by a close relative.
- Rape by a stranger or someone known to the child.
- Sexual communication with the child.
- Sharing sexual images and pornography with the child.
- Sexually assaulted by a stranger or someone known to the child.
- Being sexually exploited.
- Spying or secretly recording the child.
- Threating or coercing the child to engage in sexual activity (masturbation, taking images etc.)

A key indicator of a child being sexually abused will be through their behaviour, it may be the child displaying trauma or having knowledge or demonstrating sexual behaviour that a child would be unlikely to know at a certain age.

5.5 Sexual Abuse Legislation

Combating of immoral practices amendment Act (2000) (S.14) (Substitution of section 14 of Act 21 of 1980)[41] - This amendment specifies that anyone who commits or attempts to commit a sexual act with someone under the age of 16, who attempts to or commits an indecent or immoral act with a child, or solicits or entices such a child to the commission of a sexual act or an indecent or immoral act shall be guilty of an offence and liable on conviction to a fine, imprisonment or both.

The suspect needs to be more than three years older than such a child; and is not married to the child.

Exercise:

Ask an open question to the whole class on what they consider the above act means when it specifies a 'Sexual Act'.

[40] https://www.who.int/docs/default-source/documents/ethics/sexual-exploitation-and-abuse-pamphlet-en.pdf?sfvrsn=409b4d89_2

[41] *http://www.lac.org.na/laws/annoSTAT/Combating%20of%20Immoral%20Practices%20Act%2021%20of%201980.pdf*

Answer – It covers the most intimate kinds of sexual contact and might range from sexual touching to sexual intercourse:

- The insertion of the penis into the vagina of another person, to even the slightest degree.
- The insertion of the penis into the mouth or anus of another person.
- The insertion of any part of the body of an animal into the vagina or anus of another person.
- The insertion of any object into the vagina or anus.
- Cunnilingus, oral stimulation of the female genitals.
- Any other form of stimulation.

Combating of Rape Act, 8 of (2000)[42]- The Act is gender neutral, and no longer discriminates against men and boys. Legislation regarding Rape was amended in 2000. A perpetrator is someone who intentionally uses coercion to commit a sexual act with coercion including where the victim is under fourteen.

The previous law on rape applied only to girls and women, the male perpetrator was automatically the guilty party. But since the crime is gender neutral, an age gap of 3 years has been added so that the perpetrator can be identified as the older person who has exploited the younger one.

The seriousness of this offence is reflected in the sentencing. The minimum sentence for rape of a child is 15 years, and the maximum is life imprisonment.

Court records show that babies as young as 6 months and older women aged 85 have been raped. Women in advance stages of pregnancy have been raped as have and boys.

In all criminal cases, children under the age of 7 are considered incapable of committing crimes because they do not have sufficient understanding of right and wrong. Children between the ages of 7 and 14 can be convicted of a crime only if the prosecutor can show that they knew they were doing something wrong. These rules will apply in rape cases, in the same way as for other crimes.

Children Care and Protection Act 2015 (CCPA)[43] - This act states that a child is in need of protective services if a number of factors are identified, one of which is 'Child is engaged in behaviour that is harmful or is likely to be harmful to the child or any other person and the parent or guardian or the person with the care of the child, is unable or unwilling to control that behaviour'. (Section 131.b)

It also outlined that practitioners may need to consider protective services for:

- a child below the age of 16 years who is found to be pregnant (Section 131, 2f).
- a child who is engaged in commercial sex work or has been subjected to any form of sexual exploitation (section 131, 2h).
- a child below the age of 16 with any sexually transmitted infection or any child with multiple or repeated sexually transmitted infections (Section 131, 2l).

5.6 Sex Offenders

People with a sexual interest of children can be any gender, race, from any social and economic standing, and follow any religion/faith. They will represent individuals from all age groups and backgrounds and may present as pleasant, funny, attractive, ugly and aggressive.

It is because of these factors that it can be difficult to know who has or hasn't sexually abused a child. Female sex offenders have been able to go on abusing undetected because police and

[42] https://www.lac.org.na/laws/annoSTAT/Combating%20of%20Rape%20Act%208%20of%202000.pdf
[43] https://www.lac.org.na/laws/annoSTAT/Child%20Care%20and%20Protection%20Act%203%20of%202015.pdf

practitioners have not seen them as capable of undertaking this type of abuse, seeing it as a male crime. Female sex offenders recognise that professionals often will not consider them as sex offenders. As with male sex offenders there are a range of reasons why a female may sexually offend.

To help understand the behaviours and methods of some sex offenders some organisations have categorised them into 2 types, preferential offenders and situational offenders.[44]

Preferential Offenders

- Have a particular sexual preference for children of a particular age, gender, or a child with specific physical characteristics.
- Extremely dangerous because of their predatory nature.
- Proactive in seeking their victim and aggressively engage in bold and repeated attempts to molest a child.
- Invest significant amounts of time, energy, money and other resources to fulfil their sexual desire.
- Have excessive interest in children, seek access to children, and frequently move to avoid capture.
- May maintain pornographic collections and photograph children and/or their victims.

This type of offender may appear to be the ideal child or youth worker. They are likely to enjoy children's company and socialise well. One preferential offender may have hundreds of victims in a lifetime. The best way to deter this kind of offender is to develop an environment that puts the offender, rather than the child at risk. A thorough screening program, proper supervision and accountability will discourage this type of offender.

Situational Sex offenders

Far more situational offenders exist in society than preferential sex offenders, but they have fewer victims.

- They are opportunists engaging in misconduct when the opportunity presents itself.
- They are indiscriminate concerning whom they molest and act completely on impulse.

An example of a situational sex offender would be a youth worker. After a meeting he takes several of the student's home. The last person to be dropped off is a young girl, he sits in the car and talks to her for an extended period of time. One thing leads to another, the opportunity presents itself and the youth worker has sex with the girl.

To reduce the risk of situational molestation we must create an environment of accountability. Screening and supervision are the two key strategies to establish such an environment and, in turn reduce the risk of sexual molestation.

Regardless of which category the sexual offender is classed, sexual abuse doesn't just happen.

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44 *Acquaintance Molestation and Youth-Serving Organizations Kenneth V. Lanning and Park Dietz*

Finkelhor Exercise:

Divide the class into 4 groups and give each group a separate question. Ask them to list their answers and explain that after 10 minutes they will all come back as the whole class and look at the questions and answers.

Q1. Why would a person want to sexually abuse a child?
Q2. What thoughts could a person have to make them believe that sexually abusing a child was ok?
Q3. What can a person do to create opportunities to abuse children?
Q4. What could stop a child from resisting being sexually abused or from telling others?

See **Appendix 6** for some of the answers that participants may give.

Once all the group have fed back then introduce that what the class had done is follow the David Finkelhor, four pre-conditions model (1984)[45]. This theory helps us see the stages an offender will go through before a child is sexually abused.
Q1 refers to stage 1 of the pre-conditions model and this is what Finkelhor described as 'Motivation'. It is the desire for whatever reason to have sex with a child. (Hopefully group 1 will have identified some reasons).
Q2 refers to stage 2 and is referred to as 'Overcoming internal inhibiters'. So, group 2 should have listed a number of 'excuses' that sex offenders believe or use to aid them in overcoming the reality that sexually abusing child is harmful.
Q3 refers to stage 3, which Finkelhor calls 'Overcoming external inhibitors'. This relates to the efforts the offender will make to gain access to children and prepare an environment where they have gained trust or control. This stage explores how professionals can abuse and how some professionals have more options (a doctor gets to touch a child and is often believed, a sports coach will often have physical contact with a child, etc.)
Q4 refers to stage 4 is where Finkelhor describes as 'Overcoming the victim's resistance'. Here we see how the offender who has gained access to the child will now use methods to control or manipulating the child by abusing them and reducing the risk of the child disclosing.

Paedophile Vs Sex offender

Often people who sexually abuse children are referred to as paedophiles (especially in the press). This is often an inaccurate use of the term. Paedophilia relates to a specific disorder where there is a preference for sexual activity with a prepubescent child or children. Hebephilia is the term used to describe a preferential sexual interest in pubescent (i.e. early adolescent) individuals.

The simplest and most accurate term is sex offender. Not all who are motivated to commit sexual offences against a child have a paraphilia (sexual arousal to something regarded as unusual) and not all are motivated by sexual desire. What is accurate is that abusers use various methods to get the children to engage in activities for their own satisfaction, be that sexual or financial.

5.7 Technology-Assisted Child Sexual Abuse (TACSA)

Children can be harmed by sexual abuse that occurs online or facilitated by technology, examples of these are:

[45] *David Finkelhor & Sharon Araji (1986) Explanations of pedophilia: A four factor model, The Journal of Sex Research, 22:2, 145-161, DOI: 10.1080/00224498609551297*

- Groomed online with the intention of meeting the child.
- Sharing of sexual images
- Talking to the child about sex.
- 'Deepfake' or digitally created sexual images.
- Paying the child for sexual images.
- Online sexual exploitation of the child.
- Hidden camera recording of the child.
- Child being sent links or accessing pornography.
- Posting the child's profile on 'adult' sex workers sites.
- 'Live streamed' sexual abuse.

Often professional bias can impact on the way that this form of sexual abuse is responded to. It may be that the practitioner does not see it as harmful as contact sexual abuse, or feels that as the children are pictured in the image they are in some way responsible. Neither of these myths are true, research undertaken by Hamilton-Giachritsis et.al.[46] showed that 'online abuse' can be as harmful, and in some cases more harmful than offline contact abuse.

Exercise:

Ask the class to identify some of the harms for a child who has been sexually harmed through technology.
Victims and survivors who have been sexually abused through technology express a range of harms including:

- Post Traumatic Stress Disorder.
- Anxiety.
- People who see the images will think they were a willing participant.
- People they know will recognise them from the image.
- Distrust of others.
- Betrayal.
- Fear.
- Self-blame that the images were taken.
- Shame.
- Embarrassment.
- Isolation from friends and family.

When we explore the above list, we can see how some harms lead into other harms and behaviours. E.g. a child is coerced into sending an intimate image and then they find out the image has been shared online. They feel somehow responsible for taking and sharing the image and are fearful of others seeing it and recognising them. The child feels betrayed by the offender and is therefore more distrustful of people in the future. This shame makes them retreat from being around family and friends with the worry they may recognise them if they were to see the images. This fear creates an anxiety in the child.

Online Grooming

One of the most common techniques used by a sex offender is online grooming. This is where the offender will appear interested in the child, using flattery and often pretending to have a shared interested with the intention of manipulating the child into doing what the offender wants. This communication is often subtle and is controlled by the offender:

Example 1:
Offender: Wow I can't believe you are single
Child: thanks
Offender: pretty, slim, probably very hot, your last boyfriend was clearly an idiot.

[46] *Technology assisted child sexual abuse: Professionals' perceptions of risk and impact on children and young people Hamilton-Giachritsis et.al. (2021)*

Child: thanks, yeh he was

In the above example we can see how the offender is using information from the child's social media about her relationship status. The offender then moves this to include flattery with a sexual overtone referring to her as probably very hot.

Example 2:
Offender: was your ex well behaved?
Child: no, I was
Offender: wandering hands?
Child: yeh a bit
Offender: would he have been your first?
Child: Yeh?
Offender: was he gentle?

In example 2 we can see the offender has moved the conversation on from example 1. By discussing the child's previous relationship, the offender has steered the conversation to the child's previous sexual activity. It is worth noting how the offender uses questions to enable them to control the conversation. The offender is focussing the conversation on sexual activity. Further text messages continue the theme, going into more detail with the child and encouraging them to fantasise about having sex for the first time. The offender would make sure it was how and what the child wants. Regularly during the text messages, the offender puts the child under a lot of pressure to send them a photo.

5.8 Power of an Image

Having the abuse recorded, creates a permanent record of what was done for all to see. This is incredibly traumatic for the majority of victims and survivors. Every time the image is viewed, the child is retraumatised. It is important to understand this and ensure that it is only those who need to view the image for evidential purposes that see it.
The child will often want to distance themselves from the image or the intervention and will deny it is them in the picture. The child should never be shown the abusive image or recording, regardless of the motivation behind this as it is traumatic and abusive to the child.

Practitioner considerations when working with a child who has been sexually harmed through Technology Assisted Child Sexual Abused (TACSA):

1. **Concern** – is the use of technology or confusion around the platform clouding the concern? Often practitioners being unsure about technology or certain apps is a barrier to being clear of the incident and what the risks to the child are.
2. **Response** – is this proportionate, recognising the possible harms to the child? Will any of our actions inadvertently blame the child for what has happened, such as removing devises or using victim blaming language? Are we clear on how the offender met the child online and are there steps to reduce them contacting the child again?
3. **Intervention** – is the intervention bespoke to the needs of the child-victim or is it a wider E-Safety course? E-safety courses are designed for prevention and therefore the child may hear the messages as victim blaming and feel even more shame. A specific TACSA intervention should incorporate wider harms highlighted above such as trauma, betrayal, shame etc. Is the intervention limited? If so what happens when it ends if the child is still struggling?

4. **Investigation** – what information will be needed from the platform? Do we know if the images have been shared, and what, if anything can be done to limit these being online?

5.9 Module Reflection

Child sexual abuse has a devastating effect on the victim. It is a subject that society shies away from. Professionals worry about retraumatising the child and therefore may fail to respond well. By not understanding and not allowing the child to understand what has been done to them, we are compounding what the impact of the abuse, and adding to the harm to the child.

Through understanding the methods abusers use to groom children for their own purposes and understanding that the biggest message for the child to hear is 'it is not your fault' will enable them to begin their recovery journey.

It is all too easy to dismiss child sexual abuse that is facilitated or enabled by technology as not harmful, especially if it has 'only happened online'. The victim already blames themselves, feels stupid or duped. Others blaming them further silences and harms. Listen and understand with the knowledge you have gained in this module.

MODULE 6: DOMESTIC ABUSE

'The effects of abuse are devastating and far-reaching. Domestic violence speaks many languages, has many colours and lives in many different communities.'
Sandra Pupatello

6.1. Introduction

This module is about understanding domestic abuse, looking at the scale of the issue and some of the methods employed by a perpetrator to gain control over an individual. The module will also address common domestic abuse myths as well as the impact being exposed to a domestic abuse relationship can have on a child.

6.2 Objectives:

- Introduce the learner to domestic abuse relationships.
- Highlight how power and control are used in an abusive relationship.
- Address myths and views about harm that can occur.

Outcomes

Participants will have:

- An understanding of domestic abuse and key legislation relating to it.
- How a perpetrator can gain and maintain power and control within a relationship.
- The impact on children exposed to domestic abuse.
- Risk in relation to the children and victims of domestic abuse relationships.

6.3 Legal Definition

According to section 2 of the Combating of Domestic Violence Act (2003) the definition of domestic abuse means engaging in any of the following acts or courses of conduct while in a domestic relationship:

a) **Physical abuse**, which includes, physical assault or any use of physical force against the complainant, forcibly confining or detaining the complainant, or physically depriving the complainant of access to food, water, clothing, shelter, or rest.
b) **Sexual abuse**, which includes, forcing the complainant to engage in any sexual contact, engaging in any sexual conduct that abuses, humiliates, or degrades or otherwise violates the sexual integrity of the complainant, exposing the complainant to sexual material which humiliates, degrades, or violates the complainant's sexual integrity, or engaging in such contact or conduct with another person with whom the complainant has emotional ties.
c) **Economic abuse**, which includes, the unreasonable deprivation of any economic or financial resources to which the complainant or dependent of the complainant is entitled under any law, requires out of necessity or has a reasonable expectation of use, including household necessities, and mortgage bond repayments or rent payments in respect of a shared household, unreasonably disposing of moveable or immovable property in which the complainant or a family member or dependent of the complainant, has an interest or a reasonable expectation of use, destroying or damaging, property in which the complainant, or a family member or a dependent of the complainant, has an interest or a reasonable expectation of use; or(iv)hiding

or hindering the use of property in which the complainant, or a family member or dependent of the complainant, has an interest or a reasonable expectation of use.

d) **Intimidation**, which means intentionally inducing fear in the complainant, or a family member or dependent of the complainant by, committing physical abuse against a family member or dependent of the complainant, threatening to physically abuse the complainant, or a family member or dependent of the complainant, exhibiting a weapon, or any other menacing behaviour, including sending, delivering or causing to be delivered an item which implies menacing behaviour.

e) **Harassment**, which means repeatedly following, pursuing or accosting the complainant, or a family member or dependent of the complainant, or making persistent unwelcome communications, and includes but is not limited to, watching, or loitering outside or near the building or place where such person resides, works, carries on business, studies or happens to be, repeatedly making telephone calls or inducing a third person to make telephone calls to such person, whether or not conversation ensues, or repeatedly sending, delivering or causing the delivery of letters, telegrams, packages, facsimiles, electronic mail or other objects or messages to such person's residence, school or workplace.

f) **Entering the residence or pr**operty of the complainant, without the express or implied consent of the complainant, where the persons in question do not share the same residence.

g) **Emotional, verbal or psychological abuse,** which means a pattern of degrading or humiliating conduct towards a complainant, or a family member or dependent of the complainant, including, repeated insults, ridicule or name calling, causing emotional pain, or the repeated exhibition of obsessive possessiveness or jealousy, which is such as to constitute a serious invasion of the complainant's, or the complainant's dependent or family member's privacy, liberty, integrity or security. The Act also identifies that 'a person psychologically abuses a child if that person repeatedly, causes or allows that child to see or hear the physical, sexual, or psychological abuse of a person with whom that child has a domestic relationship.

According to the Combating of Domestic Violence Act (2003) a domestic relationship may comprise of any of the following:

• Civil or customary marriage. • Former marriage. • Cohabitation relationship. • Parents of a child (not where the child was conceived through rape or sperm donation).	• Parent and child. • Family members related by blood, marriage, or adoption. • Two people in an intimate relationship.

6.4 Exercise:

Explain that the legislation relating specifically to domestic abuse can be found in the 'Combating of Domestic Violence Act (2003), amended by the Child Care and Protection Act 3 of 2015 (GG 5744) and the Abolition of Payment by Cheque Act 16 of 2022. Explain the 2003 Act makes domestic abuse within a domestic relationship a crime and the Act comprises of a broad definition of domestic abuse that incorporates physical. sexual, economic abuse, as well as intimidation, harassment and serious emotional, verbal or psychological abuse.

Divide the class into small groups and give each group one of the 9 categories highlighted below.

1. Domestic relationship.
6. Trespass/stalking.

2. Physical abuse.
3. Sexual abuse.
4. Economic abuse.
5. Intimidation.
7. Emotional/psychological abuse.
8. Threats, harassment.
9. Expose children to violence.

Ask each group to come up with examples of what the following would include in relation to a domestic abusive relationship. Get the groups to feedback inviting other groups to add to the examples then relate their examples to the legal definitions above.

6.5 The Scale of the Issue

Despite the robust policy and legal framework in Namibia, women and girls are still exposed to violence throughout their lifecycle whether at home, schools, or the communities they live in. Globally and in Namibia one in three women experience physical and/or sexual violence; majority perpetrated by intimate partners. Six percent of Namibian women reported experiencing violence during pregnancy and fifteen percent who experienced violence never sought help or told anyone about the violence. (WHO 2021)[47]

Domestic abuse can happen to any gender although statistically there are significantly more female victims. It can often start when couples are dating, and a significant time it often starts is during a women's pregnancy.

Domestic abuse should not be minimised when it involves teenagers. This may be confusing for the teenage victim as they try to understand that the relationship has good and bad times. Part of what makes dating abuse so confusing and painful is that love is mixed with abuse.

When working with domestic abuse incidents the challenges for the practitioner can be multiple. Interpreting the relationship as being abusive, not escalating the control or violence in the relationship, not colluding with the perpetrator, and helping the victim and children.

Being able to recognise the difference between an 'argumentative relationship' and an 'abusive relationship' is important. There can be early warning signs that help us explore if someone wants the power or to control the relationship such as:

Intrusion	Possession and jealousy	Unknown past
Isolation	Prone to anger	Disrespect for women

When practitioners are undertaking any form of intervention, they will often bring additional stress to any family. This stress may be caused by the stigma the family feels of having agencies involved, finding out their child has been harmed, feeling blamed, or powerless to what is happening. With families where domestic abuse is a factor or suspicion, we can inadvertently find ourselves being used by the perpetrator or put the victim at more risk. An example of this would be if the perpetrator does not allow the victim access to money to feed their children and we then blame the victim for not feeding the children. Another example may be the perpetrator is threatening to get the children removed from their care and keeps reporting or making up incidents that require a visit.

[47] https://www.afro.who.int/news/namibias-health-sector-responding-violence-against-women-and-girls

In some cases, the impact of the abuse on the victim may result in a deterioration in their mental health or them using harmful coping strategies such as drink and drugs, or self-harming.

6.6 Domestic Abuse Myths

Within the community there are several myths relating to domestic abuse that could influence the practitioner's intervention or assessment. These myths can lead to a bias being applied where we either blame the victim or collude with the perpetrator.

Some Common Domestic Abuse Myths.

1. Why the victim doesn't leave.

Exercise:

Divide the class into small groups. In these groups ask them to discuss times they were unhappy at work. (Remind them that colleagues or managers may be present so, if possible, think about previous jobs.) Get them to explain why they didn't like it and if they didn't walk out, why was this? Was it due to needing the money, or it could impact them getting another job, or a belief that it's not all bad etc. Encourage them to list as many reasons as possible why a person would stay in a job they didn't like. Get them to read their list back to the whole group. Refer this to an abusive relationship, reminding them this is 'just a job' in comparison to a reality of having a child, a house, emotional attachment to someone you love, etc.

The aim is for the participants to reflect on how hard leaving can be, particularly if the perpetrator has put steps in place to make it even more difficult.

Some common barriers to leaving are:

• Fear. • No place to go. • No support. • Family pressures to stay. • Belief abuser will change. • Feel responsible for abuser. • Feel they deserve abuse. • Stay for kids. • Unaware of help available. • System does not work. • Stalked or located before. • No alternative accommodation. • Good times outweigh bad times. • Cultural reasons.	• Children refuse to leave. • Ashamed to be seen as a failure. • Financial reasons. • Afraid of being alone. • Fear of not being loved again. • Protect reputation and status. • Religion. • Still love abuser. • Drug or alcohol dependency. • No inner strength left. • Sex. • Insecure. • Lack of education. • No one will belief them. • Denial & shock.

2. Perpetrator has a problem with managing anger.

It is often said that 'the perpetrator has a problem with anger'. It could be argued that they do not have a problem with anger. In fact, they control their anger very well. When the victim is saying they got angry and hit me, we need to reframe this to say the victim didn't do as they were told or expected and therefore physical force was used to reinforce the perpetrators control. While it is common for people in non-abusive relationships to get angry on occasions, it is the regularity, the beliefs and behaviour of the individual that should indicate that is it abusive.

3. They only get aggressive when they have been drinking.

The perpetrator is blaming something else for their behaviour. If they were truly appalled by the impact of alcohol on their behaviour, they would not drink. Also, when they have been drinking is their behaviour abusive every time, and projected towards everyone or just their husband, wife or partner?

4. It is worse for, or only impacts women.

Men can also be victims of domestic abuse. Practitioners can struggle if they are working with a family where the female appears very strong and there is a timid partner. Power and controls are often not about strength and threats. Coercion can often be used. Female perpetrators will often use weapons, sex, and professional bias to control a male victim.

5. It doesn't happen in same sex relationships.

Domestic abuse will happen in all types of relationships and often the perpetrator will use the secrecy of the relationship to assert control over the victim.

6.7 Cycle of Abuse

There is often a pattern to the control. One way of seeing the escalation, is through the circle of abuse:

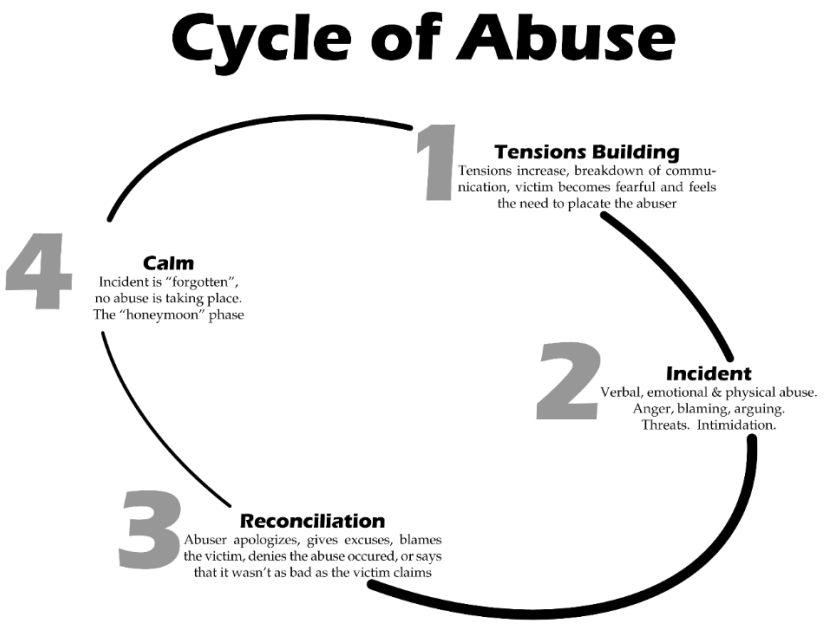


Fig 6.a

In the above diagram (fig 6.a) of the cycle of abuse we can see there are 4 stages before the cycle repeats itself.[48]

1. The first stage is an increase in tension. Often the victim is highly attuned to this stage and may be extra attentive at trying to pacify the abuser.
2. The second stage is the incident involving physical or emotional abuse. Often it is framed as an argument with the perpetrator trying to blame the victim for any harm that occurs.
3. The third stage will be the reconciliation stage. This is where the perpetrator tries to ensure the victim thinks that it is over now, and they can excuse or blame others for what happened.
4. The fourth stage 'calm' is where things appear to be back to normal.

It is important when interpreting the cycle of abuse that in domestic abuse cases when may be seen as the incident is part of the control and regardless of when the victim had done in stage one, the incident would happen to fulfil the neds of the perpetrator and ensure confusion and control is maintained by them.

6.8 Indicators of an Abusive Relationship

The number of people in abusive relationships is believed to be high in Namibia[49]. Therefore, it is important to consider the real possibility that this abuse may be present whenever we are working with a family. On their own the indicators may not be proof, but they may help the practitioner to question if some of the behaviour they are witnessing is due to domestic abuse. The behaviour or response we receive may be different depending on where the victim is within the cycle of abuse.

Some victims may describe being isolated, and their movements monitored. They are isolated from their friends and family and may be fearful and intimidated by the perpetrator. The victim may not want to hurt the feelings of the perpetrator or may want to 'rescue' the perpetrator. They may find themselves constantly making excuses and blaming themselves for what has happened and only making decisions on what they perceive will please their partner. Not all domestic abuse cases involve violence but for some people this may involve being hit, kicked, shoved, burned.

The victim may be afraid or unaware of the level of control within the relationship. They may display some behaviours that might indicate what is happening.

Indicator	Possible reason
Wears concealing clothes/ make up.	Cover any injuries, burns or bruises.
Wears concealing clothes/ make up.	Victim cannot be accused of 'flirting'.
Depressed or suicidal behaviour.	Feeling powerless and this being their only escape from the control and abuse.
Always accompanied by the perpetrator, even during meetings or medical appointments when it would be unusual for the patient to be accompanied.	Ensure the victim doesn't tell anyone and the perpetrator can control the victim by their very presence.
Appears defensive and may take responsibility for abuser's behaviour.	This could be fear of professional involvement or the victim trying to minimise what is happening to reduce any comeback on them.

[48] *Walker, L.E. (1979). The battered woman. New York: Harper & Row.*

[49] *WHO (2021). World Health Organisation News; Namibia's Health Sector responding to violence against women and girls, https://www.afro.who.int/news/namibias-health-sector-responding-violence-against-women-and-girls*

Downplays danger in situation or accepts violence as normal.	By minimising the danger, it may make police and practitioners go away. It may be that the victim is so used to the level of violence that they have a distorted view of the danger they are in.
Wears sunglasses indoors.	To hide bruising around the eyes, or so that they cannot be accused of flirting.
Suffers headaches, insomnia.	An indication of the stress they are living with day to day.
Visits clinics frequently	This could be due to the amount of violence the victim is subjected to, although the victim may not express the true reason for their injuries.
Passive & easily dominated or learned helplessness.	Particularly in long term cases of control, the victim may be so fearful of making a decision (if they ever have the opportunity) that they will refrain from decision making so they do not annoy the abuser.
Low self-esteem.	The victim leaving and retuning to the relationship could be an indicator that they know it is abusive but do not have the emotional or physical resources to fully leave.
Believe myths of spouse abuse or traditional /stereotyped feminine role.	Some victims reframe the abuse as indicators of love or what they perceive as a fulfilling relationship to adhere to cultural or religious beliefs.
Economically & emotionally dependant, such as putting the victim in debt or not allowing them access to any money or resources.	The preparator keeps control of the resources going into the home.
Doubts their own sanity.	The preparator may be acting in a way to make the victim question what they are doing. This can be done deliberately such as moving or hiding items then denying any knowledge of it, or repeatedly telling the person they have mental health issues.

6.9 Assessing Control in a Relationship

To help explore how power and control may be used in a relationship, we can apply the Duluth power and control wheel[50]. This tool can help the practitioner break down the different aspects of the relationship and to explore if there is control with the relationship, how it is being applied.

[50] https://www.theduluthmodel.org

Reasons expressed about why perpetrators behave in a way that people view as abusive include:

Illness/ mental health issues	Lack of communication	Family compensation
Unsatisfactory sexual relationships	Lack of conflict resolution skills	Economic problems
Sexual incompatibility (uses sex as a form of control)	Lack of self-control, low self esteem	Anger
Heredity	The victim's behaviour	Situational stress
Alcohol and drugs	Cultural practices and beliefs	Polygamy
HIV/Aids	Cultural cleansing	Learned behaviour.
Lobola	Needing to manage the money	Above the rules
Gender entitlement	Jealousy	

If we explore the above list, we can start to understand how the perpetrator may be minimising or blaming others for their behaviour and in some cases put the victim in an impossible situation. For example, if the excuse given is the partner doesn't communicate. In this case the victim may be fearful of saying the 'wrong thing'. If they do communicate, consider how much equality does the victim have in the communication or is it all one-way and generated by the perpetrator? One consistent factor is that the perpetrator is behaving in a way that demonstrates that they want to have the power or control in the relationship, and they are not interested in equality between them and their partner.

Domestic abuse perpetrators typically think they are unique. They feel different from other people so don't have to follow the same rules as everyone else. The reality is abusers have a lot in common with one another and share many thinking and behavioural patterns.

Some of them are[51]:

- **Excuse making** - Instead of accepting responsibility for their actions, the abuser tries to justify the behavior with excuses, 'My parents beat me,' or' 'I had a bad day, and when I walked in and saw this mess I lost my temper,' or 'I couldn't let her talk to me that way. There was nothing else I could do.'
- **Blaming** - The abuser shifts responsibility for actions from themselves to others, which allows them to be angry at the other person for 'causing' the behavior. For example: 'If you would stay out of it while I am disciplining the kids, I could do it without hitting them.'
- **Redefining** - The abuser redefines the situation so that the problem lies not with them but with others or the outside world. For example: The abuser doesn't come home at 6 p.m. for dinner as he said he would, instead he comes home at 4 a.m. He says, 'You're an awful cook anyway. Why should I come home to eat this stuff? I bet the kids wouldn't even eat this.''
- **Success fantasies** - The abuser believes they would be rich, famous, or extremely successful if only other people weren't holding them back. Others are blocking the way, so they feel justified in getting back at them, including through abuse. The abuser also puts other people down as a way of building themselves up.
- **Lying** - The abuser controls the situation by lying to manage the information available. They may also use lying to keep other people, including the victim, off-balance psychologically. For example, they may try to appear truthful when lying, try to look deceitful even when telling the truth, and sometimes reveal themself as obviously lying.
- **Assume they know what others are thinking or feeling -** This assumption allows them to justify their behaviour because they 'know' what the other person would think or do in a given situation. For example: 'I knew you'd be mad because I went out for beer after work, so I figured I might as well stay out and enjoy myself.'
- **Above the rules** - As mentioned earlier, an abuser generally believes they are better than other people and so don't have to follow the rules that 'ordinary' people do. That attitude is also typical of convicted, criminals. Each inmate in a jail usually believes that while all the other inmates are criminals, they are not. An abuser shows 'above-the rules thinking' when they say, 'I don't need counselling. Nobody knows as much about my life as I do. I can handle my life without help from anybody.'
- **Making fools of others** - The abuser combines tactics to manipulate others. The tactics include lying, upsetting the other person just to watch their reactions, and provoking a fight between or among others. Or they may try to charm the person they want to manipulate, pretending to have a great deal of interest in, and concern for that person to get on their good side.

6.10 Impact of Domestic Abuse on a Victim

[51] *Police training on child rights & child protection 2005*

The effect on the victim from being in an abusive relationship is well documented and researched, they include:

• Damaged self-esteem and confidence. • No sense of safety. • Depression and suicidal behavior. • Anxiety. • Physical injury. • Anti-social behavior. • Sexually Transmitted Infections (STI's) and HIV/AIDS.	• Unwanted pregnancies. • Insomnia/sleeping disorders. • Eating disorders. • Risky sexual behaviour. • Substance abuse. • Death. • Further violence in future relationships.

6.11 Impact of Domestic Abuse on Children

Children who live in homes where a parent or caretaker is experiencing abuse should be seen as being exposed to domestic abuse., Often victims and perpetrators believe they have taken steps to protect the child from the abuse, however research has proven overwhelmingly that children can provide detailed accounts of domestic abuse incidents that have occurred in their homes.

Children's exposure to domestic abuse typically falls into three primary categories:

1. Hearing a violent/abusive event.
2. Being directly involved as an eyewitness, intervening, or being used as a part of a violent/abusive event (e.g., being used as a shield against abusive actions).
3. Experiencing the aftermath of a violent/abusive event.

Children can also be used as a spy to interrogate the adult victim, being forced to watch, or participate in the abuse of the victim and being used as a pawn by the abuser to coerce the victim into returning to the violent relationship. Some children are physically injured as a direct result of domestic abuse, particularly if they are trying to protect the victim or because of being caught in the crossfire. Some perpetrators intentionally physically, emotionally, or sexually abuse their children to intimidate and control their partner. Assaults on children can occur while the victim is holding the child. In addition to being exposed to the abusive behaviour, many children are further victimised by coercion to remain silent about the abuse, maintaining the 'family secret.' Some children may suffer the loss of their parent either through death (killed by their partner) or incarceration.

Children who grow up in a domestic abuse household can be more likely to be subjected to child abuse and neglect.[52] Where younger children aged under 6 months old live a house where domestic violence is occurring this more than triples the odds of physical abuse occurring and doubles the odds of psychological child abuse and neglect occurring at some point during the child's first five years[53].

For children exposed to domestic abuse the harm can affect children differently depending on their age and stage of development. Research undertaken by Hiscox et.al (2023)[54] identified through brain

[52] *CAADA Research Report 2015 In plain sight: The evidence from children exposed to domestic violence*

[53] *McGuigan WM, Pratt CC. The predictive impact of domestic violence on three types of child maltreatment. Child Abuse Negl. 2001 Jul;25(7):869-83. doi: 10.1016/s0145-2134(01)00244-7. PMID: 11523866.*

[54] *Hiscox, L. V., Fairchild, G., Donald, K., Groanewold, N. A., Koen, N., Roos, A., Narr., K., Lawrence, M., Hoffman, N., Wedderburn, C. L., Barnett, W., Zar, H. J., Stien, D. J., Halligan, S. L., (2023) Antenatal maternal intimate partner violence exposure is associated with sex-specific alterations in brain structure among young infants: Evidence from a South African birth cohort. Journal Developmental Cognitive Neuroscience.*

scans of children born by mothers exposed to domestic abuse, the abuse had changed the foetuses brain development while in the womb. This differing impact needs to be considered in the assessment of risk. Sadly, it is not uncommon for children to feel they are responsible for the violence, and for some children who experience violence to often perceive punishment as an expression of affection.

Research studies[55] consistently have found the presence of three categories of childhood problems associated with exposure to domestic violence:

1. Behavioural, social, and emotional problems—higher levels of aggression, anger, hostility, oppositional behaviour, and disobedience; fear, anxiety, withdrawal, and depression; poor peer, sibling, and social relationships; low self-esteem.
2. Cognitive and attitudinal problems—lower cognitive functioning, poor school performance, lack of conflict resolution skills, limited problem-solving skills, acceptance of violent behaviours and attitudes, belief in rigid gender stereotypes and male privilege.
3. Long-term problems—higher levels of adult depression and trauma symptoms, increased tolerance for and use of violence in adult relationships.

Through children's behaviour or development, we further identify the impact the exposure to the abuse has had. Infants exposed to violence may have difficulty developing attachments with their caregivers, or preschool children may regress developmentally or suffer from eating and sleep disturbances. School-aged children may struggle with peer relationships, academic performance, and emotional stability. Adolescents are at a higher risk for either perpetrating or becoming victims of teen dating abuse. Reports from adults who repeatedly witnessed domestic violence as children show that many suffer from trauma-related symptoms, depression, and low self-esteem.

Some children's reactions to domestic abuse may demonstrate enormous resilience while others show signs of significant maladaptive adjustment. Protective factors such as social competence, intelligence, high self-esteem, outgoing temperament, strong sibling and peer relationships, and a supportive relationship with an adult, are thought to be important variables that could help protect a child from the adverse effects of exposure to domestic abuse.

Further research[56] shows that the impact of domestic violence on children can be moderated by certain factors, including:

- **The nature of the violence** - Children, who witness frequent and severe forms of violence, may perceive the violence as their fault, as they do not see their caretakers resolving conflict. The frequency with which they are exposed to positive interactions between their caregivers will also affect them.
- **Coping strategies and skills** - Children with poor coping skills are more likely to experience problems than children with strong coping skills and supportive social networks. Children who apply problem-solving strategies targeted directly at the source of disagreement demonstrate fewer maladaptive symptoms. Emotion-focused strategies, however, are less desirable because

[55] https://doi.org/10.1016/j.chiabu.2008.02.004

[56] *Alison Fogarty, Catherine E. Wood, Rebecca Giallo, Jordy Kaufman & Michelle Hansen (2019) Factors promoting emotional-behavioural resilience and adjustment in children exposed to intimate partner violence: A systematic review, Australian Journal of Psychology, 71:4, 375-389, DOI: 10.1111/ajpy.12242*

they often target internal responses to a stressful situation, which can result in less effective coping methods (e.g., children fantasising that their parents are 'getting along').

- **The age of the child** - Younger children appear to exhibit higher levels of emotional and psychological distress than older children. Age-related differences might result from older children having more fully developed cognitive abilities to understand the violence and select various coping strategies to alleviate upsetting emotions.
- **The time since exposure** - Children are observed to have heightened levels of anxiety and fear immediately after a recent violent event. Fewer observable effects are seen in children the longer time has passed after they have witnessed the violence.
- **Gender** - In general, boys exhibit more 'externalised' behaviours (e.g., aggression or acting out) while girls exhibit more 'internalised' behaviors (e.g., withdrawal or depression). In addition, boys identify more with the male abuser and girls identify more with the female victim; both may continue these roles throughout life if the issues are not addressed.
- **The presence of child abuse** - Children who witness domestic abuse and are physically abused demonstrate increased levels of emotional and psychological maladjustment than children who only witness violence and are not abused.

6.12 Assessing Risk

It is important that the risks for the children and victims are understood, and that this can change. If the victim is planning on leaving, or leaves the perpetrator there can be a significant increase in the risk of harm to them. When exploring with the victim any safety plan or risk assessment (see **Appendix 7**) care needs to be taken so that this is not shared with the perpetrator.

Support

It is important that all Namibians know their rights and know where to go when such rights are infringed upon. Programmes should be integrated and streamlined so that communities derive maximum benefits from them.

- **Couple counselling** – Although for some couples this can be helpful, in the case of domestic abuse relationship it can imply the victim is also to blame and the perpetrator can use it to minimise the control they have, and to further reinforce the problem is a joint one, rather than for them to address.
- **Play therapy/art therapy with children** – This can help children exposed to abusive situations explore through play the trauma they may be suffering. It is not uncommon for the perpetrator to use the fact that the abuse is impacting on the children to further control the victim.
- **Court preparation** – The perpetrator may use the opportunity of seeing the victim at court to intimidate or apply controlling methods. Consider what support the victim may need to ensure they are safe while at court, and be wary of the perpetrator following the victim home or using legal documents to gain more information about the victim such as their address etc.
- **After care and follow-up** – Consider what ongoing support will look like for the family. It is not unusual for the perpetrator to get the victim to return to them due to the victim's low self-esteem. They may need practical support such as finding housing and getting access to certain documents, as well as emotional support to address the impact of the abuse. The victim may be suffering from Post Traumatic Stress Disorder (PTSD) and require help to ensure they are safe.

6.13 Module Reflection

Domestic abused is a common form of abuse. At the heart of it is power and control, with the perpetrator doing everything they can to maintain control and keep the professional away. A number of victims die each week at the hands of domestic abuse perpetrators and this risk heightens when the victim is looking at leaving. Additional care is needed at this stage. Children exposed to domestic abuse are subjected to a range of harms, either through witnessing the abuse or being used as part of the control over the victim.

MODULE 7: CULTURAL NORMS, TRADITIONAL BELIEFS AND PRACTICES

Facilitator notes

'*Watch your thoughts, they become your words; watch your words, they become your actions; watch your actions, they become your habits; watch your habits, they become your character; watch your character, it becomes your destiny*.'
(Lao Tzu)

7.1 Introduction

There are a range of influences that impact on a person's parenting. Their experience of being parented will be a factor as will any religious or spiritual beliefs they follow. The challenge is to respect the person's right to bring a child up how they want to, but to ensure it is not abusive, or causes significant harm to the child. This can often challenge our own belief system and in some cases lead us to support families who may hold very different religious or personal views to our own.

7.2 Objectives:

- Explore how culture and beliefs can inform a person's parenting.
- Highlight how abuse can occur under the guise of a person's beliefs.

Outcomes

Practitioners will:

- Recognise how culture and beliefs can impact on their practice.
- Recognise abusive acts that are undertaken in the name of religion and spiritual practice.

7.3 Exercise:

Break the group in to pairs of threes and ask them to come up with a list of cultural practices they know or have come across in their work/life experience. Feed back to whole group and prompt discussion.

7.4 What we Mean by Culture

Culture is a shared system of meanings, beliefs, values, and behaviours through which experience is interpreted and carried out. They can shape our identity and how we see ourselves and others. It can shape how we judge society and other groups and, in certain cases, who we socialise with. The culture we are exposed to will have an influence on who we look up to, the appropriate behaviours these community members are projecting, and what excuses are made when they do not behave as they should.

On one level, culture deals with obvious/observable aspects such as clothing, language, food etc. However, there is another level which is not so obvious, and includes our shared ideas, beliefs and values which usually become apparent when people from different social systems interact.

No one person can say they belong to just one culture as we can all be part of several subculture groups. Consider how many cultural groups individuals in this class can align with? Safeguarding professional, people from town or village, their age, gender, class, profession and religion etc.

Culture can have a significant influence on a practitioner's work. It is almost impossible to leave our cultural lenses behind during our interactions; they give a perspective and experience through which we interpret events.

Culture is:

- Relative – in that determining whether an action is 'right' or 'wrong' must be done in the context of the ethical standards of the society within which the action occurs.
- Learned - the way a group of people within a society or culture learn and pass on information.
- Collective – as in not individual. It is through culture that we can arrive at some sense of group identity.
- Changes over time - society takes on new cultural traits, behaviour patterns, and social norms, and creates new social structures as a result (for example, technology).
- Complex responsive process - that requires ongoing self-assessment, continuous cultural education, openness to others' values and beliefs, and willingness to share one's own values and beliefs. This is a process that evolves over time.

Dangers of not recognising the influence of culture in practice

Stereotyping - We frequently generalise about and attribute characteristics to people thereby creating stereotypes. When we do this with cultural groups there is a danger of developing negative stereotypes, which leads to prejudice.

Prejudice - A cycle of prejudice begins when we start judging other cultures by our own set of standards to define the world around us. Lack of knowledge or an unwillingness to learn can result in an unintentional conflict/misunderstanding. The prejudices are often based on imperfect information and are normally filtered through individual's backgrounds and experiences. The only way to break this cycle is to be aware of cultural differences and try to understand their origins.

When working in a culturally diverse environment we have to be careful to question our own cultural expectations to avoid making stereotypes or forming prejudices against other groups.

7.5 Understanding Cultural Differences

Religion

Religion holds an important place in many societies and is usually embedded in people's practices - getting married, mourning someone who has died, etc.

Even within a particular region or belief there may be many different views of how they should be followed.

Practitioners need to understand someone's faith and respect this. However, faith can never excuse any practices that are abusive. Do not accept the excuse 'that it is part of our faith'.

There have been numerous incidents in the past where children have been too fearful to speak out against certain individuals in positions of power within different faith groups. Professionals were found to have minimised the harm or dismissed it, seeing leaders of faith organisations as representing good and therefore not someone who would harm a child.

Family and Gender

In some cultures, family ties are considered very important, and family member roles may be clearly defined. Elders are viewed with high regard in some societies this may lead to the accompanying view that they are never wrong.

Attitudes to gender within the local community may be different from the practitioners. In some matriarchal societies, women do all the work and are the 'providers' for the family. In others, girls may not have equal access to education.

Communication

- Language is culture specific; it may exclude some individuals or express beliefs and attitudes that would be unpalatable to others.
- If someone has limited literacy skills, they may well be excluded from certain aspects of society and marginalised culturally.

Body Language

- Body language is very important as it conveys a lot of things that are not verbalised. Different gestures have different meaning in different cultures. Be mindful of the fact that body language can be easily misunderstood and may be given more importance that it should.
- A smile can often be made to either give the impression that everything is okay or to divert the practitioner from asking further questions.
- A polite handshake is acceptable in most cultures. There may be exceptions where men do not shake hands with women (especially Muslim societies) so check ahead of meeting.
- Men walking hand in hand is quite common in many countries and indicates trust and friendship. In some other countries, it may be seen as an indication of men in an intimate relationship.

7.6 Harmful Traditional Practices

The Convention of the Rights of the Child prohibits traditional practices harmful to the health of children. The Protocol on the Rights of Women in Africa to the African Charter on Human and Peoples' Rights defines the concept more broadly in Article 1(g) as:

'all behaviour, attitudes and/or practices which negatively affect the fundamental rights of women and girls, such as their right to life, health, dignity, education and physical integrity.'[57]

During the last decade, a broad consensus has emerged that these practices include female genital mutilation, child marriage, forced marriage, 'honour killing' and the preferential feeding and care of

[57] https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WG/ProtocolontheRightsofWomen.pdf

male children. The Committee on the Elimination of Discrimination against Women[58] has also referenced polygamy and marital rape in this context. Other harmful traditional practices include:

- Scarring, tattooing, binding and branding.
- Dowry-related killings.
- Forced feeding of young women and nutritional taboos for Pregnant women.
- Killing of children related to ritual sacrifices.
- Abandonment or neglect of children with birth defects.
- Female infanticide.
- Tests of virginity of future brides.
- Gifting of virgin girls to temples, shrines or priests e.g. Deuki, Devadasi, Trokosi.

Female Genital Mutilation (FGM)

Female genital mutilation is also known as female genital cutting or female circumcision. This relates to a female child and comprises of procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. The practice has no health benefits for girls and women and cause severe bleeding and problems urinating, and later cysts, infections, as well as complications in childbirth and increased risk of newborn deaths. It is widespread in 29 countries, the majority of which are in sub-Saharan Africa. In many countries, well over 90 per cent of women of reproductive age have been 'cut'. This practice has spread from countries where it is customary within refugee and migrant populations.

African religious leaders have been proactive in their campaign against the erroneous exploitation of religions to perpetuate such practices. Female genital mutilation is an initiation rite in many societies, frequently carried out by traditional practitioners with rudimentary tools in unsanitary conditions. In addition, according to the UN Special Rapporteur[59] on traditional practices affecting the health of women and children, it is a deeply rooted symbolic reaffirmation of the subordination of women to men.

The health consequences of this practice vary according to the procedure performed. Short-term consequences can include severe pain, shock, haemorrhage, and infection. Haemorrhage and infection may be fatal. Long-term consequences include scar formation, incontinence, sexual dysfunction and difficulties with childbirth.

In 2023 the World Health Organization[60] highlighted that it is mostly carried out on young girls between infancy and age 15.

There are 4 types of FGM procedures that can be inflicted on a child, with an estimated 100 to 140 million women and girls having undergone some form of genital mutilation, with 2 million being at risk annually (see **Appendix 8**).

Type 1: Also known as clitoridectomy, this type consists of partial or total removal of the external part of the clitoris and/or its prepuce (clitoral hood) and is believed to be the most common type of FGM (see **Appendix 8**).
Type 2: Also known as excision, the external part of the clitoris and labia minora are partially or totally removed, with or without excision of the labia majora (see **Appendix 8**).
Type 3: It is also known as infibulation or pharaonic type. The procedure consists of narrowing the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, with or without removal of the external part of clitoris. The appositioning of the wound edges

[58] https://www2.ohchr.org/english/bodies/cedaw/docs/comments/cedaw-c-52-wp-1_en.pdf
[59] https://digitallibrary.un.org/search?f1=author&as=1&sf=title&so=a&rm=&m1=e&p1=Warzazi%2C%20Halima%20Embarek&ln=en
[60] https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation

consists of stitching or holding the cut areas together for a certain period of time (for example, girls' legs are bound together), to create the covering seal. A small opening is left for urine and menstrual blood to escape. It is estimated that about 15% of victims have been subjected to his type of FGM (see **Appendix 8**).
Type 4: This type consists of all other procedures to the genitalia of women for non-medical purposes, such as pricking, piercing, incising, scraping and cauterisation (see **Appendix 8**).

A detailed practitioners guide about FGM by the Work Health Organisation can be found at https://www.who.int/publications/i/item/9789241513913 and for further information regarding this form of abuse a video explaining the types of FGM can be found at https://www.youtube.com/watch?v=GxA99rhEqxI&t=6s.

The practice of FGM is recognised internationally as a violation of the human rights of girls and women. A significant predictor of this occurring to a child is if the mother has had the procedure done to her.

Anyone knowing or suspecting that a girl is to be or has been subject to FGM must make an immediate child protection referral to State Social Work and if relevant to the police if fear is for immediate safety. If a child has already undergone FGM, particular attention must be paid to the potential risk to other female children in the same family.

In responding to FGM, a key consideration will be that the parent genuinely believes the procedure to be in the child's best interests and does not intend it as an act of abuse. It may, in such cases, be appropriate to seek to protect the child without removing them from what is otherwise a caring home environment.

Honour Killing

The term 'honour killing' refers to the murder of women by members of their immediate family purportedly motivated by the desire to save the honour of the family. While such killings are reported primarily in the Middle East and Asia, some cases have been reported in other parts of the world. The motives include:

- Adultery (actual or presumed).
- Sexual 'defilement' including being the victim of rape.
- Premarital relationships (with or without sexual relations).
- Falling in love with a person of whom the family disapproves.
- Refusing an arranged marriage.
- Abetting the sexual or romantic liaisons of a single woman.

The decision to murder may be taken by the husband, father or brother of the victim or by an improvised court composed of male members of the community. Such killings are invariably illegal, but in some countries the law imposes a lesser sentence than for other forms of homicide. In one country, for example, sentences of six months to two years are the norm. Sadly, these convicted men are often treated as heroes.

While reliable data on this practice is difficult to obtain, partly because official records often disguise the cause of death, it is clear that the practice is not rare. For example, a report by the UN Special Rapporteur on violence against women[61] indicated that 4,000 women had been killed in Iraq during the

[61] *https://www.un.org/unispal/wp-content/uploads/2021/06/AHRC47NGO73_080621.pdf*

previous decade. Many of the victims are adolescents, and there are indications that the practice is on the rise in some countries.

Child Marriage, Arranged or Forced Marriages and Adolescent Pregnancy

The issues around child marriage, arranged or forced marriage and adolescent pregnancy are closely related. All marriages should be based on the freely given consent of both parties.
Marriages that do not respect this principle are considered a practice similar to slavery, violating the rights of those concerned, whether male or female, regardless of their age.

In Namibia the legal age of marriage is 18 years (the Married Persons Equality Act 1996). However, under Article 24 of this Act girls and boys under 18 years can marry with the written permission of a minister or any staff member in the Public Service authorised by the minister. It must be noted that customary marriages are not recognised under Namibian law.

Research undertaken by the charity Girls not Brides[62] found:

- 7% of girls in Namibia are married before the age of 18 and 2% are married before their 15th birthday.
- 1% of boys in Namibia are married before their 18th birthday.
- Girls as young as 13 years are reportedly forced into marriage in a number of ethnic groups in Namibia, including the Ovahimba, indigenous San groups and in Owambo, Kavango and Zambezi communities.
- The highest prevalence of child marriage is found in Kavango (38%), Kunene (24%), Zambezi (24%), Omaheke (23%), Otjozondjupa (23%) and Oshaa (7%).
- According to an Sustainable Development Goals Baseline Report by the Namibia Statistics Agency, child marriage is declining. However, cases of child marriage could be underreported because many marriages are carried out under traditional arrangements with little documentation or official registration.

Certain cultural practices have been identified as being particular factors in the underage marriage of children.

- 'Lobola' (the practice of paying the bride's family money or traditionally cattle by the groom or grooms' family). This can create a sense of ownership and viewing people as property.
- 'Polygamy' where a man can have several wives. In Namibia, this has been reported in Oshana, Kavango West, Otjozondjupa, and Zambezi.
- 'Widow inheritance' the practice whereby a widow/widower is compelled to marry a relative of her/his deceased husband or wife, or land and possessions are taken by the dead husband's family.
- 'Tjiramue 'Omuramwe' - is directly translated as a cousin (either blood cousins or 'eanda' which is derived from a matri-clan) and culturally these people are permitted or allowed to have an intimate relationship amongst themselves and can also marry. In Namibia, this is more common in Otjiherero communities (Ministry of gender equality, poverty eradication and social welfare 2020).
- 'Sikenge' - is a traditional practice in the Zambezi region. It initiates women in readiness for marriage. This is usually undertaken on some young girls when they start menstruating. The initiation period is usually for one month, and the girls are taken to a secluded location where they are taught about womanhood, how to take care of their future husbands and how they

[62] https://www.girlsnotbrides.org/about-child-marriage/

should behave when they get married (Ministry of gender equality, poverty eradication and social welfare 2020).

- 'Olufuko' - is the process where males express an interest in choosing whom they want to marry and can sometimes include pregnancy testing. Due to this it is believed that Olufuko encourages girls to keep their virginity. There are concerns that Olufuko can be harmful and enables child marriage and infringes on children's rights.
- Gender norms – Generally young girls in Namibia marry much older men, which can further emphasise power and gender imbalances within marriage.

7.7 Spiritual Practice Related Child Abuse

A pre-independence law that is still active (the Witchcraft Suppression Proclamation 27 of 1933) states, 'A person shall be guilty of an offense and liable on conviction to imprisonment with or without hard labour for a period not exceeding five years, or to a fine, or to any two or more punishments if they [the witness] indicate that someone is a witch.' In addition, if a person accuses someone of using 'non-natural means in causing any disease in any person or property, or in causing injury to any person or property, or names or indicates another as a wizard or a witch, they shall be prosecuted.' There are no recorded convictions under this law since independence in 1990.

The belief in 'possession' and 'witchcraft' is widespread and not confined to particular countries, cultures or religions. While the number of known cases of abuse related to spiritual or religious belief is limited, agencies should be alert for possible indicators, which would include:

- Physical injuries, such as bruises or burns (including historical injuries/scaring) including the use of chillies being rubbed in the genital area etc.
- A child reporting that they are or have been accused of being 'evil', and/or that they are having the 'devil beaten out of them'.
- The child or family may use words such as 'kindoki', 'djin', 'juju' or 'voodoo' - all of which refer to spiritual beliefs.
- A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children.
- A child's personal care deteriorating (e.g. rapid loss of weight, being hungry, turning up to school without food or lunch money, being unkempt with dirty clothes).
- It may be evident that the child's parent or carer does not have a close bond with the child.
- A child's attendance at school or college becomes irregular or there is a deterioration in a child's performance.
- A child is taken out of a school altogether without another school place having been arranged.
- Wearing unusual jewellery/items or in possession of strange ornaments/scripts.

7.8 Religious Abuse

This is perpetrated under the guise of religion, often by religious leaders, religious members or community. It can occur in any religion and can include all forms of abuse including: sexual abuse, using religious authority to manipulate or control others, denying access to medical care or other basic needs in the name of religion, and shaming others. Some religious followers will see certain people as needing to be punished, which can merge into abusive and humiliating acts against the victim.

Often religious leaders and certain members of a religious or spiritual community are granted more power by others, purely by virtue of their position. Police and practitioners are not immune to this and can often be manipulated as they have grown up believing these people should not be questioned and should be respectful. Also, religious and spiritual leaders will often stand for good morals, promoting non harmful values which would not fit with the abuse that has occurred.

In certain cases where the practitioner's knowledge is limited on a particular faith or practice in a region, they will feel uncomfortable challenging this. It is important to remember if it is causing the child harm or distress then whatever excuse or religious reason is given to justify this it is not acceptable.

Sadly, recent investigations have shown how religious authorities have covered up child sexual abuse. Abusive practice can often be minimised, with excuses of practices 'being taken out of content' or the abuse not fully recognised.

7.9 Module Reflection

It can be very difficult to unpick what is happening to a child in a sensitive and culturally aware way. However, no religious or cultural practice should harm a child, and if that child is being harmed, we need to protect them. It can have long term impacts on a child not just physically but emotionally too. Do not allow yourself to be swayed by the noise created in the name of religion, culture, or belief. Keep child-centred and protective in your response.

MODULE 8: CHILDREN BEING SUPPORTED IN THE LEGAL SYSTEM

Facilitator notes

'Lawyers hold that there are two kinds of partially bad witnesses –
a reluctant witness and a too willing witness'.
Charles Dickens
The Posthumous Papers of the Pickwick Club

8.1 Introduction

For some children, their abuse will trigger a process that will identify the perpetrator and uncover enough evidence for that individual to be charged for their offences. The child is not a passive part of this process. Throughout the investigation they will be required to provide statements, hand over clothing and electrical devices for forensic testing and sometimes they will need to give evidence and be cross examined in court. This can be a daunting task that will often fail to consider the trauma the child is experiencing or the shame they may feel when talking about the abuse. Professionals need to understand how they can best support a child and their family going through the court process to mitigate further harm to the child and maximise the chance of the offender either pleading or being found guilty.

8.2 Objectives

Front line practitioners to understand:

- the court process for a child victim of child abuse.
- what best practice looks like in supporting a child and their family during a court case.

Outcomes

Practitioners will:

- know how, in their role, they can best support a child during the court process.
- learn basic techniques that can help reduce a child's anxiety around the court process.
- have the knowledge and confidence to challenge decisions if they are not in the best interests of the child.

8.3 Court Process

The Namibian court system is an adversarial process. It is based on the two parties having to argue their case - the complainant and the accused. The two parties state their case before the judge or presiding officer, who makes a judgement based on the evidence presented when they give evidence or during cross-examination.

This means that the child victim of a sexual offence is expected to give evidence in court and to be cross-examined. The child will see their abuser in court during the trial which can be very intimidating.

8.4 Child Witnesses and Court Preparation

When considering the impact of the child appearing in court, it will depend on:

- Level of development.
- The child's age.
- Emotional state.
- The quality of adult support.
- The timing of interviews.
- The quality of the judge's training.
- The child's understanding of the proceedings.
- The quality of a child 's evidence will depend on:
    - The child themself.
    - The environment context in which evidence is given.
    - The personnel involved in the process.

Exercise:

Divide the class into small groups to discuss and feedback their thoughts on the following. How do you think you could support a child to be able to:

- Give oral evidence?
- Deal with court postponements and delays?
- Give multiple interviews?
- Confront the accused?
- Manage the cross-examination?

The advantages of testifying.

- The child is identified as complainant.
- The child is afforded the opportunity to be provided with skilled assistance of a legal and psycho-social nature.
- The child is afforded an opportunity to explain how they feel about what has happened.
- The child is afforded an opportunity to hear expert opinion which contextualises, validates, and responds to the trauma.
- The child can see that the responsibility of dealing with the accused is taken over by competent and powerful adults.
- It provides a positive outlet for the court to show their disapproval of what the offender has done and their desire to protect their child.

For a child to be an effective witness, the child needs to:

- Be able to recall information completely and accurately and communicate effectively.
- Demonstrate an understanding of the difference between truth and falsehood.
- Understand the lawyer's questions and clearly indicate any non-comprehension.
- Resist complying with leading questions.

Reasons why child witnesses require careful preparation:

- Children are developmentally less sophisticated than the examiners.
- Sexual offenders naturally deny and rationalise their behaviour.
- Accused persons have access to information usually not available in other criminal processes.
- Sexual assault holds a stigma that other offenses do not.
- Society has harboured myths about the sexual abuse of children.

- Victims of sexual offenses naturally blame themselves and carry guilt over the act.
- Children have the status of mere witnesses in the proceedings.

The objectives of court preparation:

- Demystifying the courtroom through education.
- Reducing the fear and anxiety related to testifying through stress reduction.
- Enhancing discovery of the truth.
- Enhancing a child's appearance of credibility.

The main focus of court preparation is:

- Assessing the needs of the child with regards to their court appearance
- Helping children to understand the court process, their role in it and the roles of the other participants.
- Taking the child to see the court.
- Providing the child with stress reduction and anxiety management techniques.
- Involving the child's parents/caregiver.
- Communicating information to the role-players of the judicial process.
- Keeping the child and their parents informed of the steps of the judicial process and ensuring practical arrangements, such as transport.
- Accompanying the child to court on the day they testify.
- Debriefing the child witness and parent/caregiver when the trial is over.

Guidelines for the duration and timing of preparation programmes

- Structured programs tend to consist of 4-8 sessions, with 1 or 2 post-trial sessions.
- Spend three 20 minutes sessions with the child rather than 1 single session of one hour.
- Time is needed to gain the child's trust.
- A single session can only provide basic information, does not constitute adequate preparation.
- Emphasise the importance of telling the truth.

What does the child need to understand?

- What a child witness is.
- Why people go to court.
- What courts look like.
- Who is who in court.
- What happens in court.
- What happens on acquittal.
- What an oath is.
- What happens at the trial.
- What is being guilty or not guilty.
- What is meant by proof beyond reasonable doubt.
- What happens on conviction.
- The special courtroom (if applicable).
- Skills to deal with cross-examination.

8.5 Special Arrangements for Vulnerable Witnesses.

The Criminal Procedure Amendment Act 24 of 2003[63] provide for the making of special arrangements for vulnerable witnesses. A child is classed as a vulnerable witness by virtue of being under 18 years of age.

Special arrangements for giving evidence can be made

- at the request of any party,
- at the request of the witness in question or
- on the court's own motion.

They include:

- The trial being held in an alternative venue, which will be less formal and less intimidating than a courtroom.
- The furniture in the courtroom can be re-arranged or changed, or people can be directed to sit or stand in places different from what is usual.
- The witness may be allowed to testify behind a one-way screen or by means of closed-circuit television.
- A support person can accompany witnesses while they are testifying.
- The presiding officer may authorise any other steps that it thinks 'expedient and desirable' to facilitate the giving of evidence by a vulnerable witness.

And:

- Any witness under age 14 is NOT required to give an oath or an affirmation before giving evidence.
- Evidence will be received from any witness who appears to be able to give intelligible testimony.
- The evidence of a child shall not be regarded as being unreliable just because the witness is a child.
- There are strict limitations on the use of irrelevant cross-examination to badger or to intimidate any witness.
- Any witness under age 13 may be cross-examined ONLY through the presiding officer or through an intermediary.
- Medical records prepared by a medical practitioner who treated a victim may be used in a criminal case as prima facie proof that the victim suffered the injuries recorded in the documents, even if the medical practitioner in question is not available to testify personally.
- There are now added possibilities for admitting information given by children under age 14 prior to the trial, such as statements to social workers or police officers, to avoid the necessity of asking the child to repeatedly recount the details of a traumatic experience.

8.6 Stress Reduction Techniques

- The Worry Cup
  A visual way to explain what may be happening inside the child. We all experience worries but too much can make us feel overwhelmed. The worry cup is a way to visualise this. Your worries are what fills the cup. Each of us can only handle a cup full of worry before it over fills and then it spills and we can no longer cope and are flipped into escape or fight mode. We need to build the

[63] https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/79053/84827/F2109723642/NAM79053.pdf

capacity of the cup to stop it overflowing by living a healthy life, building self-confidence in one's skills and abilities, maintaining healthy relationships and maintaining an exercise program.

- Deep Breathing Exercises
  When we feel stressed or anxious our bodies respond to this with a range of physical changes. Most of these happen without us being able to control it, but one of the changes is to our breathing. When we are calm, we breathe in a particular way and when we become anxious or stressed our breathing changes to become shallower, quicker and higher in the chest. We can hack this system by deliberately learning how to breathe in a calm way – this will then trigger the relaxation response and help our bodies – and our minds – feel calmer. When we are calmer, we are much more able to respond to things in ways that are more useful.
- Deep Muscle Relaxation
  The key with this technique is to tense each muscle group and hold for 5 seconds. Then, you exhale as you let your muscles fully relax for 10 to 20 seconds before you move on to the next muscle group.
- The Muddy Puddle
  Pretend that you are standing in your bare feet in a big fat muddy puddle. Squish your toes down deep into the mud. Try to get your feet down to the bottom of the muddy puddle. You'll probably need your legs to help you push. Squish your toes down. Push your feet, hard! (hold for 10 seconds). Now step right out of the mud. Relax your feet, relax your legs, and relax your toes. Let your toes go loose and see how nice that feels. It feels good to be relaxed. Back into the muddy puddle, squish your toes right down. Let your legs help push your toes right down. Push your feet down harder… harder still! Ok, step back out of the puddle. Relax your feet, relax your legs, and relax your toes. Let your toes go loose and see how nice that feels. It feels good to be relaxed.
- Squeezing the Lemon
  Pretend you have a whole lemon in your left hand. Try to squeeze all the juice out. Feel the tightness in your arm as you squeeze. Now drop the lemon. Notice how your muscles are relaxed. Take another lemon and squeeze it in your right hand. Try to squeeze this harder that you did the first – really hard. Now drop your lemon and relax. See how much better your hand and arm feel when you are relaxed?

8.7 Supporting the Child During the Court Process.

Exercise:

With the person next to you discuss what you could do that may help the child and family during the court process. Examples may be:

Teacher – Could ensure there are no 'test' booked for that week as that would be unfair to the child who is worried about court.
Support worker - Could they attend court, so the family are not on their own, and visit the next day?

8.8 After Court

The case has gone to court and the process has ended but this does not eradicate the harm, or trauma of the abuse for the child and their family. The recovery journey is a long process and follow on support should be available for the child.

Exercise:

Ask the class to consider what agencies are working with the child up to and during the court process, and then after the court case has concluded? How many of these services will cease contact with the child and/or family?

Another consideration is the court verdict. The evidential threshold is often high and in court cases with a jury they will not necessarily have specialist knowledge of child abuse. They may be susceptible to all the biases that can influence their judgments. Therefore, it is often a strong possibility, that an offender, despite clear evidence will be found not guilty. Because of this there needs to be a plan of support for the child in the event of this happening, with considerations such as, child not being believed, possibility of self-harm or drug/alcohol use, seeing the offender in the community, ensuring if it was to happen again, they would still tell someone, etc.

8.9 Module Reflection

The court process is a time of increased anxiety for the victim and their family. Some victims have expressed afterwards that they found it cathartic, but for others it increased their trauma and ensured they would never speak again to police or social works if they were to be abused in the future.

Professionals need to be able to respond with compassion and explore how in their profession they can provide some additional support. Practitioners will also need to factor in how the chid will feel if the verdict is a not guilty one and reduce the negative impact on the child.

APPENDICES

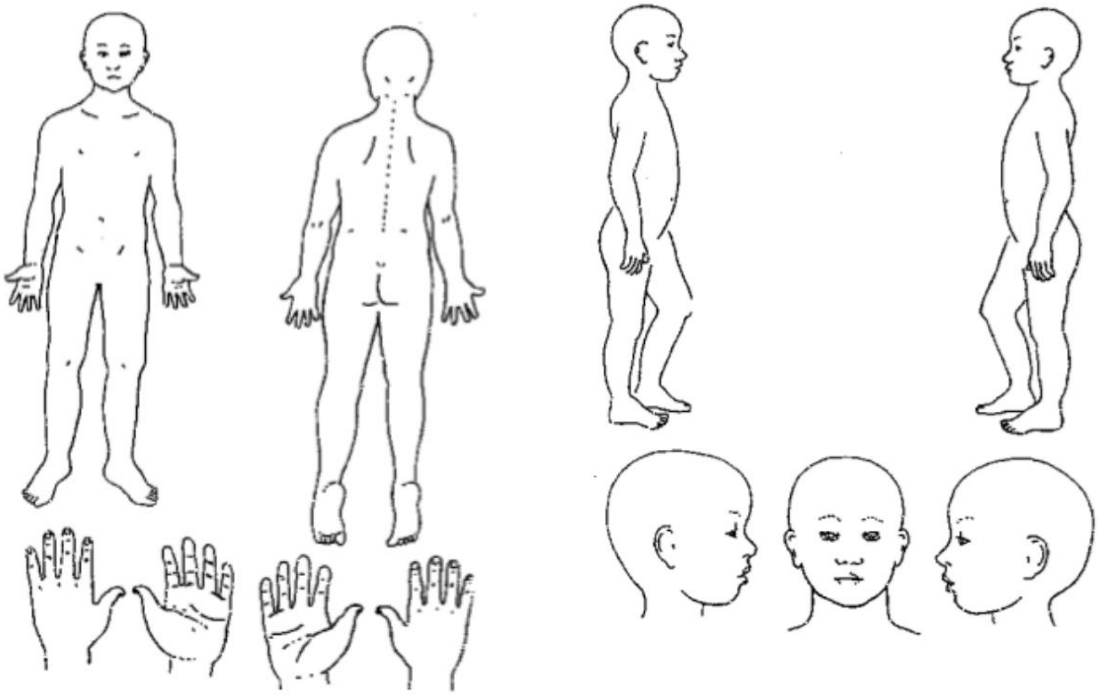
Appendix 1: Key Time Frames for Child Development[64]	
Birth	The brain is an immature organ at birth. Newborn babies require stimuli from their environment allowing them to adapt to their specific circumstances. Interactions with caregiver(s) are a crucial part of brain development. Babies require experiences rich in touch, face to face contact and stimulation through conversation (or reciprocating baby babble). These stimuli encourage a more richly networked brain (the production of synaptic connections between neurons). A newborn baby also cannot regulate their own emotions; they rely on their caregiver(s) to respond to their cries for food, warmth, comfort, and protection. Babies learn how to regulate their emotions through their attachment to their caregiver(s). The process of attachment begins at birth at the latest.
6 months	At around the age of six months an infant can generally show a clear attachment to their caregiver. Providing they have formed a secure attachment they begin to form a normal pattern of cortisol level. Cortisol is a hormone which is released when the stress response system is activated. Persistent high levels of cortisol have a detrimental impact on health and wellbeing. An infant can experience high levels of cortisol if their basic needs are not met and/or if they experience aggressive or hostile parenting.
1 year	The human brain increases in volume more during the first year of life than at any other time.
2 years	By the age of two a child's brain has developed rapidly. It has formed many more synapses than it will ever need. Throughout the past two years the child's brain has adapted to its environment and will adapt just as readily to a negative environment as to a positive one. The foundations for higher cognitive abilities, such as language comprehension, reasoning and impulse control have been developed. These will continue to develop throughout childhood and into early adulthood.
2 years through adolescence	From about the age of two years onwards the connections within the brain which have been developed are either strengthened if they are being used or discarded if they are not. This allows the brain to become more efficient and finely tuned. Experience continues to be a crucial factor in determining which synapses are strengthened and which are lost. This is often referred to as 'use it or lose it'.
3 years	Between the ages of three and five years there is a window of opportunity for dramatic development of executive function, which includes working memory, inhibitory control, and cognitive and mental flexibility. Executive function skills are crucial for school readiness. Without development in this area school performance, both academically and socially, will be impaired. The foundations for the development of executive function begin to develop from birth, and continue through childhood and adolescence.
4 years	At about the age of four and providing a child's needs for a secure attachment have been met, a normal pattern of cortisol level is established (it has taken since about the age of four to six months for this pattern to regulate).
Adolescence	Around the time of puberty, the brain has a growth spurt in the higher regions which govern planning, impulse control, reasoning and the regulation and reaction to emotions. Prior to this growth spurt young people are more prone to engage in dangerous risk taking behaviour and are not sufficiently able to interpret emotions, particularly if there is no secure attachment figure available to help them negotiate these tasks. This is because they rely on their more primitive limbic response and lack the more mature cortex which can override it. Capabilities in these areas may always be inhibited if young people have experienced aggressive/hostile or neglectful parenting in childhood.

[64] BROWN, R. and WARD, H., 2012. Decision-making within a child's timeframe: an overview of current research evidence for family justice professionals concerning child development and the impact of maltreatment. London: Childhood Wellbeing Research Centre (CWRC) Institute of Education, second edition,

Appendix 2 – Professions that Work with Children.

1. Social worker.
2. Nurse.
3. Doctor.
4. Dentist.
5. Counsellor.
6. Occupational Therapist.
7. Probation Officer.
8. Police Officer.
9. Teacher.
10. Support Worker.
11. Optician.
12. Speech and Language Therapist.
13. Sports Coach.
14. Physiotherapist.
15. Youth Worker.
16. Pastor/Church Official.

Appendix 3 – Body Maps



Appendix 4 - Characteristics of Foetal Alcohol Syndrome[65]

Infants	History of prenatal alcohol exposure	Facial abnormalities
	Growth retardation – height, weight, head circumference	Hypotonia, increased irritability
	Jitteriness, tremulousness, weak suck	Difficulty 'habituating', getting used to stimulation
Preschool	History of alcohol exposure, growth retardation, facial abnormalities	Friendly, talkative and alert
	Temper tantrums and difficulty making transitions	Hyperactive; may be oversensitive to touch or over-stimulation
	Attention deficits, developmental delays – speech, fine motor difficulties	Apparent skill levels may appear to be higher than their tested levels of ability
Middle childhood	History of alcohol exposure, growth retardation, facial abnormalities	Hyperactivity, attention deficit, impulsiveness
	Poor abstract thinking	Inability to foresee consequences of actions
	Lack of organisation and sequencing	Inability to make choices
	Lack of organisational skills	Inappropriate behaviour
	Overly affectionate – does not discriminate between family and strangers	Lack of inhibitions
	Communication problems	Lack of social skills to make and keep friends
	Unresponsive to social clues	Uses behaviour as communication
	Difficulty making transitions	Academic problems – reading and mathematics

[65] Fetal alcohol syndrome. Paediatr Child Health. 2002 Mar;7(3):161-95. doi: 10.1093/pch/7.3.161. PMID: 20046289; PMCID: PMC2794810.

	Behaviour problems – 'stretched toddler'	
Adolescent and adult	History of alcohol exposure, growth retardation, facial abnormalities	Intelligence Quotient – average to mildly retarded with wide range; continued school difficulties
	Difficulty with adaptive and living skills	Attention deficits, poor judgment, impulsivity lead to problems with employment, stable living and the law
	Serious life adjustment problems – depression, alcoholism, crime, pregnancy and suicide	

Appendix 5: Indicators of Vicarious Trauma

- Sleeping problems
- Nightmares
- Intrusive thoughts, memories and flashbacks
- Hyper-vigilance
- General anxiety and anxiety attacks
- Isolation and disconnection
- Substance abuse and high-risk behaviours
- Changes in appetite and sex drive
- Irritability and depression
- Cynicism, negativity, and apathy about life and the world
- Depression
- Boredom
- Loss of sympathy and empathy
- Dejection
- Feelings of faintness
- Confusion
- Isolation from friends and relatives

Good practice to adopt with staff when managing trauma

- Plans are in place to protect and promote the well-being of staff, which should include their exposure to traumatic incidents or situations.
- Regular meetings are held with staff in private so that the manager can discuss their workload and explore how the worker is coping with the work.
- Promoting a culture of positivity in recognising the impact of the work on the staff members' health and to seek help if they are struggling.
- Limiting the exposure of staff, if a worker is having to assess child abuse images they will need lots of breaks and limited working hours.
- Prepare staff for their jobs, ensure they are aware of the risk of vicarious trauma and who to speak to if they identify they are suffering from the effects of it.

- Facilitate healthy work environments and make provision for rest and recuperation. Managers should be open to t impact of daily exposure to some of the work staff are doing rather than just reacting after a significant traumatic event.
- Address potential work-related stressors.
- Ensure access to therapeutic support if necessary.
- If there has been a significant incident that has involved a number of staff, call a meeting with those staff members who experienced or witnessed the traumatic event. Discuss the incident and consider the group's ensuing reactions and feelings.
- If many staff members are affected by an extreme traumatic incident, provide support and allow for debriefing by a professional, trained to deal with traumatic stress, immediately after the event in a safe and quiet environment.
- Managers should record sick days to look for patterns to see if a staff member's sickness could be linked to them emotionally or psychologically struggling with their current work.
- All information is to be kept confidential but concerns will need to be acted upon.

Appendix 6 : Finkelhor's Precontemplation Model – Example Answers

Q1 – Why would a person want to sexually abuse a child?
A. Sexual preference to children (Paedophile, Hebephile etc).
A. Lack of social skills.
A. Stress so will turn to a child to meet their emotional needs.
A. To increase their feeling of being powerful as this may be diminished in other areas of their life.
A. Not seeing age as an issue, or the child is seen as older than their years.
A. Personal history of being abused (this must not be applied to every victim of sexual abuse).
A. Poor or skewed parent-child relationship.

Q2 – What thoughts could a person have to make them believe that sexually abusing a child was ok?
A. If the child didn't like it why are they smiling, not putting up a resistance etc.
A. I won't get caught.
A. I am not abusing anyone if I am only looking at images or videos of sexual abuse.
A. They are nearly old enough to have sex.
A. They have been abused before.
A. I have been giving them money, food, shelter etc, so I should get something in return.
A. It isn't abuse it is love.

Q3 - What can a person do to create opportunities to abuse children?
A. Work with children (Police, care worker, nurse, doctor, teacher, social worker).
A. Babysit.
A. Have children of their own.
A. Have relationships with people who have children.
A. Set up hidden recording devises in children's bedrooms, bathrooms etc.
A. Communicate with children online.
A. Hang around areas child go to, such as play areas etc.

Q4 - What could stop a child from resisting being sexually abused or from telling others?
A. Being threatened.
A. Being embarrassed.
A. Fear of offender.

A. Fear of not being believed.
A. Believing that nothing will happen.
A. Not wanting to get the offender in trouble.
A. Thinking it is their fault it is happening.
A. Not knowing it is abuse.

Appendix 7 – Domestic Violence Safety Plan Example

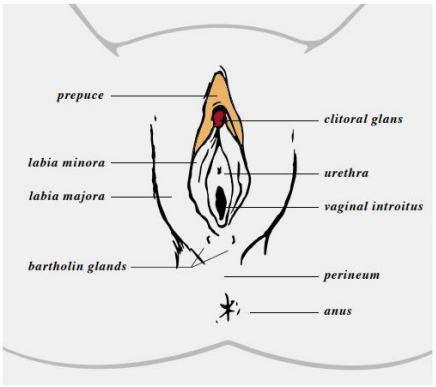
- ☐ Plan how you might respond in different situations, including crisis situations and think about the different options that may be available to you.
- ☐ Try to always keep a small amount of money on you – including change for the phone and for bus fares.
- ☐ Know where the nearest phone is, and if you have a mobile phone, try to keep it with you.
- ☐ Have emergency helpline numbers/numbers of organisations at hand (such as those listed below). Save these to your phone or write them down on a piece of paper that you always keep with you.
- ☐ Do you have someone or local organisation that you trust and can call on for support/help? If so, make contact and let them know that you may need help during this time. Secure their support to do so.
- ☐ Create a code word with your trusted person/group so that people are aware when you are needing help.
- ☐ If you have children, and they are old enough to understand, discuss this plan with them too.
- ☐ If the abuser tends to look through your phone or you share the use of a computer at home, do be careful when reaching out for help. Delete your Internet browsing history, websites visited for resource, e-mails and/or texts sent asking for help.
- ☐ If possible, plan to leave at a time you know your partner will not be around.
- ☐ Pack a bag. If you have children, include items for them too. Items to pack include your documents (ID, Passport, children's birth certificates, marriage certificate, protection order etc), medication, spare mobile phone if you have one, money/bank cards, change of clothing, toiletries, small toys/teddy bear for children and anything else that is important to you.

Appendix 8 - Types of Female Genital Mutilation (FGM)[66]

[66] WHO (2018) care of girls & women living with female genital mutilation, a clinical handbook.

TYPE I

Partial or total removal of the clitoral glans (clitoridectomy) and/or the prepuce

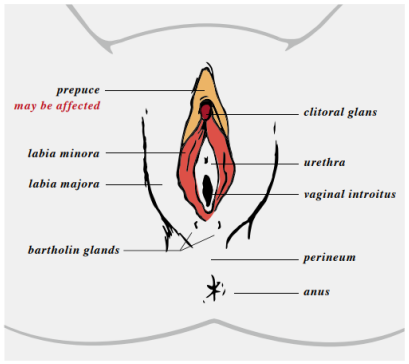


Type Ia: removal of the prepuce/clitoral hood (circumcision)

Type Ib: removal of the clitoral glans with the prepuce (clitoridectomy)

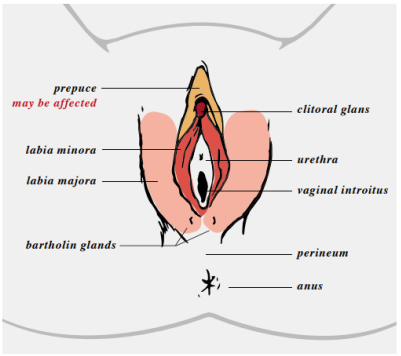
TYPE II

Partial or total removal of the clitoral glans and the labia minora, with or without excision of the labia majora (excision)



Type IIa: removal of the labia minora only

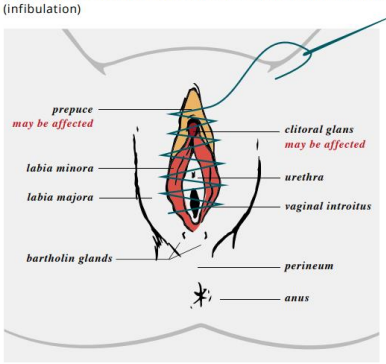
Type IIb: partial or total removal of the clitoral glans and the labia minora *(prepuce may be affected)*



Type IIc: partial or total removal of the clitoral glans, the labia minora and the labia majora *(prepuce may be affected)*

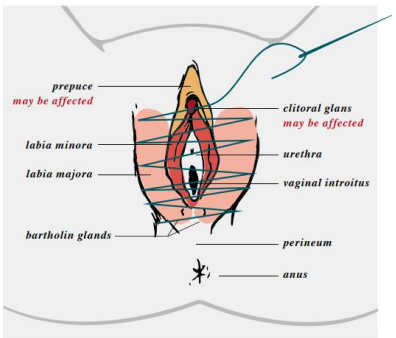
TYPE III

Narrowing of the vaginal opening with the creation of a covering seal by cutting and appositioning the labia minora or labia majora with or without excision of the clitoral prepuce and glans (infibulation)



Type IIIa:

+ appositioning of the labia minora

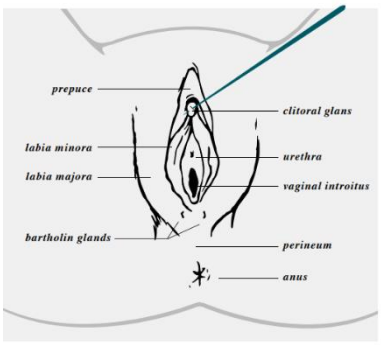


Type IIIb:

+ appositioning of the labia majora

TYPE IV

All other harmful procedures to the female genitalia for non-medical purposes, for example pricking, piercing, incising, scraping and cauterization



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