

**A PSYCHO-EDUCATIONAL PROGRAMME
FOR ABUSED AND NEGLECTED CHILDREN**

by

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for sharing their belief, love and wisdom

with me.

ABSTRACT

Statistics show an increase in the number of cases of abused and neglected children handled by the Child Protection Unit. These particular statistics indicate only the number of reported cases, which according to Lewis (1999) and Starke (1995) should be tripled to estimate the true number of children being abused every day.

Action research was selected for this study to assist the parents and the children in extending their understanding of their situation and thus resolve problems that confront them. A high percentage of parents are aware that abuse and neglect exists in their relationships; they are also aware that behavioural problems may be exhibited by their children as a result of exposure to abuse and neglect. There is a growing need for counselling, guidance and support amongst the youth to be assertive, and be safe in their contexts.

The psycho-education programme was based on the model of psycho-education. Psycho-education as an alternative does not focus on sick or abnormal behaviour but rather has as its core a preventative focus-training in skills to solve problems now and in the future. During group work the children were trained to collectively experience, explore and communicate their feelings, and to learn alternative ways of dealing with abuse and neglect in their different contexts.

The programme's effectiveness was evaluated. All the children acquired prevention concepts after the exposure to the programme. Fifty six percent of the parents observed some improvement in their children's behaviour, and eighty percent of the children reported that they were still afraid to talk to their parents about issues of discipline, for example corporal punishment.

OPSOMMING

Statistiek dui daarop dat daar 'n algemene toename is in die aantal gevalle van kindermishandeling en -verwaarlosing wat deur die Kinderbeskermingseenheid hanteer word. Hierdie statistiek meld egter slegs die aantal gerapporteerde gevalle aan wat, volgens Lewis (1999) en Starke (1995), verdriedubbel behoort te word om die ware kindermishandelingsyfer te kan beraam.

Die aksie-navorsingsmetode is in hierdie studie gekies om beide ouers en kinders te help om hul omstandighede te verstaan en hulle ook dan in staat te stel om hul probleme die hoof te bied. Dit blyk dat 'n groot persentasie van ouers bewus is van mishandeling en verwaarlosing wat binne hul verhoudings voorkom, asook dat hul kinders gedragsprobleme openbaar as gevolg van blootstelling aan mishandeling en verwaarlosing. Daar is 'n toenemende behoefte onder jeugdige aan berading, leiding en ondersteuning om selfgeldend en veilig in hul omgewings te wees.

Die program is op die psigo-opvoedkunde model gebaseer. As alternatief, plaas hierdie model nie die klem op siek of abnormale gedrag nie, maar fokus eerder op voorkomende fokusopleiding vir die aanleer van vaardighede wat aangewend kan word om huidige en toekomstige probleme die hoof te kan bied. Gedurende groepsessies is kinders opgelei om kollektief hul gevoelens te ervaar, te verken en uit te druk en ook om alternatiewe maniere aan te leer om mishandeling en verwaarlosing in hul onderskeie omgewings te kan hanteer.

Die doeltreffendheid van die program is evalueer. Al die kinders het, na blootstelling aan die program, begrip vir voorkomende maatreëls aangeleer. Ses-en-vyftig persent van die ouers het 'n verbetering in hul kinders se gedrag bespeur. Tagtig persent van die kinders het gerapporteer dat hulle steeds

bang is om met hul ouers te praat oor aangeleenthede soos dissipline, soos
bvvoorbeeld lyfstraf.

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CHAPTER 1

1.1 INTRODUCTION AND MOTIVATION OF STUDY

Child abuse is a problem that is hidden and ignored for important social and cultural reasons in many places in the world. When brought into attention, its existence is broadly denied. Action against child abuse often threatens entrenched political, religious and economic interests (Finkelhor and Korbin, 1988).

In South Africa, violence is one of the main causes of trauma in the lives of children, and as a result of early exposure to violent crime children lose their sense of invulnerability very early in their lives. Ideally all children should be protected from fear and danger (Lewis, 1999).

Statistics show an increase in numbers of abused and neglected children as can be seen from table 1.1 on page 2. These particular statistics indicate only the number of cases handled by the South African Child Protection Unit. According to Lewis (1999) and Starke (1995), figures should really be tripled to estimate the true number of children being abused, and that they are victims of rape and other forms of sexual abuse.

According to statistics rape cases have increased from 4,736 in 1993 to 14,723 in 1997, and by the end of June 1998, 7,046 cases had been reported to the Child Protection Unit.

The average caseload per month of child neglect from 1993 and 1994 was 7,424 and 7,739, respectively.

According to Starke (1995) these figures do not even begin to describe the extent of this problem, and indicates that the number of abandoned children is actually not on the decline. For statistics refer to table 1.1.

TABLE 1.1: Crimes against Children, Statistics from the South African Police Service Child Protection Unit and Specialised individuals.

Crimes against children under 18 years	1993	1994	1995	1996	1997	1998 (Jan to June)
RAPE	4736	7559	10037	13859	14723	7046
SODOMY	431	491	660	893	841	371
INCEST	146	156	221	253	224	78
INDECENT ASSAULT	3439	3904	4044	4168	3902	1783
SEXUAL OFFENCES	1034	1094	1121	1160	904	383
ATTEMPTED MURDER	175	175	244	283	4179	2088
ASSAULT	1339	1905	2272	3841	3686	1856
COMMON ASSAULT	2364	3246	3768	4502	4179	2088
ABDUCTION	522	743	805	1184	962	478
KIDNAPPING	654	906	978	946	1126	637
TOTAL	17194	23664	28482	35838	35867	17414
ABSCONDERS	1124	1013	952	922	892	423
MISSING CHILDREN	425	477	651	771	766	275
TOTAL	1549	1490	1603	1693	1658	698

NB: The numbers indicate only the number of cases handled by the Child Protection Unit and specialised individuals (former police agencies excluded).

Another form of child abuse is that of a child witnessing violence. This can be seen as psychological abuse of the child. Garbarino, Guttman and Seeley (1986) described this form of abuse as a concrete attack by an adult on a child's development of self and social competence, and a pattern of psychically destructive behaviour.

According to Peled and Davis (1995) the psychological maltreatment of child witnesses of abuse can take three forms: terrorising, living in a dangerous environment and exposure to limiting and negative role models.

The child witness is terrorised when an adult perpetrator of violence verbally assaults the child and makes him believe that the world is capricious and hostile (Garbarino et al., 1986). Brassard, Germain and Hart (1983) suggested that a child in a situation of high crime and violence or severe family instability is maltreated by having to live in a dangerous and unstable environment. Young people's experience of violent acts of abuse and neglect is particularly pernicious in that their coping systems are still in the process of development and they do not have the necessary emotional resources to even begin to deal with the event itself or the trauma which may follow. Irrespective of whether the child is a victim or a witness, extreme violence has a powerful impact which tend to have emotional repercussions (Gillis, 1992).

There is a growing need for counselling, guidance and support amongst younger children. Abuse can be prevented by providing medical, social, emotional and educational services to those in need or at risk. At the moment the needs of a large number of children are met by a relatively small group of professionals (Cupoli, 1991). In the researcher's view, skills to meet these needs must therefore be as widely dispersed as possible.

There is a need for a different approach that will provide the child with skills for a gradual process of emotional disclosure; an approach that exposes the child to opportunities and options to learn concepts that will enable children to be aware of alternative strategies of dealing with violent and abusive situations in their context.

Providing the community with a short intervention programme making children aware of abuse and neglect may assist the children to collectively experience and explore feelings, learn new ways of expressing their feelings, and abandon skills that perpetuate abuse and neglect.

The programme would provide the children with an opportunity to communicate their feelings, learn to be safe, and question actions and situations of abuse and neglect in their families and in society.

1.2 PROBLEM STATEMENT

The researcher is overwhelmed at the existing literature on child witnesses of abuse and neglect that is primarily pathology-orientated. This literature provides documentation of problems experienced by these children and adds little to the knowledge of how the children define abuse and neglect in their contexts, how they feel about abuse and neglect, what their strengths are, and how they manage their difficult life situations. All children experience transitions present in all families with normal development. However, the crises experienced while growing are interpreted differently by children in different contexts and cultures; also the interpretation may depend on how severe the crises are (Lewis, 1999).

Dysfunctional families have difficulty with transitions between stages, and tend to compromise the well-being of their children (McWhiter, McWhiter, McWhiter and McWhiter, 1998).

The crisis following the witnessing of abuse and violence at home may disrupt the normal coping systems. Abuse and neglect at home may result in the separation of the child from her mother or father, and further separation from friends and the school. The child may have problems in adjusting to a new living situation including new living quarters, unfamiliar people, new schools, new rules, and difficult conditions including lack of privacy and high emotional intensity displayed by other residents. The child may experience this as being on a continuum from less severe to extremely severe (Peled and Davis, 1995).

The family is an important factor in the initial and ongoing socialisation of children. It is through family membership and membership of larger organisations, such as the school, that an individual learns to participate in a group and to internalise and adhere to the values, norms, and practices which regulate a person's conduct within the family and the larger society (McKendrick and Hoffmann, 1990).

Discipline features prominently as a child rearing practice and a socialisation act which can be exercised through violent or non-violent means. Violent means can take the form of physical force, psychological maltreatment or emotional abuse.

Whereas the psychological maltreatment or emotional abuse need not be accompanied by physical maltreatment, it is postulated that the use of physical force always has some psychological consequence (McKendrick and Hoffmann, 1990). Psychological maltreatment is suggested in general to be the caretaker's acts which punish or deny development toward self-esteem and interpersonal skills (Garbarino, 1987).

In more specific ways, it has been said to involve acts of rejection, inappropriate control, extreme inconsistency and deliberately subjecting a child to traumatic experiences in the form of repetitive and chronic overstimulation and emotional deprivation (Garbarino et al., 1986).

The failure to recognise the violent acts may result from the prevalence of violence in the society that desensitises people to its presence, and the secrecy that surrounds some settings in which violence occurs, such as the privacy of a home. According to McKendrick and Hoffman (1990) this desensitisation has permitted attitudes and values to develop which allow violent acts to be perpetuated.

The permeation of society by violence has led to personal behaviours where violence is used as a first line solution to conflict and also a mental outlook which positively reinforces or excuses violence (McKendrick and Hoffman, 1990).

According to Peled and Davis (1995) children's witnessing of violent acts of abuse and neglect are at risk of developing numerous psychological symptoms including physical trauma. Physical trauma or post-traumatic stress refers to those symptoms that a child may experience in the face of a life threatening event. The child may be the victim of such an incident and his or her internal resources (coping skills) and external resources (intervention by caretaking adults or others) are overwhelmed or ineffective. In addition there is also a concomitant physiological reaction.

According to Lewis (1999 p. 87), "While some children had been directly involved in domestic abuse or robberies, all children have been exposed to violence in some way." The purpose of this study is to develop a programme which will be implemented to train of children in the knowledge of abuse and neglect in their different contexts, and help them to identify situations of violence.

Violence is a limiting factor on the healthy development and growth of a child. Violence and abuse puts the children at risk of developing physical and psychological symptoms of trauma (Peled and Davis, 1995; Roos and Schoeman, 1997).

1.3 AIM OF THE STUDY

The study aims at designing and evaluating a therapeutic intervention programme for the seven to twelve year old children exposed to violence, abuse and neglect. The specific objectives of the programme are:

- (i) To define abuse and neglect;
- (ii) To expose the children to options of how to prevent abuse and neglect;
- (iii) To equip them with safety coping skills to prevent them getting injured or abused.

The programme will be structured in such a way that during group interaction, and while participating in activities, playing, and listening to stories, children would have the opportunity and the space to learn concepts about violence, abuse and neglect. They would also learn to communicate their emotions including anger, fear, sadness and happiness, and in the process learn problem-solving and cognitive coping skills

1.4 CLARIFICATION OF TERMS

1.4.1 Child Abuse

Issues surrounding the definitional dilemma of child abuse and neglect have long been debated. No single conceptual definition of either abuse or neglect exists.

Violent acts of abuse deemed legitimate in one society, or in one culture group, may be considered illegitimate or culturally unacceptable in another (Gough, 1966). Personal definitions encompass an individual's assessment of what defines appropriate care-giving behaviours. Personal definitions are subject to factors such as family rearing practices, parenting experience, socio-economic

status, religious beliefs, cultural practices, and personal idiosyncrasies (Thompson and Jacobs, 1991). The term "abuse" is defined in the concise English Dictionary (1995) as "to use to bad effect, to misuse, insult verbally; and maltreatment of a person".

The precise definition of abuse remains elusive and difficult to grasp because of a complex set of parental behaviours and child responses that are multifaceted: personal, familial, community and societal.

According to Els (1998), whilst it is relatively easy to identify extreme cases of physical abuse, the majority of child maltreatment cases fall into more ambiguous categories.

Whereas child abuse is not sanctioned by all cultures, its definition is influenced differently by the values and norms of various societies, their assumptions about the rights of children and their standards with regard to child care and protection (Garbarino and Ebata, 1983).

In the definition of abuse given by Brassard, Germain and Hart (1987) it is suggested that if aversive parenting behaviours to child development were placed upon a continuum, the term "abuse" implies actions or outcomes that tend toward the more negative and severe end of that continuum.

They expanded on this by stating that if abusive actions and outcomes are placed upon a continuum ranging from mildly aversive to fatal, "cruelty," "abuse," or "maltreatment" may be presumed to refer to the more aversive end of that continuum causing pain, suffering, and possibly irreversible damage.

The typology subsumed under these headings must recognise the interacting dimensions of intensity, frequency, duration, context and subjective meaning. The problem in defining abuse is that within each dimension, it is very difficult to

define the dividing line between that which is tolerable or acceptable to the individual, the community, or culture, and that which will not be tolerated (Brassard et al., 1987; McKendrick and Hoffman, 1990).

Emotional maltreatment may occur alone, but it often accompanies physical abuse and sexual abuse. Emotionally maltreated children are not always physically abused, but physically abused children are almost always emotionally maltreated as well (Brassard et al., 1987).

1.4.2 Neglect

According to the research done by Barnett, Manly and Cicchetti (1993) definitions of neglect take into account the classification system of frequency/chronicity, developmental period, and the environment.

Neglect includes failure to provide, lack of supervision, a severe and persistent lack of attention to the child's basic needs, resulting in significant harmful impairment of health and development or the avoidable exposure of a child to serious danger, including cold or starvation (this includes abandoned babies/children, and those who have been medically diagnosed as "non-organic failure to thrive") (Barnett et al., 1993).

Neglect is an action that causes actual or substantial risk of harm to a child's welfare, health and safety.

Neglect includes: failure to provide adequate supervision; requiring a child to be involved in criminal activity; failure to provide clothing, shelter and necessary medical care; abandonment or desertion of a child; and failure to provide a nurturing environment which allows for adequate physical and cognitive growth of the child (Carr, 1996).

Abuse and neglect, whenever they occur, infer two dimensions of violence, namely acts of commission, and acts of omission. Acts of commission and omission are identified as channels of maltreatment. Maltreatment of children and youth consists of acts which are judged on the basis of a combination of community standards and professional expertise to be psychologically damaging (Brassard, et al., 1987).

Stevenson (1998) argued that the notion of neglect does not have to extend to the 'acts of omissions' for which ordinary good parents know they are sometimes responsible, but sustained neglect of children in certain dimensions of their lives. Such neglect may occur in episodes or 'bad patches' in parent's lives causing harm to the children's development. From these explanations, violent acts of abuse and neglect may occur during human interactions in the family system, peer relationships, and school system. Depending on the intensity, frequency, duration, chronicity, context and subjective meaning, it is difficult to know what is tolerable by the individuals and what is interpreted as abuse and neglect.

It is evident that people respond differently to exposure in indirect or direct exposure to abuse and neglect. Children are able to survive traumas and able to continue to develop without permanent emotional scarring. According to Lewis (1999, p.10) "Research has shown that many children that have faced traumas such as war, physical disability, poverty and abuse, have not only survived, but became more competent as a result of the experience."

Some individuals who have been subjected to abuse and neglect have been able to overcome and interpret the abuse constructively. This shows that the human organism is capable of tremendous strength, determination, and resilience in the face of adversity (Lewis, 1999).

Abuse and neglect is viewed by the researcher as behaviour or words that do not show or imply respect towards children and that can be perceived by children as

shaming. Abuse usually involves a power differential between the perpetrators and the children such that the children are put in a position of powerlessness and inferiority. For the purposes of this study the word "maltreatment" incorporates the violent acts of abuse and neglect, and the resultant negative emotional or psychological interpretations of these violent acts.

1.5 THE PROGRAMME DEVELOPMENT

The design of the programme is based on the model of psycho-education. According to Schoeman (1988), psycho-education is directed at the prevention of mental problems and the development of human potential, and includes the training of individuals and groups in skills, insights and competence (Schoeman, 1988).

The development of the programme was determined by a situation analysis done beforehand, followed by strategy for implementation and feedback on goal attainment. The approach clearly implied a cyclic process. Following goal achievement, feedback was possible to reformulate an additional goal so as to structure the programme to meet the needs of the children (Roos and Schoeman 1997).

Action research is complementary with psycho-education in developing and evaluating this programme because, as with psycho-education, action research does not follow the traditional or conventional model of pure research in which members of the communities are treated as passive subjects, with some participating only to some extent of authorising the project, some being its subjects and some benefiting from the results (Whyte, 1991).

1.6 STRUCTURE OF THE STUDY

Chapter Two is a literature review on the Latency period.

Chapter Three is the literature review on abuse and neglect and its causes and effects on the developing child during Latency or middle childhood.

Chapter Four is the research methodology and the development of the psycho-education programme and its implementation in group work.

Chapter Five is an evaluation and analysis of the results of the study of the study.

Chapter Six completes the study with a summary and recommendations for future research.

CHAPTER 2

LITERATURE REVIEW: LATENCY STAGE OR MIDDLE CHILDHOOD

2.1 INTRODUCTION

Child development is a process of change in which the child learns to handle ever more complex levels of moving, thinking, feeling and relating to others. As with survival and growth, development can be conceptualised as attaining a certain state (as measured, for instance, by a developmental or intellectual 'quotient' or whether a child has achieved the co-ordination that allows walking by a certain age) (Myers 1992).

According to Muller (1999) child development is viewed as a progression through generally accepted milestones. It is therefore necessary to know what the developmental milestones are and to understand the general characteristics of each age period in order to determine a child's ability to define abuse and supply information about events they have witnessed or experienced.

The study of child development is based on the fundamental assumption that children show similar mental, emotional, physical and social abilities, and that they undergo similar changes in capacities at roughly comparable ages (Bukatko and Daehler, 1992).

According to Myers (1992) these developmental abilities or milestones can be tabulated as follows:

- (i) A physical (or motor) dimension - the ability to move, and co-ordinate;
- (ii) A mental (or more broadly, cognitive) dimension - the ability to think and reason;
- (iii) An emotional dimension - the ability to feel;

- (iv) A social dimension - the ability to relate to others (Myers 1992).

The psycho-education programme aims at developing the potential for the child to improve the above abilities. In order for the child-care worker to be able to differentiate abnormal behaviour that may result from the effects of abuse and neglect, she/he must know what constitutes normal behaviour of a child at that stage of development.

It is therefore necessary to know what the developmental milestones are and to understand the general characteristics of each age period.

2.2 LATENCY PERIOD OR MIDDLE CHILDHOOD

According to Sarnof (1976) the word "latency" refers to the period between six and 12 years. Latency is the name Freud gave to this stage that is characterised by the following:

- (i) State of relative quiescence of the sexual drive with resolution of the Oedipal complex (Freud, 1961).
- (ii) Sexual drives are channelled into more socially appropriate aims, such as schoolwork and sports (Smith, Cowie and Blades, 1998).

According to Steuer (1994) the Latency stage of psychosexual development lies between the end of the Phallic stage and the beginning of the Genital stage and lasts roughly from five years until puberty. During this stage the child concentrates on learning and socialising. The term 'latency' retains value if used in the following context:

- (i) Between six and 12 years of age a specific structure develops which is capable of producing a state of calm, pliability, and educability which can be

used as a basis for the transmission of culture in a school setting environment.

- (ii) A child in Latency is able to evaluate a given setting and control his drives to the point that he can co-operate and participate in a learning situation.

Children bring from the previous stage much eagerness to learn from elders and now enjoy direction, even coercion to do things they would not have thought of doing themselves (Bemporad, 1980).

During development, the child's cognitive, moral, affective and personality development progresses and rich interaction with environmental stimuli result (Steuer, 1994).

In order to develop a psycho-education programme appropriate to this stage of development, the researcher challenges the cognitive, moral, social learning, affective and personality theories to explain the normal development of the child during Latency.

2.3 COGNITIVE DEVELOPMENT

Cognitive development in Latency is readily apparent in the way the child uses his language to express complex ideas in relation to a number of elements. Logical exploration tends to dominate fantasy, and the child shows an increased interest in rules and orderliness, and an increased capacity for self-regulation. Children's cognitive abilities during the concrete operational period are a great deal more like adults' than those abilities were at an earlier age (Steuer, 1994). For purposes of this study, Piaget's (1969) theory is discussed because he viewed knowledge as a process or repertoire of actions rather than a body of acquired information. His central thesis is that the individual is active, curious, inventive, and that human beings seek contact and interaction with the environment.

They seek challenges and, most important, they interpret events. Children continually construct and reconstruct their knowledge of the world, trying to make sense of the experience and to organise their knowledge into more efficient and coherent structures (Mussen, Conger, Kagan and Huston, 1984).

2.4 PIAGET

The cognitive change that Piaget considered to be of most general importance during this period is the rapid development of operational thought. The child is now capable of thought processes that enable him to mentally perform both a particular action as well as its reverse (Smith et al., 1998).

The fact that the child is active, curious, inventive within his environment is one of the criteria required for the child to attend the psycho-education programme. It is important for the child to be able to remember, recognise, reconstruct and recall what happened during abuse for purposes of reporting to parents, teachers or in court.

From Piaget's perspective, the Latency period is the stage of concrete operations. It is at this stage that many aspects of reasoning appear for the first time. The child's conceptual skills develop, and thinking becomes organised and logical. At this stage the symbolic play which had begun during the sensorimotor stage becomes pronounced. The major source of symbols is the language that develops during the early pre-operational years. This widens the child's horizons. The child through language can relive the past, anticipate the future and communicate events to others (Crain, 1992).

During this period, children typically give correct solutions to conservation problems. For example the child is able to reason that a tall beaker contains the

same amount of water as a shorter one because if the liquid were poured back into the original beaker, it would look the same as before (Smith et al., 1998).

The researcher sees this ability coming forth for example when a child have to recognise a perpetrator who has grown a beard, or has gained weight as the same person that may have physically or sexually molested him before. Table 2.1 gives a summary of the concrete operational processes.

TABLE 2.1: Characteristics of the concrete operational thought processes according to Piaget (Steuer, 1994):

CHARACTERISTICS	DESCRIPTION
General characteristics: Operations Thoughts are concrete	Mental activities are reversible operations applied to realistic, concrete situations rather than to hypothetical situations.
Horizontal decalage	The different cognitive abilities emergence at different times within the concrete operational period e.g. the ability to solve various types of conservation problems.
Specific characteristics: Ability to solve conservation problems	Understanding that some basic qualities of an object remain unchanged despite changes in outward appearance.
Decentration	Ability to take two or more dimensions of a stimulus into account at the same time.
Seriation	Ability to put objects in serial order according to some physical characteristics.

NB: Adopted from Steuer (1994).

Piaget's view was that children's cognitive abilities during the concrete operational period are a great deal more like an adult's, but essentially bound by concrete reality, meaning that they are applied to the reality the child knows or to closely related events and experiences (Smith et al., 1998).

Piaget believed that not all children in Latency develop this ability of concrete operations at the same time. The age at which children reach a certain period may differ between cultures and also between individuals within a single culture. Piaget envisaged this period as normally beginning to develop anywhere between the ages of seven and 12 years onwards (Vasta, Haith and Miller, 1995).

2.5 MORAL DEVELOPMENT

According to Steuer (1994) morality is the virtue in human interaction encompassing the rules, principles, emotions, reasoning and training that influence a person's acting out of his rights and responsibilities.

In middle childhood, children's ideas about right and wrong are also concrete. During the Latency period the child regards rules as unchangeable, rules are seen as cast in stone, as though they came from some divine source handed down by authority figures (Clarke-Stuart, Perlmutter and Friedmann, 1988).

Clarke-Stuart et al., (1988) viewed discussions with other children on moral issues as contributing importantly to moral development, and although the children sometimes bend the rules as they play they may deny that rules can be changed. For purposes of this study Kohlberg's theory of moral development will be used because Kohlberg has encouraged psychologists and some educators to consider the social constructivist principles at the heart of moral reasoning.

Psycho-education is an approach that is influential with definite implications for moral education. In becoming self-aware, children are engaging in a process of learning about significant relationships and social roles.

2.6 KOHLBERG'S THEORY OF MORAL DEVELOPMENT

For purposes of this study Kohlberg's (1969) stages of moral development are challenged as they are held to be universal, and follow an invariant sequence of development in all cultures. Different cultures are observed that they use basic moral categories, concepts or principles, and different individuals, whatever the culture, go through the same sequence of moral development (Kohlberg, 1969). Kohlberg's theory of moral development is used to show the development of moral reasoning during this stage in order to incorporate into the programme the rules, principles, emotions, reasoning, and training that will influence a child's acting out of his rights and responsibilities in human interactions. Kohlberg like Piaget believed that moral development proceeds in stages, during which the individual's cognitions about morality are successively restructured. Both Kohlberg and Piaget viewed the normative meta-systems such as the democratic conception of freedom and equality as necessary to further moral development (Smith et al., 1998). A summary of Kohlberg's theory follows in table 2.2.

TABLE 2.2: Kohlberg's (1969) stages of moral reasoning

LEVELS	STAGE	WHAT IS RIGHT
Pre-conventional morality	Stage 1 Heteronomous morality	To avoid breaking rules backed by punishment, obedience for its own sake, avoiding physical damage to persons and property.
Pre-conventional morality	Stage 2 Individualism. instrumental purpose and exchange	Following rules only when it is to someone's immediate interest; acting to meet one's own interests and needs, and letting others do the same. Right is what's fair, an equal exchange, a deal, an agreement.
Conventional	Stage 3 Mutual interpersonal expectations, relationships and interpersonal conformity	Living up what is expected by people close to you, and to what is generally expected from people in your role. 'Being good' is important and means having good motives showing concern about others and keeping mutual relationships, such as trust, loyalty, respect, and gratitude.
	Stage 4 Social system and conscience	Fulfilling the actual duties to which you have agreed. Laws are to be upheld except in extreme cases where conflict

LEVELS	STAGE	WHAT IS RIGHT
		with other fixed social duties. Right is contributing to society, the group, or institution.
Post-conventional	Stage 5 Social contract or utility and individual rights	Being aware that people have principles and hold a variety of opinions, that most values and rules are relative to your group but should usually be upheld, in the interest of impartiality and because they are social contracts. Some non-relative values and rights for example, life and liberty, however, must be upheld in any society and regardless of majority opinion.
	Stage 6 (hypothetical) Universal ethical principles	Following self-chosen ethical principles. Particular laws or social agreements are usually valid because they rest on such principles. When laws violate these principles, one acts in accordance with the principles. Principles are universal principles of justice; the equality of human rights and respect for the dignity of human beings as individual persons.

NB: Adapted from Colby, Kohlberg, Gibbs and Lieberman, (1983).

The child in the Latency period falls partly in the pre-conventional level, (up to nine years of age) and the conventional period, (from nine to 20 years of age). Kohlberg (1969) indicated that not all children's moral judgement conforms to a single moral stage, therefore a stage may be thought of as the child's typical (modal) moral orientation, rather than as a description of all of the child's moral thinking. This has implications on the approach of the psycho-education programme to incorporate and to capitalise on real moral problems that confront children, for example fighting in class, taking someone's lunch money, or making someone feel bad. It also makes the children look at the authority that abuses its power over the children, and their rights are discussed in those instances.

The researcher sees moral development being greatly and strongly influenced by the external environment during this stage of development.

According to Kohlberg during pre-conventional and conventional morality, the child obeys adults, values trust, loyalty, respect, gratitude and keeping mutual relationships. These characteristics of behaviour facilitate learning and therefore the psycho-education programmes are strongly recommended at this stage.

2.7 SOCIAL LEARNING THEORIES

The social learning theories attempt to explain social behaviours using concepts derived from learning theory which often incorporates a number of cognitive elements. Learning occurs through a variety of mechanisms.

The type of behaviour becomes more frequent if it is followed by positive consequences or by removal of noxious consequences; conversely, behaviour tends to become less frequent if it is followed by punishment (Skinner, 1969). This form of learning is called instrumental or operant conditioning, and occurs when behaviour is influenced by the positive or negative consequences they produce, for example sharing, helping, sex-typed behaviour and aggression are

enhanced by praise or other positive outcomes, and are often inhibited by punishment.

Another form of learning, classical conditioning, occurs when a previously neutral stimuli is paired with a stimulus known to provoke a response and the neutral stimulus eventually provokes a similar response (Bandura, 1977).

Social learning theorists have shown that people need not directly experience rewards and punishment in order to learn how to act. People learn vicariously from watching others' experiences, even from experience of people far removed. The individual's social environment externally controls the shaping of behaviour and the reward expectations, and depending on the internal form of ego control, the behaviour is shaped (Gernelli, 1996).

The learning theorists in turn propose that moral values are learned mainly by modelling and imitation from significant others such as parents and others in authority. From the social learning theory the risk factors in the family, school and peer group are external impulses raising the risk of development of behavioural or emotional problems (Bandura 1986).

Personality development

The idea that underlies different psychological perspectives is that each individual has a relatively unique and enduring set of psychological tendencies and reveals them in the course of his transactions with various social environments such as home, school and at the playground (Berryman, Hargreaves, Herbet and Taylor 1994).

The researcher is challenged with the question as to whether personality can change and, if so, to what extent.

Clarke-Stuart et al., (1988) observed that some temperamental traits such as activity level intensity, adaptability, and rhythmicity seem stable from infancy to early childhood and beyond. Gerdes, Osche, Stander and Van Ede (1986) proposed that a distinction be drawn between the more enduring aspects of personality, such as temperament and personality traits, and those aspects which are more explicitly linked to the fulfilment of life tasks and roles, namely identity and the self-concept.

Buss and Plomin (1984) identified four dimensions of temperament, namely active versus lethargic, emotional versus phlegmatic, impulsive versus purposeful and sociable versus introverted which endure from childhood through to adulthood.

Louw (1993) argued that although there could be a certain predisposition to personality inherent in every individual, these predispositions may be reinforced or inhibited by the environmental influences.

Gouws and Kruger (1995, p. 75) stated that "to be properly understood personality development must always be seen in context with the constant and complex process of interactions between emotion, cognitions, morality, social development and physical maturation."

The psycho-education programme is directed to challenge the child's personality development and to offer choices and directions in interactions between emotion, cognitions morality and social development.

Erikson's psycho-social theory of development

For the purposes of this study Erikson's (1968) theory is chosen, as it stresses social and cultural aspects of development. It proposes that the way in which individuals cope with their social experiences is the way they shape their lives.

The individual's experiences of abuse and neglect at Latency may add to the vulnerability of this stage, and at this crisis point the inner laws of development create possibilities which are shaped by the people and the social institutions - schools, church, child care workers, et cetera (Steuer 1994).

Erikson's theory of human development is based on clinical experience and represents a series of crucial turning points stretching from birth to death. These consecutive stages are not laid out according to a strict chronological timetable, and therefore it would be misleading to specify an exact duration for each stage. Moreover, each stage is not passed through and then left behind. Instead, each stage contributes to the total formation of the total personality (Berryman et al., 1994).

In Erikson's words, "Anything that grows has a ground plan, and out of this ground plan, the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole" (Erikson, 1968, p. 92). Erikson proposed that the earlier stages could be likened to building blocks upon which the later stages depend. Each stage represents a struggle or dialectical interaction between two conflicting tendencies, each of which is experienced by the individual. This interaction results in a synthesis which is a resolution that is different from the original separate forces, and is identified as an active adaptation and not just a passive adjustment.

Each stage of human life has its stage of ascendance when physical, cognitive, emotional and social development permit its coming to a crisis (Erikson, 1977).

The crisis during Latency is industry versus inferiority, and development is as follows: During the fourth stage of the epigenetic process (in Freud's scheme the Latency period) the child must submit to controlling its exuberant imagination and settling down to formal education. In the sixth year of life until the end of puberty the child develops industriousness or a feeling of inferiority (Steuer, 1994).

According to Erikson (1968) children eagerly apply themselves to learning the useful skills and tools of the wider culture. In this phase children are involved in the intake of knowledge and the development of their physical and intellectual skills.

In favourable circumstances the child develops his natural inquisitiveness and desire for learning. Creative attempts must be encouraged and parents must become involved in their children's efforts (Roos and Schoeman, 1997).

According to Roos and Schoeman (1997), new social institutions become important in this life phase. The child's opportunity to go to school holds the possibility of formal education, and adults play a role in the realisation of the child's feelings of industriousness. Teachers and peers can influence children's expectancies, their self-concept and the evaluations of success and failure towards understanding their weaknesses and strengths.

As children form identities and concepts about themselves, they implicitly assign positive or negative value to their profile or attributes. Collectively these self-evaluations constitute the child's self-esteem. According to Newman and Newman (1997) this evaluation or self-esteem is based on messages of love, support and approval, specific attributes and competencies and the way one regards these specific aspects of the self, both in comparison with others and in relation to one's ideal self.

According to Steuer (1994) researchers and clinicians hold the belief that high or positive self-esteem is associated with mental health and effective functioning, whereas negative feelings of self-worth predict poorer health and adjustment.

2.8 SUMMARY

The developmental theories emphasise the growth and maturation of the child during the different stages of development. Piaget emphasised that as the child explores, he discovers and constructs his knowledge; Kohlberg in turn emphasised the moral development, while the social learning theorists emphasise learning and modelling from the environment.

From the above the researcher concludes that development occurs during the time when the child interacts with his environment.

During this interaction personal changes are effected, positively or negatively, and an environment predominated by abuse and neglect may disturb the growth and development of the child physically, cognitively, psychologically, and spiritually.

The following chapter reviews abuse and neglect, and its causes and effects on the developing child during Latency or middle childhood.

CHAPTER 3

LITERATURE REVIEW: ABUSE AND NEGLECT OF CHILDREN

3.1 INTRODUCTION

Child abuse and neglect include the following categories, as identified by various researchers (Faller, 1989; Gilmour, 1988):

- (i) Physical abuse, such as battering or non-accidental use of force, resulting in physical injury, or death
- (ii) Sexual abuse, such as the exploitation of children for sexual or erotic gratification, or pornographic activities; rape, sodomy, indecent assault, molestation or incest. This category includes both non-contact abuse (such as exhibitionism and voyeurism) as well as contact abuse (fondling, penetration, masturbation or oral sex).
- (iii) Psychological abuse, such as emotional damage which might impair the intellectual or social development of the child, including rejection, isolation, oppression, deprivation, humiliation, exposure to family violence and involvement with corruption, anti-social or illegal activities
- (iv) Neglect, such as failure to provide a child with adequate care, food, clothing, shelter or health care. The category encompasses physical neglect, neglectful supervision, abandonment, medical neglect, educational neglect, and the refusal to resume parental responsibility, or to provide appropriate care (Els, 1998).

In the following paragraphs each of the categories will be discussed in order to focus on the content of the programme.

3.2 ACTS OF ABUSE AND NEGLECT AGAINST CHILDREN

For purposes of this study physical abuse, sexual abuse, psychological abuse, and neglect will be discussed, to develop a programme that defines and train the children in dealing with the different types of abuse and neglect.

3.2.1 Physical abuse and neglect

Physical abuse may include an act or behaviour that inflicts bodily harm or that is intended to do so. Acts of abuse and neglect against children may range from activities that are prolonged, for example tickling that doesn't stop on the child requests, to hitting, kicking, shoving or pushing, choking, throwing objects at the child, shaking the child vigorously, pinching, pulling by hair, face-slapping, head-banging, punching, burning with cigarettes, burning with a hot iron, scalding, and cutting with razor blades (Brassard et al., 1987; McKendrick and Hoffman, 1990). Straus and Donnelly (1993, p. 420) defined corporal punishment "as the use of physical force aimed at causing pain but not injury for the purposes of correction and control of youthful behaviour."

A variety of negative health and behavioural outcomes suggests that acts involving physical punishment are stressful for the child. The most common outcome of corporal punishment, for example is that it exacerbates violent behaviour by the punished child. This form of discipline in childhood is associated with a higher rate of assaulting behaviour in adulthood (Larzelere, 1986; Maurer, 1974 and Straus, 1991).

In research by Straus (1991) it was found that children were subjected to corporal punishment were three times more likely to assault siblings than those who were never physically punished.

Similarly Larzelere (1986) reported a linear relationship across several age groups of children between frequency of corporal punishment and aggressive acts.

3.2.2 Sexual abuse

Defining sexual abuse is fraught with difficulties because culture and time often bind some values and belief systems. McKendrick and Hoffmann (1990) defined sexual abuse comprehensively as any sexual activity, whether it be ongoing or a single occurrence, ranging from sexual overtones to sexual intercourse, between a sexually maturing or mature person and an unconsenting or consenting child who is cognitively and developmentally immature. This definition applies irrespective of whether or not the perpetrator has himself/herself committed the sexual act or permitted or encouraged the child to indulge in any sexual activity, for example child prostitution.

According to Matsakis (1991, p. 5) " child sexual abuse refers to two forms of sexual contact: sexual interaction between a child and a much older person, and any form of sexual behaviour forced upon a child regardless of the age of the perpetrator."

3.2.3 Psychological abuse

Psychological abuse is behaviour or use of words that violate or discount children's feeling of reality, and encompasses notions such as chronic parental indifference, rejection, verbal abuse, sarcasm, intimidation, and harassment (McGee and Wolfe, 1991).

There is general agreement in the literature that all acts of abuse and neglect carry negative emotional/psychological messages to their victims. Garbarino et

al., (1986) described emotionally abused children as “showing evidence of psycho-social harm,” as evidenced by the following signs and symptoms:

- (i) Anxiety, aggression, hostility, feelings of being unloved, unwanted, unworthy;
- (ii) Negative view of the world, anxious attachments to parents, fear or distrust;
- (iii) Low self-esteem, feelings of inferiority, withdrawal, lack of communication, self-destructive behaviour (self-mutilation, depression, suicidal tendencies);
- (iv) Tendency to act as caretaker to parents;
- (v) Delinquency or truancy.

3.2.4 Neglect

Acts of omission may be lack of nurturing, not listening to the child, lack of supervision and lack of boundaries for physical safety. Several subtypes of abuse and neglect include the following:

- (i) Physical neglect: failure to protect from harm or danger and provide for the child's basic physical needs including adequate shelter and clothing.
- (ii) Emotional neglect: this subtype is difficult to describe because of the absence of clear physical evidence. Brassard et al., (1987) cited an American Humane definition which describes emotional neglect as “passive or passive/ aggressive inattention to the child's emotional needs, nurturing, or emotional needs, nurturing, or emotional well-being” (p. 267).
- (iii) Medical neglect: refers to caregivers' failure to provide prescribed medical treatment for their children including required immunisation, prescribed medication, recommended surgery, or other intervention in case of serious disease or injury.

- (iv) Mental health neglect: similar to medical neglect when a parent refuses to comply with recommended corrective or therapeutic procedures.
- (v) Educational neglect: failure by a caregiver to comply with the state requirement for attendance at school.

The dynamics of child neglect differ significantly from those of physical and sexual abuse. The greatest single difference is that physically and sexually abused children get attention from their parents. The attention is inappropriate, excessive, harsh, and damaging, but the parent is definitely aware of the child's existence. Energy is directed to the child (Brassard et al., 1987). Neglectful parents feel or express little interest in the child. They withhold attention, they do not stimulate the child, and they rarely make physical or emotional contact. In extreme cases the neglectful parent seems to be unaware that the child exists (Lewis, 1999).

The statistics in Chapter One show clearly that neglect affects far more children than does physical and sexual abuse. Although neglect is not as dramatic as either sexual or physical abuse, it damages children physically, developmentally and emotionally (Briere, Berliner, Bulksley, Jenny and Reid, 1996).

A critical research question that has implications for prevention involves the identification of factors that causes child abuse and neglect. The following theories explain the possible causes from the different perspectives.

3.3 THEORIES OF ABUSE AND NEGLECT

Theorising about abuse and neglect adds some understanding as to why and in what circumstances child abuse and neglect occurs. This understanding helps in formulating prevention strategies.

Given the different definitions and situations included under child abuse it is important to keep an open mind to a range of explanations in order to ensure effective and constructive intervention (Buchanan, 1996).

3.3.1 Ethological and socio-biological perspective

The ethological perspective derives from the work of Darwin (1859) in Newman and Newman (1997, pp. 93-94) the first to put forward the proposition that all living creatures owe their survival to the ability to adapt to their constantly changing environment. His second proposition was that most species produce more offspring than the environment can support, which means that the individual members must compete for survival (Vasta, Haith and Miller, 1995).

Lorenz (1937) devised the notion of 'imprinting' in animals after finding from his studies that those animals that can walk or swim immediately after birth or hatching had an inborn tendency when very young to follow moving objects close to them, usually their mothers. This idea was borrowed by Bowlby (1969) and applied to human beings. Bowlby's theory is that human beings also become attached to objects in early life, and that biologically mothers are primed by hormones to bond to their children.

Attachment behaviours between the child and the caregiver are most apparent during periods of early childhood, however it also relates to reciprocal and mutual relationships across the lifespan (Ross et al., 1995). Poor attachment experiences, usually called maternal deprivation, can lead to three types of attachment behaviours relating to insecurity children and adults in later life namely resistant, avoidant and disorganised behaviours (Ainsworth, Blehar, Waters and Walls, 1978; Isabella and Belsky, 1991).

A socio-biological, or evolutionary, perspective of family violence suggests that violence toward human or non-human primate offspring is the result of the

reproductive success potential of children as well as parental investment. Parents are programmed to ensure survival of their own genes. A question, which could be posed, would be what drives parents to maltreat their own children. The theory proposes that under certain conditions, particularly those of stress, abuse of offspring can be seen as the need for survival (David, 1993).

Dawkins (1989) argued that survival is the game and that all animals are programmed to preserve themselves and to ensure the passing on of their characteristics by producing and rearing as many healthy offspring as possible. Parental solicitude is discriminative, and parents recognise their offspring and avoid squandering valuable reproductive effort on someone else's offspring. Children not genetically related to the parent (e.g. step children, adopted or foster children), or children with lower reproductive potential (e.g. handicapped or retarded children) are at the highest risk for infanticide and abuse. Risk is also high in large families where large numbers can dilute parental energy and lower attachment to children. In addition uncertainty of paternity increases the risk of child abuse and neglect may exist when paternity is uncertain (Stainton Rogers, Hevey, Roche and Ash, 1992).

Kempe and Kempe (1978) implied that much child abuse can be accounted for by the observation that many mothers who abuse their children have themselves suffered from poor attachment experiences or maternal deprivation. This results from a lack of the ability to act as good attachment figures to their children, and instead expect them to be naturally rewarding. When their expectations are frustrated they resort to physical ill treatment.

3.3.2 Family dysfunction theory

An alternative approach within family therapy emerged from the work of Minuchin (1974). He employed the systems theory (derived from the study of working of complex machines) as an aid to understanding and intervening in families.

In the systems theory perspective, the family is made of parent-parent, parent-child, and child-child subsystems with clear distinctions between the systems (Janko, 1994). Haley (1980) regarded the disturbance or obscuring of hierarchical boundaries as a source of pathology. The central notion is that an organism is an open system, that is a system that maintains its integrity while interacting (exchanging information) with its environment. Similar developments in other fields, including communication engineering, eventually led to the realisation that these ideas could be generalised to non-living and even non-material systems (Schultz, 1993).

General systems theory concerns the relationship of a whole consisting of interacting parts, which in turn interact with its environment. In families the communication patterns are a particular focus of concern, as the existence of poor or contradictory messages between members may cause dysfunctional relationships.

The interaction between systems may become 'enmeshed', a state without clear structural patterns and roles, or disengaged where the interaction between systems has broken down (Minuchin, 1974).

According to Browne and Finkelhor (1986), marital conflict may promote sexual and physical abuse. Children respond emotionally to adult's disputes. They cry, express anger, freeze, become distressed (e. g. covering their ears with their hands), ask to leave the room, describe discomfort, anxiety or concerns, or report anger, sadness, fear, guilt, shame, or worry. Children may also react physiologically (increased heart rate, increased blood pressure, skin conductance, vagal tone), become aggressive, or become involved as third parties mediating between, or comforting, angry parents (Cummings, 1994; Ballard and El-Sheikh, 1994; Emery, Fincham and Cummings, 1992).

Family dysfunction theories have been applied to the fields of physical or sexual abuse to try to explain the processes by which such abuse occurs. For example, there is the notion of 'scapegoating', whereby all the family problems become identified in one family member; this leads to physical or emotional abuse of one person. The symptomatic behaviour is seen as a homeostatic mechanism that prevents the system from moving beyond a certain limit, for example too much conflict.

Two complementary tendencies occur in the living systems, namely morphostasis and morphogenesis (Beavers, 1977; Hoffman, 1981). Morphostasis refers to the way in which a system maintains stability in its interaction with the environment. Morphogenesis refers to a process of change within a system enabling it to adjust in an appropriate way to changing circumstances. A balance between these two tendencies leads to healthy homeostasis (Keeney, 1983).

The term cybernetics became part of psychology as a result of cybernetic principles being used as a metaphor for designating certain processes that are characteristic of living systems. One of the most important aspects of a cybernetic system is the ability of such a system to process information and to react meaningfully on the basis of this information (Keeney, 1983).

3.3.3 Social learning theory

It was mentioned in Chapter Two that the social learning theories attempt to explain social behaviours using concepts derived from learning theory, and often incorporate a number of cognitive elements.

According to the behaviouristic perspective the child comes into the world as a *tabula rasa* (clean slate) with very few inborn or reflex responses, and virtually all subsequent behaviour is learned, primarily through reward or punishment of its

consequence (Steuer 1994). Rewards include things such as attention and affection or getting out of doing something that the child does not like. What is interesting though is that behaviourists argue that punishment is usually fairly ineffective in the learning process. In their view punishment unlike reinforcement in the long run works to the disadvantage of both the punished organism and the punishing agency (Skinner, 1972).

Social learning theorists have shown that people need not directly experience rewards and punishments to learn how to act. People learn vicariously even by watching the experiences of people far removed, such as those on films and television. Vicarious learning is enhanced through rewards and punishments experienced by the model (Bandura, 1986).

According to Cummings (1994) learning, negative reinforcement, and modelling may also be factors in the common impact on children of marital and parent child systems on children. Children may learn behavioural and cognitive styles for coping with everyday events both from observing their parents in interparental situations and from their own interacting with their parents. Repeated exposure to abuse may lead the children to believe that violence is normative, and therefore, acceptable behaviour.

From the above perspective child abuse is viewed as resulting from poor learning experiences and inadequate controlling techniques. Parents who themselves were treated harshly as children may well not have learned how to control their children in socially acceptable ways and may resort to punitive or abusive methods. Parents that were overindulged as children might fail to set limits and may resort to violence when matters get totally out of hand (Stainton Rogers et al., 1992).

3.3.4 Sociological perspective

The sociological perspective on child abuse comes in three major variants: the ecological, the cultural and the social-structural (Stainton Rogers et al., 1992). Ecological theories stress that children need to live in healthy environments if they are to grow up healthy and well adjusted. These theorists argue that socially impoverished environments are likely to worsen and even stimulate any psychological stresses that are already present in the family (Garbarino and Gillian, 1980). According to this approach child abuse and neglect results from poor parenting skills combined with social stress, most notably lack of family and community supports (Stainton Rogers et al., 1992).

The risk of abuse and violence is greatest when the functioning of the children and parents is limited and constrained by developmental problems. Children with learning disabilities, and social or emotional handicaps are at increased risk for abuse. Parents who are under considerable stress, or have personality problems, are at increased risk for abusing their children (Hampton, Gullotta, Adams, Potter and Weissenberg, 1993). The risk of abuse is further raised in communities with few institutions and agencies that support the families.

The socio-cultural theories argue that the incidence of abuse is related to cultural support for the use of physical punishment of children (Gelles and Cornell, 1985). Based on the results from their survey of 1000 families, 70% had used some form of corporal punishment. What Gelles termed 'abusive violence' (i.e. punching children, hitting them with objects and using offensive weapons against them) was much more widespread than national reports of the incidence of child physical abuse would suggest (Gelles and Cornell, 1985). These theorists therefore concluded that the family was the most dangerous place to live in, because it offered opportunities for levels of private violence, which if known about would not be publicly tolerated. Following this line of argument the way of

tackling violence is to tackle the way society thinks about it, and make an effort to eliminate it (Stainton Rogers et al., 1992).

The social structural approach is strongly supported by Gil (1970). Supported by the results from his research in the United States in the late 1960's, Gil found that the children on child protection registers overwhelmingly came from lower socio-economic classes. The socio-structural theorists argued that if society itself sets the preconditions of child abuse by condoning structural inequalities, that is by allowing many families to exist in extreme poverty and social deprivation, then society must share the blame when a child is abused and neglected, and such abuse should not be seen to be the result of individual pathology alone (Gil, 1970).

From the above-mentioned theories child abuse appears to be because of the interaction between factors intrinsic to the abuser, the child and the environment in which they live. One child in the family may be abused while a sibling may be safe.

Factors that may promote abuse and neglect will be discussed in the following section.

3.4 FACTORS THAT PROMOTE ACTS OF VIOLENCE AGAINST CHILDREN

Treatment directions for child abuse and neglect parallel the predominant theoretical frameworks used to explain this phenomenon. Attention is drawn to the factors that often accompany child abuse and neglect with the intention of training the children to be aware of these incidents, equipping them with coping skills and options to choose from in order to deal with abusive incidents in their lives (Melton and Barry, 1994).

The following factors tend to be associated with some degree of abuse and neglect in the different contexts where child abuse and neglect occur.

3.4.1 Family violence

Many children are injured in the turmoil of violence occurring among family members. This fighting occurs most frequently in the socially disadvantaged and is often associated with alcoholism and drug abuse (Baxter, 1987).

According to Baxter (1987) children who intervene in a violent parental interchange may be harmed while parents are fighting, and may also be repeatedly abused. Aggressive discipline including corporal punishment is practised in many homes in South African families (Lewis, 1999; McKendrick and Hoffmann, 1990).

3.4.2 Marital instability

Traditional models of family and child development have focused on parent-child relationships and have paid scant attention to broader family functioning, including marital (or inter partner) relations. For example, family violence and abuse are often considered primarily in terms of the parent's physical abuse of children. However, family relationships including conflict are central to children's well being. Children's exposure to interparental conflict and violence is a significant source of adversity and may contribute to children's risk for psychopathology (Cummings, 1994).

Many abused children are from unstable or broken homes. McKendrick and Hoffmann (1990) identified that 72% of mothers of abused children were under twenty years of age when they conceived their first baby. Most were unmarried at the time of conception.

At the time when the abuse occurred, less than half of the mothers were married for the first time and 40% were single parents, divorced, separated or never married. The child's mother was the abuser in 55% of the cases, while the other 45% of the abusers were equally divided between fathers, stepfathers, and mother's boyfriends. A lack of preparation for parenthood, and the ignorance of the child's needs and normal progression of childhood development are prominent features (Jackson, 1995).

In South Africa for many years organisations such as FAMSA and certain child welfare organisations have provided a form of family support. Non-abusing mothers were in most instances passive accomplices.

3.4.3 Social circumstances

It has been mentioned that violence especially physical abuse is more prevalent among the socially deprived families. Children often become involved in family quarrels and are injured incidentally during the turmoil.

In South Africa cases have been reported in every social level of society. In most of the families both the mother and the father work, and children may be neglected in supervision or may not get medical care for example because one of the parents was not there when the child was running a temperature (McKendrick and Hoffman, 1990).

In single parent households the isolation of a mother who finds herself unable to cope with her child's needs, demands or behaviour may culminate in the parent physically abusing the child. Jackson (1995) believed that family support services are a panacea for the above scenario and that these support services can go a long way towards changing the circumstances of these families and thus the lives of the children within them (Jackson, 1995).

3.4.4 The 'vulnerable' child

Children with handicaps are more vulnerable than those without handicaps. The first born children are also more vulnerable to abuse than their siblings. Children that are isolated from their mothers due to illness, or prematurity are denied bonding with their mothers and often later when discharged to the care of the parents, the natural parenting instinct is blunted by the forced separation from the mother, thus depriving the child of a chance to bond (McKendrick and Hoffmann 1990).

3.4.5 The age of the child

Van der Kolk (1987) observed that the majority of severe or life threatening injuries due to abuse and neglect occurred in the age group from birth to three years, with decreasing frequency as the children grew older. Child abuse and neglect may occur at any age up to 18 years, and trauma from the early abuse and neglect may be carried through from an early age to adulthood (McKendrick and Hoffmann, 1990).

As children are unable to fully understand or explain the impact of abuse, professionals usually rely on the development of symptomatic behaviours as signs of underlying emotional difficulties (Briere, et al., 1996).

3.4.6 The effects of abuse and neglect

Kempe and Kempe (1978) suggested a relationship between physical abuse and certain physical symptoms in the child, such as subdural haematoma, fracture of long bones, multiple soft tissue injuries, poor skin hygiene, malnutrition and poor general health. In addition, victims of physical abuse are at risk for neurological and neuropsychological impairments that may result in detrimental effects across the life span (Meadow, 1993).

A study conducted by Martin and Rodeheffer (1976) for the National Centre for Prevention of Child Abuse and Neglect in Denver in 1976 found that physically abused children have deficits in gross motor development, speech and language. In addition abused children exhibit the following:

- (i) Interpersonal ambivalence
- (ii) Hyper-vigilance or preoccupation with the behaviour of others
- (iii) Constant mobilisation of defences in anticipation of danger
- (iv) Inability to perceive and act on the environment in pursuit of mastery
- (v) Impaired socialisation skills with peers
- (vi) Frustration from inability to meet expectations of others
- (vii) Defensiveness in social contacts
- (viii) Chameleon nature (shifting behaviour to accommodate to others)
- (ix) Learned helplessness ("To try a task and fail is more dangerous than not to try at all")
- (x) Lack of object permanence or object constancy (Gil, 1991).

Reidy (1980) summarised traits of physically abused children as exhibiting aggression and hatred, uncontrollable negativistic behaviour, severe temper tantrums, lack of impulse control, and emotionally disturbed behaviour both at home and at school, and withdrawn and inhibited behaviour. One of the earliest observable differences between physically abused children and their non-abused counterparts is the manner in which they respond to their caretaker when under stress.

Research has suggested that physically abused infants, compared with non-abused children, demonstrate higher frequencies of less secure attachments to their primary caretakers (Crittenden and Ainsworth, 1989; Egeland and Sroufe, 1981).

Polansky, Chalmers, Bittenweiser and Williams (1981) found that neglected children exhibit the following: deprivation-detachment, massive repression of feelings, affect inhibition, impaired ability to empathise with others, violence, delinquency, decrease in general intellectual ability due to lack of stimulation on the part of the parent.

3.4.7 Intellectual deficits

Physically abused children, in comparison with their non-abused counterparts, have been reported to earn lower scores on tests of general intellectual abilities during childhood (Barahal, Waterman and Martin, 1981; Hoffman-Plotkin and Twentyman, 1984; Vondra, Barnett and Cicchetti, 1990). In addition, other research has suggested that physically abused children suffer from specific deficits in linguistic abilities (Vondra et al., 1990). It should be noted however that other environmental variables often coexist with physical abuse (e.g. impoverished environment, concurrent neglect) and may also contribute to the intellectual deficits observed in physically abused children (Bee, Barnad, Clark, Eyres, Hammond, Snyder and Spietz, 1982; Vondra et al., 1990).

A variety of negative health and behavioural outcomes suggests that acts involving physical punishment are stressful for children. As mentioned the common outcome of corporal punishment is that it increases the punished child's violent behaviour by the punished child.

3.4.8 Affective and behavioural problems

Children in their middle childhood years have been reported to exhibit a number of affective and behavioural difficulties including acute anxiety, depression, sleep disturbance, self-destructive behaviour, low self-esteem, social detachment, hyperactivity, excessive aggression, and non-compliance (Egeland and Sroufe, 1981).

3.4.9 Social cognition

Physically abused children also appear to differ from their non-abused counterparts in the area of social cognition. Abused children are reported to have less confidence in their ability to effect events (i.e. more external locus of control), a decreased understanding of social roles (Barahal et al., 1981), hostile attributional styles, and aggressive approaches to problem solving (Dodge, Bates and Pettit, 1990).

3.5 MEDIATORS IN THE EFFECTS OF CHILD ABUSE

There appear to be several factors that mediate the impact of any type of abuse on children (Gil, 1991). These factors include the age of the child at the time of the abuse, the chronicity, the severity, the relationship to the offender, the level of threats to the child, the emotional climate of the child's family prior to the abuse, the amount of guilt the child feels, the gender of the victim, and the parental response to the child's victimisation.

3.5.1 Age of the child at the time of abuse

Although there is discrepancy in the research on the effect of the child's age on later outcome, a trend exists towards viewing the younger child as more vulnerable to abuse (Adams-Tucker, 1982; Ruch and Chandler, 1982).

Van der Kolk (1987, p. xii) stated that childhood trauma is most damaging to younger children because "uncontrollable terrifying experiences may have their most profound effects when the central nervous system and cognitive functions have not fully matured, leading to a global impairment."

3.5.2 Chronicity

There is consensus in the research that the more chronic the abuse, the greater the impact. If the abuse continues over a period of time, the child's sense of helplessness and vulnerability can increase, and the child has greater opportunity to utilise and refine defence mechanisms, such as dissociation, that can become problematic later in life (Gil 1991).

3.5.3 Severity

Gil (1991) indicated that the severity of the abuse may determine the extent of the effects. Physical abuse may result in physical handicaps, brain damage, and developmental delays, and in cases of neglect, non-organic failure to thrive. In more severe cases of abuse and neglect death may occur (Gil, 1991). In sexual abuse cases more extensive genital contact, such as penetration, has been associated with a greater negative impact (Adams-Tucker, 1982; Mrazek, 1980).

3.5.4 Relationship to offender

Relationships are built on trust, and the closer the relationship the stronger the level of trust in that relationship. It is generally believed that the closer the relationship between the offender and the child, the greater the resultant trauma (Adams-Tucker, 1982; Simari and Baskin, 1982).

Gil (1991) viewed the child abused outside the home as able to project the badness outside the home and turn to the family for protection and reassurance, and that the child abused by a loved one learns that the person who loves him is also the hurtful person. This realisation may cause the child ambivalent feelings that may be difficult to resolve.

According to Kohlberg (1969) the third stage of moral development is the conventional stage of mutual interpersonal expectations. During this stage the family or group to which the child belongs becomes important. The child tends to value trust, loyalty, respect, gratitude and keeping mutual relationships and interpersonal conformity. It may therefore be detrimental to the child's development not to get to model and learn this from the family that is generally responsible for the child's welfare and upbringing.

3.5.5 Level of threats

The use of threats may produce generalised anxiety and fear in the child. The threats are used to stop the child from exposing the abuse. The threat need not be explicit to manipulate a child; a child can feel threatened and can feel as though he must keep a secret even when the threat is not communicated (Gil, 1991).

3.5.6 The emotional climate of the child's family

Azar and Wolfe (1987) highlighted the fact that the pervasive effects on abused children's psychological and behavioural development that results from the many factors accompanying abuse in families and affecting their behaviour, are less understood and potentially more harmful to the child's development.

The family dysfunction includes patterns of intergenerational abuse, inappropriate child-rearing patterns and parenting skills, social incompetence and isolation from support systems, emotional distress, inaccurate perceptions and high expectations of children, emotional arousal, and reactivity to child provocation (Wolfe, 1987).

When discussing neglecting families, Polansky, Chalmers, Bittenweiser and Williams (1979) cited generalised chaos and disorganisation matched with rampant low functioning affecting all areas of performance.

3.5.7 The child's mental and emotional health

Resilience is the ability to thrive in the face of difficult circumstances (Lewis, 1999). According to Lewis (1999) resilience in children is likely to develop from both the internal factors including the temperament, the gender of the child and the level of intelligence of the child. The external factors include the sources of emotional support for the child for example family relationships, teachers, caregivers and peer relationships. If the child had good psychological health prior to the abuse (i.e. resources, high self confidence, communication skills and conflict resolution skills), he is in a better position to resist the damaging effects of abuse (Adams-Tucker, 1981; Leaman, 1980).

3.5.8 The guilt the child feels

In cases of sexual abuse, the child may experience some pleasure during sexual contact or may feel somehow responsible for causing the abuse. In both cases the child is more likely to feel guilty which is associated with greater impact (MacFarlane and Korbin, 1983).

3.5.9 The gender of the victim

The initial speculation that males suffer less trauma than female victims (Adams - Tucker, 1962; Van der Mey and Neff, 1982) was possibly based on lack of awareness about the prevalence of male victims. However, recent research on the subject (Briere, 1989) supported speculation that male victims show long-range serious problems and greater psychopathology.

3.5.10 Parental responses to the child's victimisation

Conventional wisdom has it that human nature compels parents to rear their young with tenderness and care. The disturbing frequency with which neglect and abuse occurs has done little to shake this belief but it has at least forced the recognition that child abuse and neglect are well within the repertoire of human behaviour (Korbin, 1981).

McKendrick and Hoffmann (1990) maintained that the family is a microcosm of society, and the prevalence of violence in a particular society is invariably linked to high levels of domestic violence. The family can be regarded as the cradle of violence because experiences of violence in childhood and in family life are invariably socialised into a cycle of violence, manifested intergenerational among families, and perpetuated within the wider society in many forms (McKendrick and Hoffman, 1990).

According to Hampton et al. (1993) family violence was initially identified as a holistic problem applied to a broader concept of maltreatment that included harmful but not necessarily physically violent acts. Specific violent intimate relationships that were uncovered one at a time, like in a process of peeling an onion.

Researchers have repeatedly emphasised the pivotal role the non-abusive parent plays in the healing of the child. The child's recovery is greatly enhanced by a parent who believes the child and is not accusatory but is unequivocally supportive and reassuring. An unsupportive or over-active parental response results in greater trauma (Tufts, 1984).

3.5.11 Children's rights

The expression that "Children are the future" is a political cliché certainly but it is also an indisputable truth. A nation concerned about its future must be concerned about the welfare of its youngest members (Zigler, Kagan and Hall, 1996). The Bill of Rights, according to The Constitution of the Republic of South Africa, Act 108 of 1996 Section 28 states the following:

Every child has the right -

- (i) To a name and a nationality from birth;
- (ii) To family care and parental care, or to appropriate alternative care when removed from the family environment;
- (iii) To basic nutrition, shelter, basic health care services and social services;
- (iv) To be protected from maltreatment, neglect, abuse or degradation;
- (v) To be protected from exploitative labour practices;
- (vi) Not to be required or permitted to perform work or provide services that are inappropriate for a person of that child's age, or place at risk the child's well-being education, physical or mental health or spiritual, moral or social development (De Waal, Currie and Erasmus, 1999).

In a society as diverse as South Africa, it is clear that childbearing practises have to be understood within their cultural context (McKendrick and Hoffman, 1990).

However, the argument for cultural sensitivity should not be read as an argument for extreme cultural relativism. It is neither possible nor desirable when considering children to suspend all judgements concerning their humane treatment.

Behaviours that from outside seem harmful towards children cannot simply be accepted without further exploration, because of the cultural realisations advanced to justify them (McKendrick and Hoffman, 1990).

A genuine commitment to the children's rights, whilst acknowledging all the difficulties of using this term, would at a minimum include a commitment to supporting the development of children's organisations, to listening to what children collectively and individually have to say about things concerning and affecting them, and to treating them with respect. Support given should be relevant and practical, and such that it allows children to decide for themselves wherever this is possible (Stainton Rogers et al., 1992).

Act No 108 of 1996 is relevant to the protection of the children's rights. For a holistic approach in which the Child Protection System operates, the following is quoted: "A guiding principle for intervention is that the safety and well-being of the child takes precedence over all concerns.

The family is seen as the most important unit to the child and needs to be preserved wherever possible. If this is not possible, resources in the community in which the child lives need to be utilised, and only under extreme circumstances should a child be removed from the family and community." In such cases the aim of service providers should be reunification with the family or integration into the child's community" (South African Society for the Prevention of Child Abuse, 1999).

3.6 SUMMARY

Child development is a process of change in which the child learns to handle ever more complex levels of moving, thinking, feeling and relating to others (Myers 1992). The theories of child development emphasise the expected continuity in development that occurs during the interaction of the child with the environment resulting in development and growth. Violent acts of abuse and neglect are limiting factors on healthy development and growth of a child. Physical pain and trauma are experienced mentally as well as physically.

The impact of abuse and neglect depends on the mediating factors, and intense or prolonged pain may produce such shock that cognitive functioning is reduced or disorientated. Although there are some differences between theories concerning child abuse it should be stressed, that all adds up to the understanding of the causes of child abuse and potential solutions to it.

It is important to assess the children's knowledge of abuse and neglect and the knowledge of their rights, in order to intervene at the appropriate stage of development.

The problem of abuse and neglect needs to be addressed through a variety of prevention strategies directed at poor parenting skills at the individual level, conflict between family members at the family level, social isolation at the community level, and prevention of acceptance of violent and abusive behaviours at the societal level. This study addresses one of these prevention strategies by providing the children with knowledge on abuse and neglect.

CHAPTER 4

RESEARCH METHODOLOGY: ACTION RESEARCH AND PSYCHO-EDUCATION

4.1 INTRODUCTION

The research project emerged as a result of the researcher's involvement with a group of parents who presented their children at the UNISA Centre for Peace Action, in Eldorado Park with problems relating to abuse and neglect. As an evolving approach to enquiry, action research was selected to assist the parents and the children in extending their understanding of their situation and thus resolve problems that confront them.

The programme that was developed is based on the model of psycho-education. Psycho-education as an alternative does not focus on sick or abnormal behaviour but rather has as its core a preventative focus, teaching the skills to solve problems now and in the future (Bergen and Rudder, 1981).

Denzin and Lincoln (1994) proposed action research as a model for enacting local action-orientated approaches to enquiry, by applying small scale theorising to specific problems in specific situations. This approach to research favours conserved and participatory procedures that enable people to investigate systematically their problems and issues.

4.1.1 Action research

Action research is a type of applied research differing from others in the immediacy of the researcher's involvement in the action process (Rapport, 1970).

Action research is the research conducted in a field setting with those actually involved in that field, alongside an outsider, into the study of questions influenced by practitioners rather than solely by experts (Hollingsworth, 1997).

Hart and Bond (1995) identified action research as particularly appropriate where problem-solving and improvement is the agenda. They aimed to clarify action research by presenting four types of action research: “experimental”, “organisational”, “professionalising” and “empowering”.

According to Hart and Bond (1995) the typology builds on the four traditions of Lewin’s experimental approach, organisational change, community development and education. Drawn from their experiences and readings as action researchers, they further distinguished seven criteria as a framework for the typology. These seven criteria are selected to distinguish different types of action research, and the authors would argue that these seven criteria, in dynamic interaction, distinguish action research from other methodologies.

The seven criteria are as follows:

- (i) Action research is educative;
- (ii) deals with individuals as members of social groups;
- (iii) is problem-focused, context-specific and future orientated;
- (iv) involves a change intervention;
- (v) aims at improvement and involvement;
- (vi) involves a cyclic process in which research action and evaluation are interlinked, and
- (vii) is founded on a research relationship in which those involved are participants in the change process (Hart and Bond, 1995).

This study is identified by the researcher as qualifying to meet the above criteria.

The important cyclic process in action research is also explained by Kermis and Mctaggart (1982) in terms of a spiral of activity which follows the four-step framework of planning, acting, observing and reflecting (Mayer, 1982). Zuber-Skerrit (1996) explains his understanding of action research as collaborative, critical and a self-critical inquiry by practitioners (e.g. teachers, managers, etc.) into a major problem or issue or concern in their practice.

The practitioners and the stakeholders own the problem and feel responsible and accountable for solving it through teamwork and through the following cyclical processes:

- (i) Planning (including problem definition, situation analysis, team vision and strategic plan),
- (ii) Action (i.e. the implementation of the strategic plan),
- (iii) Observation (including monitoring and evaluation), and
- (iv) Reflection on the results of the evaluation, which usually leads to a revised or totally new plan, and the continuation of action research process in a second cycle, and the third and so on.

According to McNiff, Lomax and Whitehead (1996), different authors agree that action research is characterised by essential features of moments of planning, executing and fact-finding.

By transforming action research cycles into spirals of action, the dynamic of the research and its capacity to adapt to new influences can be shown. By employing a variation of the spiral which allows for other issues to be investigated as side spirals, the complex and creative business of real life can be accommodated (McNiff, 1988).

Stringer (1996) identified the basic routine followed in action research, under "look", "think" and "act". These main three steps of looking, thinking and acting

are chosen because they display cycles of action complementary to the psycho-education programme and are applied as follows. During looking, the aim of this study is determined by the preceding situation analysis, for example in this case, the presence of abuse in this community. During the thinking phase a strategy for implementation is developed. During the acting phase the planning, structuring, implementation and feedback on goal attainment is obtained (Ross and Schoeman, 1988).

4.1.2 Psycho-education model

According to Schoeman (1988) psycho-education is directed at the prevention of mental problems and the development of human potential, and includes the training of individuals and groups in skills, insights and competence. Schoeman (1988) viewed psycho-education as appropriate for the development of complex systems; this has implications that the General Systems Theory is the most appropriate meta-theory for psycho-education.

The process of psycho-education displays cycles of the system's disturbance (client's dissatisfaction), followed by the system's formulating goals for equilibrium and plans for how to restore it, and the system's feedback to determine whether the equilibrium has been restored (Schoeman, 1988). The definition of this cyclic process is similar to the manner in which the energy is exchanged within the General Systems Theory. This implies that the psycho-educator may consider each system as self-regulatory and goal-directed (Schoeman, 1988). This process is likened to a process of cybernetics. Cybernetics is a term that was developed by Weiner (1948) and became part of psychology as a result of cybernetic principles being used as a metaphor for designating certain principles that are characteristic of living systems.

One of the most important aspects of a cybernetic system is the ability of such a system to process information and to react meaningfully on the basis of this

information. This idea is contained in the term “feedback”. Feedback refers to information about the system so that the system can evaluate the effects of its own “behaviour” and, on the basis of the evaluation, can adjust or correct its “behaviour” (Keeney, 1983).

The children exposed to abuse and neglect at Slovo Park, Eldorado Park (an informal settlement South of Johannesburg) are seen as composed of component subsystems of a smaller scale and in turn, each system being a component of a larger subsystem. This interconnectedness between these systems is considered vitally important in considering each child as an individual with needs within his context. According to Pretorius (1996) no individual may be treated in a relevant manner outside of their appropriate social relationships.

Thus the interconnectedness of children, parents and community is taken into consideration when developing this programme. The cyclic process of psycho-education and the cybernetic process may be represented as follows in figure 4.1:



Figure 4.1 Psycho-education and the cybernetic process. (Adapted from Schoeman, 1988).

Schoeman (1988) also suggested an applied model for psycho-education from the cubic model of Morrill, Oeting and Hurst (1974). This model is applicable to the group of children in the community of Slovo Park.

When implementing the programme the counsellor uses this model to institute community action and change, and is verified by Ivey, Simeck and Downing (1980, p.347) as being a “workable model for a therapist who wishes to engage in environmental action and change.” If this cube is applied as a conceptual frame of reference the theoretical foundations of psycho-education can clearly be accommodated (Schoeman, 1988). It is assumed that the three axes of the cube are represented by psycho-educational methods, ordered systems and goals. Each of these may be subdivided into psycho-educational methods (direct training, consultation, and psycho-technology); ordered systems (individual, groups, organisations and communities); goals (prevention and development). The composition of an applied model for psycho-education is schematically represented in figure 4.2.

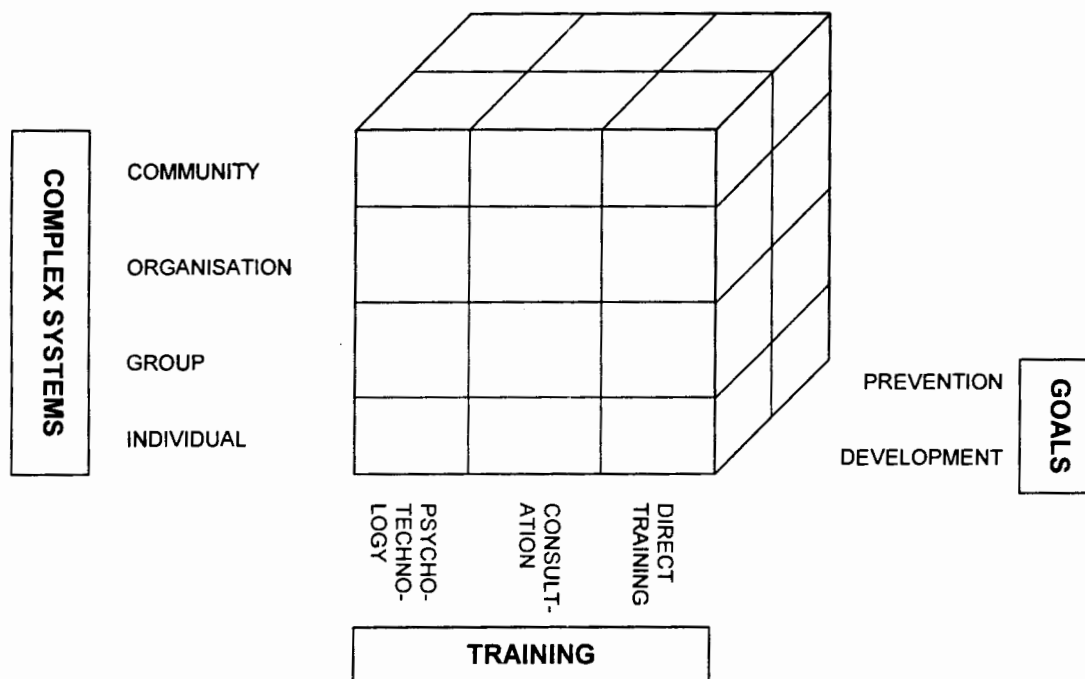


Figure 4.2: A compound model for psycho-education. (Adapted from Schoeman, 1988).

From the cubic model of Morrill et al., (1974) it is clear the psycho-education programme is targeted at the individual, its purpose is remedial, and the method of intervention is direct. With particular reference to this study the cube can be utilised in the following manner:

- (i) Target of intervention - the individuals (children), primary groups (families), associational groups (school classes) and the community of Slovo Park as a whole.
- (ii) Purpose of intervention - may be remedial (to correct a problem which is present e. g. ignorance), preventative (to develop skills and programmes to prevent a specific problem from occurring) or developmental programmes (to increase intentional functioning).
- (iii) Method of intervention - providing a direct service (working directly with an individual or in this case working with a particular family and a group of children from different families).

The children exposed to abuse and neglect at Slovo Park are identified as the target for the programme of psycho-education. The interaction or relationship is developed between the researcher and the group of children, and this facilitates the complex art of counselling. The purpose of intervention is conceptualised as involving both preventative and developmental aspects, as the programme is concerned with giving the children the knowledge and awareness of abuse and neglect, and coping skills in dealing with abusive situations. The method is a direct service as the therapist employs the programme directly with the group of 24 children.

4.1.3 Theoretical approach underlying psycho-education

Schoeman (1988) presented the psycho-education's orientation approach as emerging from the history of psychology abounding with examples of the

importance of learning as a form of human behaviour. Following this trend, the relationship of learning of behaviour and the role of the psychologist as a trainer in the learning process, is seen as a long-standing phenomenon.

Among the applied psychology models the following approaches created a unique openness and unique contributions to the development of this psycho-education programme:

- (i) The well-known work of Rogers (1951).
- (ii) The behaviouristic theories.
- (iii) Skinner's work that emphasises the influence of environmental manipulation on behaviour (Skinner, 1971).
- (iv) Ellis's work on the client's learning of cognitive emotional skills which justifies the role of the psychologist as the trainer (Ellis, 1963).
- (v) The work of the cognitive theories and behaviouristic theories which play an important role in the development of the psycho-education programme (Schoeman, 1988).

The above works were therefore extended to the development of the programme and its implementation. The following paragraphs explain in detail the steps used by the researcher during this study.

4.2 RESEARCH METHODOLOGY

For purposes of this study the basic routine identified by Stringer (1996) as steps in action research are used for the processes of situation analysis, strategy formation, goal attainment, and feedback in the following sections:

4.2.1 Look

This phase of looking involves the situation analysis, which is the process of gathering information by using the traditional method of interviews on a sample of the population. The information from the responses is put together to formulate the problem (client's dissatisfaction).

This process consists of the following steps:

(i) Entering the community

The community of Slovo Park and the UNISA Centre for Peace Action work together in finding solutions to the many problems that confront the community. The presentation of this study as a project at this centre had to be approved by the director of this centre as the project that meets the objectives of the centre, and had to be approved within the budget of the centre.

During the first meeting with the parents and their children, the agency and its purpose is to be stated, and the joint consensus to work towards educating and training the children about abuse and neglect must be established. Issues of confidentiality are discussed, and the venue, date and time of commencing the interviews is stipulated (UNISA Centre for Peace Action, 1998).

(ii) Subjects sampling procedure

The sample of 20 families from Slovo Park presented themselves and their 27 children at the UNISA Centre for Peace Action. Some of the parents had been residents at the UNISA Centre for Peace Shelter for abused mothers and children. The parents' history highlighted the features of physical abuse, physical neglect, and emotional maltreatment.

Some of the parents reported that their children had different behavioural problems such as playing truant, fighting with other children at school, and learning problems at school.

Only 25 children between the ages of seven to twelve years was selected from the 20 families from Slovo Park to attend the psycho-education programme and the two children with a history of sexual abuse were seen individually as they were attending traumatic court procedures.

(iii) Gathering of information: The interview

The interview is a method used in qualitative research to collect data, and in this study provided a forum for the exchange of verbal and non-verbal information. The interview involves a process of unveiling personal feelings, beliefs, wishes, problems, experiences and behaviours (Morse, 1994). These responses orientate the participants to define and prioritise the problem.

According to Bailey (1978), the interview is a special case of social interaction between two persons and as such is subject to some of the same rules and restrictions as other instances of social interaction. The interview as a research instrument best deals with the aspect of action research.

For purposes of this study the parents and children interview forms are adapted from the form used for the Domestic Abuse Project of Minneapolis (Peled and Davis, 1995), to assess the issues including sensitive supportive parenting that may be present within maltreating families (Cicchetti and Toth, 1993). The form is adapted to the South African context and elicits the needs for the development of the psycho-education programme, as stated by the situation analysis.

The parents' knowledge and explanations of abuse and neglect according to subtypes and perpetrator is assessed together with the presenting behaviour,

developmental needs, parenting skills and the parent's needs for intervention. The parents sign a consent form for their children to attend the programme, and thus enter a contract to work with the researcher. The child intake form is used for selection of the child for group work. The child intake form is used for selection of the child for group work.

For purposes of this study the maltreatment classification system used by Barnett, Cicchetti and Manly (1993) for collecting information from Child Protective Records has been adapted to collect information from the parent and child intake interviews on abuse and neglect. According to Cicchetti et al., (1993) all the information related to dimensions that are believed to be important facets of maltreatment that is subtypes, developmental period, perpetrator and including sensitive supportive parenting that may be present within maltreating families for example disciplinary measures and communication and coping skills is collected.

The classification system used by Cicchetti et al., (1993) is applicable to this study as the word "maltreatment" incorporates the violent acts of abuse and neglect, and the resultant negative emotional or psychological interpretations of these violent acts. According to Barnett et al. (1993) the classification focuses on dimensions that may influence the impact that the abuse and neglect has on the children and families, and therefore the information affects provision of the most appropriate intervention and treatment methods. The interview questions are semi-structured and categorised into sections to generate data that would be analysed qualitatively. Some questions are open-ended, some are multiple-choice, so that the respondent can pick the appropriate phrase, and some are skips or contingency questions.

Attempts to retain even slight nuances of meanings are ensured by recording the subjects' verbatim responses and writing the information in separate sheets provided for each respondent.

The interviews used during the phase of looking is divided into two sections: the parent intake interview which is used to assess the parent's knowledge of their children's exposure to abuse and neglect and their requests for intervention, and the child intake interview used to assess the children's exposure to abuse, and neglect, their need for group or individual intervention, and their need for the psycho-education programme.

The quantitative analysis of the parents and children's intake interviews is derived from the qualitative explanations and knowledge of abuse and neglect according to subtypes, perpetrator, presenting behaviour, developmental period, parenting skills and intervention. According Cicchetti et al. (1993 p.54) "...we strongly encourage those interested in assessing and quantifying child maltreatment to expend equal effort in measuring the overall parenting that may be present within maltreating families."

The system of abbreviations used by Barnett et al., (1993) for the subtypes is used for this study as follows: Physical abuse (PA), Sexual Abuse (SA), Emotional Abuse (EA), Physical Neglect (PN), and the researcher adds (P) for perpetrator, (PB) for presenting behaviour, (DP) for developmental period, (PS) for parenting skills, (AW) for abuse witnessed by the child, (AD) for abuse directed at the child, (PI) for previous intervention and (RI) for request for intervention.

It is also mentioned at this stage that Barnett et al. (1993) uses severity scales for quantifying the exposure information from the Child Protective Service Records, whereas for purposes of this study, the researcher uses descriptive statistics in a form of percentages to present the result of the information from the interviews.

4.2.2 Think

This phase follows the situation analysis and from the needs elicited the programme is developed.

The definition of abuse and neglect and responses from the situation analysis lead to the formulation of the following goals for a psycho-education programme for children exposed to abuse and neglect. The specific goals of the programme are:

- (i) To define abuse and neglect.
- (ii) To expose the children to options of how to prevent abuse and neglect.
- (iii) To equip them with safety coping skills to prevent them getting injured or abused.

The next step is to obtain consent from the parents for the children to attend the programme for a full ten weeks. Consenting parents sign an indemnity form, and attend the brief introduction to the programme, at which an explanation of the programme is given and the requirements of commitment and punctuality are highlighted.

The programme is formulated to run over ten sessions, preferably continuously, without any break to maintain continuity of information. Skill teaching is structured to meet the above set goals, and requires specific goal-directed information. The information is formulated under strategies in a form of a manual as follows:

(i) Strategies to provide communication skills

It is crucial to build a relationship of trust and familiarity by transforming the initial feelings of apprehension into an enjoyable and appealing experience.

Middle childhood is a stage when the child starts developing peer relationships, and the group is a social setting in which the children make new friends, experience trust, group values, sharing, play games, laugh and eat snacks together. The psycho-education programme should set an environment of learning and at the same time be experiential, educational, therapeutic and full of fun, humour and games (Peled and Davies, 1995).

Assertiveness is one of the skills learned in communication. Children discuss and identify the resolution strategies used to resolve conflict as an alternative to abuse. The content is designed to sharpen their awareness, to identify when their heroes, parents or they themselves become entangled in abusive situations. Assertiveness is reinforced to allow children to protect themselves in an appropriate manner. Children tell their stories and are to be encouraged to tell someone when they are in an abusive situation - a teacher, a parent or a policeman (Youth Health Development Programme, 1997).

(ii) Strategies to provide specific information

Children must be taught to know and define abuse and neglect and to distinguish different kinds of abuse. Children are helped to gradually acquire "abuse vocabulary" which allows them to talk about abuse, share abusive experiences, and assign responsibility for abusive behaviour (Peled and Davies, 1995). This process is to enable children to identify what constitutes abusive behaviours, and that it is not their fault when someone is abusive towards them.

Children are asked to state their feelings about joining the programme and the group; the feelings are assessed throughout the programme. The work is on awareness of different feelings.

Labelling feelings and the range of ways that people express feelings (e.g. through verbal expression, crying, holding feelings in, acting out, and in abusive situations). The legitimacy of all feelings and of their appropriate expression is

to be continually reaffirmed. Particular emphasis is given to the feeling of anger, which is the focus of the third session (Peled and Davis, 1995).

After the discussion of abuse and related emotions, children are encouraged towards the middle of the group to start sharing their own personal violent experiences in their homes. The children train to listen to their friends, group members start to give each time to tell their own stories and in the process discovering that they are not the only ones who had experience abuse and neglect. The discovery is especially meaningful for children who never before have spoken openly about abuse in their homes and who may feel ashamed, guilty, and confused about it (Peled, Jaffe and Edleson, 1994).

(iii) Strategies to promote safety

The emphasis is to identify how the children protect themselves in their respective environments and to highlight the right to protect themselves, to know their bodies and to know the “good-touch, bad-touch” realities (Peled and Davies, 1995). The emphasis is on self-protection training, children’s existing coping strategies for example hiding under the bed, or running to the neighbours are discussed and taken as strengths used in the time of a life-threatening situation.

During the child intake assessment the body diagram is used to assess the possibility of sexual abuse. Physical and sexual abuse is again revisited in the content of the programme. Basic protective skills such as boundaries of touch are explored and identified, and children train and practice by means of role-plays. Information on abuse is aimed at prevention and may not be sufficient as the sole intervention with children who are sexually and/or physically abused.

Although parents and other adults in a child’s life are held responsible for the child’s safety and well-being, the personal protection plan regarding abuse and neglect is built through talking about personal situations and the children construct for themselves what is relevant in their own unique situation. The

overall aim of personal protection planning is to equip children with some practical skills to be used in emergencies.

However, under the circumstances of family and dangerous situations in which a child's safety is at risk both inside and outside their homes, the children discuss options of where to go, whom to approach and tell, and how to be safe (Melton and Barry, 1994).

(iv) Strategies to train children in the skills relevant to middle childhood

Psycho-educators centre around the skills that are lacking, for example if the situation analysis reveal that the children are afraid to question their parents, and some cannot talk to their parents about issues in their lives. The children's rights, choices and responsibility are discussed and scenarios that allow children to decide for themselves and explore the consequences that may result from their choices (Stainton Rogers et al., 1992). The use of visual imaging and examples by means of stories and relaxation exercises is another method used by the psycho-educator to increase creativity and solutions (Davis, 1995; Peled and Davies 1995).

4.2.3 Act

The training of children is planned by implementation of all the information during group work in ten sessions running for an hour and fifteen minutes only, therefore requires the psycho-educator to be well organised and to structure the sessions. For the purposes of this study the psycho-educational method is direct training in group work, planned in each session to consist of three phases discussed as follows:

The opening phase

This consists of definitions of abuse and neglect in the form of a message or a story. It is important to set the message of the day very clearly at the beginning

of each session so as to provoke thoughts and strong feelings. The opening phase also orientates the children to the type of group of which they are a part. It is important at the beginning of the session that the children are motivated to be eager and to concentrate because the opening phase is the foundation of the session.

The activity phase

This phase involves the exploration of feelings and behaviour, enactment and re-enactment, and often transformation. By using role-playing, stories, drawings, games, music and dancing, the children are being trained to experience things together, to connect and communicate.

The closing phase

The closing phase is used as the time for re-affirmation of what is learned, for bonding, and reflection (Hobbs, 1992; Jennings 1994).

For purposes of this study the word "squeeze" became a password for the children attending this programme.

4.2.4 Group work with the children

During the phase of acting, the programme is implemented in group work. Children are observed for their pre-existing knowledge of abuse and neglect.

This knowledge is taken as their strengths; in addition the group interactions and the desired outcomes of the training are observed and recorded. This is the phase of skill-teaching. During group interaction, participating in activities, playing and listening to stories, children learn concepts about violence, abuse and neglect. They also communicate their emotions including anger, fear, sadness and happiness, and learn problem-solving and cognitive coping skills (Peled, Jaffe and Edleson, 1994).

Group work applies to the work or tasks given to a group to work together and accomplish during interaction together as a group. Group work with children is a tried and tested method to enhance the ability of people to function in a variety of settings.

According to Doyle (1997), group work with abused children requires more skill and more supervision, as even a lot of experience in this work does not protect one against a feeling of trauma when children disclose their experiences (Doyle, 1997).

Yalom (1995) referred to the therapeutic change occurring through an intricate interplay of human experiences, as "therapeutic factors". He delineated these factors as follows: Installation of hope, universality, imparting information, altruism, corrective recapitulation of the family group, development of socialising techniques, imitative behaviour, interpersonal learning, group cohesiveness, and catharsis/ventilation.

The group offers an opportunity for co-operative techniques in which groups of children work together on assignments. These techniques are useful in promoting integration of different ethnic groups and in promoting self-esteem among children. During group counselling the facilitator often deals with people of diverse cultures and beliefs. Pedersen (1988) viewed cultural influences as always being present and thus that all counselling can in a sense be considered as multicultural.

It is very important and essential that caution be exercised in interpreting client's experiences, and traditional models need to be adapted (Tinsley, 1996). The children were from different cultural backgrounds, and experienced different upbringing. Play, music and story telling was used to bring forth their unique experiences.

According to Corey (1990) an effective group can be instrumental in providing a challenge to members to create projects that will bring a new level of meaning to their lives. Through the group experience, members see that their identity is not cast in stone but that they can reshape the purpose of their lives. During this special interaction, hope is instilled when changes are viewed in others and there is a realisation of cross-cultural universality (Corey, 1990).

Respecting differences and an openness to learn from others is envisaged as important. Chu and Sue (1984) considered that where there are differences much can be gained from the power and strength of collective feedback and support of one another in patterns of behaviour that are familiar.

4.3 THE CHILD ABUSE AND NEGLECT PREVENTION PROGRAMMES

Early intervention literature has relied on cognitive gain as a measure of programme effectiveness. Investigators of programme effectiveness fall into a conundrum involving reliance on outcome measures that are not theoretically linked with areas of difficulty or developmentally meaningful constructs. This study was targeted at defining abuse and neglect to expose children to options of how to prevent abuse and neglect, and to equip them with safety coping skills to prevent being injured and abused.

4.4 EFFECTIVENESS OF PROGRAMMES

Prevention programmes directed at school age children emphasise gains in knowledge about potential abuse situations. Touch discrimination and behavioural strategies to avoid and escape abusive situations are learned during group work.

A growing number of studies are available on the efficacy of child abuse prevention programmes. According to Peled and Davis (1995), only a few evaluations of group programmes have been reported in the professional literature.

Tutty (1990) agreed that it is expecting a great deal from one prevention programme effectively to address the learning styles and developmental issues of the entire range of elementary school-aged children from 6 to 12 years of age. Tutty (1990) and Wurkele (1987) concluded that the younger children have more difficulty in learning some of the core prevention concepts, particularly those concepts in relation to saying no to authority figures and trusted familiar adults.

Jaffe, Wilson and Wolfe (1986) reported on a small pilot study that showed group intervention to have some success in changing children's self-esteem, attitudes about violent acts of abuse and neglect, and practical skills in emergency situations.

The evaluation of the Domestic Abuse Project of Minneapolis found that all children interviewed and observed achieved to some extent the complex goal of talking about violent acts, and defining the abuse and neglect encountered in their lives (Peled and Davis, 1995).

4.5 EVALUATION OF THE PROGRAMME

The evaluation of the programme is performed to determine whether it is needed, and likely to be used in this community, whether it is sufficiently intense to meet the needs, whether it is offered as planned and whether it will help those that are in need.

Posavac and Carey (1985) view a programme from two points as follows:

- (i) According to the type of question asked about the programme, classified into the need, process, outcome and efficiency of the programme.
- (ii) According to the purpose of the evaluation (formative evaluation), which serves the main purpose of this study to develop a psycho-educational programme.

For purposes of this study the programme is evaluated under need assessment, process, and outcome evaluation.

During need assessment the parents and the children's needs are assessed so that the programme is formulated to meet their needs, during process evaluation, evaluation of skill-teaching takes place and during outcome evaluation goal attainment is assessed.

4.6 SUMMARY

There is a strong feeling, well supported by research, that prevention efforts are effective and need to be expanded internationally, nationally and locally. South Africans will need to combine their efforts on an individual or collective basis to help prevent the escalation of the child abuse and neglect problem in the country. The need is urgent more than ever due to the new era of democracy in the country, the need of knowledge of the children's right and how these may be implemented in different contexts and in the face of rising numbers of children being subjected to abuse and neglect.

CHAPTER 5

5.1 EVALUATION OF THE STUDY

5.1.1 Evaluation and analysis of the results of the study

The feedback evaluation during the cyclical processes of action research and the cybernetic processes of psycho-education serves to improve the plan of delivery, to raise the outcome of this programme, and as such is called formative evaluation (Posavac and Carey, 1985).

For purposes of this study the evaluation will be analysed under need assessment or situation analysis, process evaluation which is implementation of the programme during group work, and evaluation of goal attainment.

5.2 NEED ASSESSMENT: SITUATION ANALYSIS

5.2.1 Parent interview form

A parent interview form is used to assess the parent's knowledge of abuse and neglect. The responses from the interview were classified according to the following subtypes: Physical Abuse (PA), Sexual Abuse (SA), Emotional abuse (EA), Physical Neglect (PN). The other information related to dimensions that are important facets of maltreatment is the development period, perpetrator, sensitive supportive parenting, for example disciplinary measures, communication and coping skills (Cicchetti, et al., 1993)

5.2.1.1 Subtypes

(i) Physical abuse

Parents expressed physical abuse by the presence of acts of grabbing, pushing pinching, slapping to inflict pain or punishment. Parents explained corporal punishment as not abusive but as a means of correction and control of youthful behaviour and not aimed at causing pain, injury or stress for the child. Parents explained corporal punishment as the long-standing skill of bringing up children to correct children's behaviour.

(ii) Sexual abuse

To establish acts of sexual abuse the interview had a questionnaire that tried to elicit concerns about bad touch or any suspicions that parents had about this subject. The parents that presented this subtype were aware of the child having been touched inappropriately and sexually abused. These children needed individual intervention as they were going through traumatic court investigations.

(iii) Psychological abuse

Psychological abuse was expressed by the frequency and severity expressed by one of the parents using corporal punishment on the child in excess and uncalled for in many instances; threatening, calling names, bullying, chronic parental indifference, rejection, verbal abuse, sarcasm, and harassment.

(iv) Neglect

Parents expressed complaints of the other parent lacking in providing food, shelter, medical help, lack of finances for education, not listening to the child and lack of supervision. The complaints were then subdivided to the following:

- (a) Physical neglect: failure to protect from harm or danger and provide for the child's basic physical needs including adequate shelter and clothing
- (b) Emotional neglect: this subtype is difficult to describe because of the absence of clear physical evidence. Brassard et al., (1987) cited an American Humane definition which describes emotional neglect as "passive or passive/ aggressive inattention to the child's emotional needs, nurturing, or emotional well-being" (p. 267).
- (c) Medical neglect: refers to caregivers' failure to provide prescribed medical treatment for their children including required immunisation, prescribed medication, recommended surgery, or other intervention in case of serious disease or injury.
- (d) Mental health neglect: similar to the medical neglect when a parent refuses to comply with recommended corrective or therapeutic procedures.
- (e) Educational neglect: failure by a caregiver to comply with the state requirement for attendance at school.

Table 5.1 presents the abuse in this community as classified under the subtypes as follows overleaf:

Table 5.1: Subtypes

Subtypes	Percentages	Numbers
Physical abuse (PA)		
Grabbing	55%	11
Pushing	50%	10
Pinching	30%	6
Hitting	65%	13
Slapping	55%	11
Sexual abuse (SA)		
Good touch - comfortable	90%	18
Bad touch - making child shy or uncomfortable	10%	2
Emotional abuse (EA)		
Name calling (verbal abuse)	80%	16
Bullying	45%	9
Rejecting	10%	2
Sarcasm	35%	7
Neglect		
Physical neglect: not protected	35%	7
Emotional neglect: not loved	nil	nil
Medical neglect - not taken for medical treatment or given any remedy by parent or caretaker	5%	1
Educational neglect - not helped with schoolwork, not encouraged to attend school	55%	11

5.2.1.2 Family violence, family stability and social circumstances

Many children are exposed to abuse and neglect during dysfunctional family interactions. Marital instability and poor social circumstances may contribute to abuse and neglect within the family. During development the child needs a stable environment characterised by stable family interactions, stable socio-economic conditions and a stable emotional background.

From the parents interview the researcher classified the family under family status, parenting arrangements and financial support, and exposure to abuse as follows:

(i) Family status

The status of the family (table 5.2) was classified under the following: single parent, married and staying together, separated, or divorced.

Table 5.2: Family status

Family status	Percentages	Numbers
Single family (mother)	25%	5
Divorced	35%	7
Married	20%	4
Widowed	20%	4

(ii) Parenting arrangements

These were expressed under family makeup, parenting arrangements and financial support (table 5.3) as follows:

Table 5.3: Parenting arrangements and financial support

Family makeup	Parenting arrangements	Financial support	No.
Single family shared parenting	nil	20%	4
Divorced shared parenting	nil	nil	nil
Married joint parenting	65%	45%	9
Widowed grandparents supportive	90%	90%	18
Separated	nil	self-supportive	nil

(iii) Exposure to abuse

Parents explain exposure and neglect during family interactions as witnessed and sometimes as directed to the child. The chronicity was explained by how often it happened and over what period of time, and the severity was explained by the injuries sustained. The results follow in tables 5.4, 5.5, and 5.6 respectively.

Table 5.4: Exposure to abuse and neglect: Abuse witnessed (AW)

Subtypes	Abuse witnessed	Numbers	Perpetrator
Physical abuse (PA)			
Grabbing	65%	12	father
Pushing	45%	9	brother
Pinching	45%	9	grandmother
Hitting	65%	12	father

Subtypes	Abuse witnessed	Numbers	Perpetrator
Slapping	65%	12	mother
Sexual Abuse (SA)			
Good-touch - comfortable	90%	18	parents and family
Bad-touch - uncomfortable	10%	2	grandfather and brother
Emotional Abuse (EA)			
Name calling	55%	11	grandfather stepfather
Bullying	55%	11	schoolmates and sibling
Rejecting	45%	9	mother's boyfriend and stepfather and stepmother
Sarcasm	35%	7	grandfather and stepfather
Neglect			
Physical - not protected	55%	11	father
Emotional - not loved	35%	7	mother's boyfriend
Medical - not taken for medical treatment or	15%	3	mother
Medical - not given any remedy	nil	nil	nil
Educational - not helped with schoolwork	50%	10	father and mother

Table 5.5: Exposure to abuse and neglect: Abuse directed (AD)

Subtypes	Abuse Directed	Numbers	Perpetrator
Physical abuse (PA)			
Grabbing	65%	12	father
Pushing	45%	9	brother
Pinching	45%	9	grandmother
Hitting	65%	12	father
Slapping	65%	12	mother
Sexual abuse			
Good-touch - comfortable	90%	18	parents and family
Bad-touch - uncomfortable	10%	2	grandfather and brother
Emotional Abuse(EA)			
Name calling	55%	11	grandfather and stepfather
Bullying	55%	11	schoolmates and sibling
Rejecting	45%	9	mother's boyfriend, stepfather and stepmother
Sarcasm	35%	7	grandfather and stepfather
Neglect			
Physical - not protected	55%	11	father

Subtypes	Abuse Directed	Numbers	Perpetrator
Emotional - feels that not loved	35%	7	stepfather, stepmother and mother's boyfriend
Medical - not taken for medical treatment	15%	3	mother
Medical - given remedy	nil	nil	nil
Educational - not helped with schoolwork	50%	10	father and mother
Not encouraged to go to school	50%	10	father

Table 5.6: Severity and chronicity of abuse and neglect

Severity and chronicity	Every week	Not often	How long	Injuries
Physical abuse (PA)				
Grabbing	65%	35%	2 years	no injuries
Pushing	45%	65%	not often	no injuries
Pinching	45%	65%	not often	no injuries
Hitting	65%	35%	2 years	no injuries
Slapping	65%	35%	not often	no injuries
Sexual abuse				
Good-touch	90%	nil	7-12years	no injuries
Bad-touch	not known but maybe 2-3/week		1-2years	some bleeding

Severity and chronicity	Every week	Not often	How long	Injuries
Emotional abuse (EA)				
Name calling	55%	45%	some days	no injuries
Bullying	55%	45%	past year	no injuries
Rejecting	45%	55%	1-2years	no injuries
Sarcasm	35%	65%	sometimes	no injuries
Neglect				
Physical - not protected	55%	45%	some days	no injuries
Emotional - not loved	35%	65%	sometimes	no injuries
Medical - not taken for medical treatment	15%	85%	sometimes	no injuries
Educational - not helped with schoolwork	50%	50%	1-2years	no injuries
Not encouraged to go to school	50%	50%	1-2years	no injuries

(iv) Family interaction

Parents and children communicate emotions and behaviour verbally and non-verbally during their everyday interactions. During communication aspects of culture are expressed and learned, behaviour is modelled, standards of behaviour set and skills of communication and conflict resolution expressed and socialised.

The communication of emotions was expressed verbally and non-verbally. The emotions were expressed as follows: Love (hugging, kissing, giving presents, spending time together), fear (hiding crying), sadness (crying, withdrawal),

happiness (singing, dancing, and laughing), and hurt (crying, angry, sore, withdrawn).

Attachment relationships to certain family members facilitate communication channels in this community.

The other interactions expressed either verbally or non-verbally are those of disciplinary techniques expressed by parent shouting at the child, hitting the child talking to the child or shutting the child out. The results are classified under family attachments (table 5.7) verbal and non-verbal communication, and parenting techniques (table 5.8) and disciplinary techniques (table 5.9):

Table 5.7: Family attachments

Family relationships expressed by attachment to		
Father	36%	9
Mother	64%	16
Grandfather	48%	12
Grandmother	56%	18
Sister or brother	56%(sister) 44% (brother)	18 11

Table 5.8: Communication

Parenting techniques	Percentages	Numbers
Verbal communication		
Talking about everyday issues	35%	7

Parenting techniques	Percentages	Numbers
Discussing abuse and neglect	35%	7
Discussing of emotions as they present.	nil	0
Discussion of punishment	nil	0
Verbal & non-verbal expression of emotions		
Love expressed by:		
Hugging	45%	9
Kissing when child was younger	100%	20
Giving presents	45%	9
Fear expressed by:		
Hiding	65%	13
Crying	55%	11
Withdrawal from talking and playing	35%	7
Sadness expressed by:		
Crying	35%	7
and withdrawal	55%	11
Happiness expressed by:		
Laughing	55%	11
Singing	35%	7
Dancing	35%	7
Talkative	55%	11
Hurt expressed by:		
Crying	55%	11

Parenting techniques	Percentages	Numbers
Anger	55%	11
Heart sore	55%	11

Table 5.9: Disciplinary techniques

Shouts at the child	65%	13
Hits the child	65%	13
Talks to the child	45%	9
Shuts the child out by not talking to the child	34%	7

5.2.1.3 Effects of abuse and neglect

The parents observations on how the child acted after exposure to abuse and were expressed by the parents mentioning that the child since exhibited fear and agitation in presence of perpetrator, that the child voiced that he/she was unloved, unwanted and not belonging. Some parents expressed that the child showed aggression by fighting at school and with other siblings. The results are presented in table 5.10.

Table 5.10: Response to exposure to abuse

Physical abuse (PA)	Response to Abuse	Percentages	Numbers
Grabbing	Aggression and fighting	80%	16
Pushing	Aggression and fighting	80%	16
Pinching	Aggression and fighting	80%	16
Hitting	Aggression and fighting	80%	16
Slapping	Aggression and fighting	80%	16
Sexual Abuse (SA)			
Good touch- comfortable			
Bad touch - making child shy or uncomfortable	Withdrawal and isolation	10%	the 2 children were not included in the programme
Emotional Abuse (EA)			
Name calling (verbal abuse)	Anger, aggression and fighting	55%	11
Bullying	Fear, withdrawal and anger	45%	9
Rejecting	Withdrawal	35%	7
Sarcasm	Anger, verbal retaliation and aggression	35%	7
Neglect			
Physical neglect not protected	Fear	35%	7

Physical abuse (PA)	Response to Abuse	Percentages	Numbers
Emotional neglect - not loved	Voicing that not loved and not belonging	20%	4
Medical - sick not taken for medical treatment	Anger and withdrawal	5%	1
Educational neglect - not helped with schoolwork	Anger and tolerance, used to it	65%	13
Not encouraged to attend school	Stay away from school	10%	2

5.2.1.4 Age of the child

Child abuse and neglect may occur at any age up to 18 years. Although the majority of life threatening injuries due to abuse and neglect occurred in the age group from birth to three years, with decreasing frequency as children grew older, trauma from early abuse may be carried through from an early age to adulthood (McKendrick and Hoffman, 1990). The risk factors during that may render the child more vulnerable to abuse and neglect than others during this age are handicaps, separation from the mother, and illnesses and prematurity (table 5.11).

Injuries, TB, Meningitis, and Jaundice expressed illnesses, while hospitalisation and other factors expressed separation.

The child's personality was expressed by the parent's knowledge of the child - whether the child is talkative or quiet, the child's preferences as indicated by his/her interests, likes, dislikes, as well as the child's achievements.

Risk factors: Smoking drinking liquor, running away from home, coming late from school, associating with friends that have behavioural problems.

Table 5.11: Early development and present stage of development

Risk factors	Early Development			Present stage of Development		
	Type	%	N	Type	%	N
Illnesses	TB	60	12	TB	10	2
	Jaundice	10	2	Jaundice	nil	nil
	Meningitis	5	1	Meningitis	nil	nil
	Injuries	nil	nil	Injuries	10	2
Separation	Hospital or left with caretaker or grandparents	15	3	Hospital or left with caretaker or grandparents	nil	nil
		25	5		25	25
Smoking	nil	nil	nil	nil	nil	nil
Drinking	nil	nil	nil	nil	nil	nil
Running away from home	nil	nil	nil	Running away from home	10	2
Truancy at school	nil	nil	nil			
Association with friends that steal	nil	nil	nil	Association with friends that steal	5	1
Not listening to Correction		nil	nil	Not listening to Correction	nil	nil
Cries a lot	cried a lot	50%	10	Cried a lot	25%	5
Talkative	talkative	nil	nil	Talkative	25%	5
Quiet	quiet	50%	nil	Quiet	75%	15
Sweet	sweet	100	20	Sweet	50%	10

5.2.1.5 Previous intervention

The child, having been seen by the following, expressed this: social worker, policeman, nurse, doctor, psychologist, teacher, counsellor (table 5.12). Request for intervention as expressed by the consent for the child to attend the programme.

Table 5.12: Intervention

Intervention	Previous request	No.	Agency	Present request	No.
Social Worker	45%	9	Child Welfare	65%	13
Policemen	nil		Eldorado Park SAP	nil	
Nurse	35%	7	Kliptown Clinic	45%	9
Doctor	nil			nil	
Psychologist	65%	13	UNISA	65%	13
Teacher	20%	4	Goud Park Primary	nil	0

5.2.2 The child intake interview

The information was analysed as follows:

Present developmental stage. The children's explanations of child abuse and neglect at this stage and their perceived exposure was expressed under the subtypes of physical, sexual, emotional and neglect.

The other concepts taken into consideration were the appearance of the child, the peer relationships, family relationships, self-esteem and self-confidence

5.2.2.1 Subtypes

(i) Physical abuse

The child's expression of physical abuse by the presence of acts of grabbing, pushing pinching, slapping to inflict pain or punishment and the child's exposure

under the subtypes of abuse, the perpetrator and the resulting behaviour/response to exposure.

(ii) Sexual abuse

The body diagram is presented to the child and the child is asked to identify the areas where she/he feels she/he can be touched.

The arrears where the child does not want to be touched were expressed by feelings of shyness and confusion and the need to tell someone when that occurred. This was classified under bad-touch, and the arrears of good touch were associated with feeling all right and comfortable.

(iii) Psychological abuse

Psychological abuse was expressed by the severity and chronicity use of corporal punishment on the child, threatening, calling names, bullying, chronic parental indifference, rejection, verbal abuse, sarcasm, and harassment.

(iv) Neglect

Lack of finances to provide for the child's basic physical needs including adequate shelter, medical care, education and clothing.

Parents being away and the children taking care of themselves expressed the lack of supervision. Lack of love was expressed by the caregiver's report that the mother did not love the child by not coming to visit or not providing anything for the child. The results are presented in table 5.13.

Table 5.13: Subtypes

Physical abuse (PA)	Witnessed	No.	Direct	No.
Grabbing	56%	18	56%	18
Pushing	56%	18	56%	18
Pinching	52%	13	56%	14
Hitting	64%	16	56%	14
Slapping	52%	13	52%	13
Sexual abuse (SA)				
Good touch - comfortable	92%	23	92%	23
Bad touch - uncomfortable	8%	2	8%	2
Emotional abuse (EM)				
Name calling (verbal abuse)	56%	14	56%	14
Bullying	56%	14	48%	12
Rejecting	40%	8	56%	14
Sarcasm	12%	3	36%	9
Neglect				
Physical - not protected	nil		48%	12
Emotional - not loved	nil		4%	1
Medical - not taken for medical treatment	4%	1	4%	1
Medical: not given any remedy by parent or caretaker	nil		nil	
Educational: not helped with schoolwork or encouraged to attend school	68%	17	68%	17

5.2.2.2 Developmental stage

Appearance of the child during intake interview and the child's physical appearance, peer relationships expressed by having peer interactions, play together, have a best friend, get angry with friends and how the anger is handled. Family relationships are assessed by attachments, interactions expressed by sharing activities, eating together, sitting together, talking and laughing together, and communication of emotions. The results follow in tables 5.14, 5.15, 5.16 and 5.17.

Table 5.14: Developmental stage: Appearance

Child's appearance		No.
Neglected by being dirty and wearing torn clothes	nil	0
Well groomed	100%	25

Table 5.15: Peer relationships

Peer relationships expressed by:		
Having friends	56%	14
Best friend	72%	18
No friends	48%	12
Can play alone	56%	14
Can only play with friends	48%	12

Table 5.16: Family relationships

Family relationships expressed by attachment to:		
Father	36%	9
Mother	64%	16
Grandfather	48%	12
Grandmother	56%	18
Sister or brother	56%(sister) 44% (brother)	18 11

Table 5.17: Family interactions are presented below:

Family Interaction	Percentage	Numbers
Working together	nil	0
Sitting together	48%	12
Eating together	44%	11
Talking together	48%	12
Laughing together	56%	14
Crying together	nil	0

5.2.2.3 Communication of emotions

The child was asked if he/she was ever worried, scared, sad and when were these emotions felt, and whom the child spoke to about these emotions. The results follow in table 5.18.

Table 5.18: Communication of emotions

Emotions	Experienced	No	When experienced	With whom discussed
Worried	100%		When parents fight, and when there is no money	No one
Scared	100%		When parents fight, when threatened, when parents are ill, and when their is no money.	No one
Sad	100%		When parents fight, when someone dear dies, when one of the parents lives.	With other sibling and friends

Verbal & non-verbal expression of emotions		Numbers
Love expressed by:		
Hugging	45%	9
Kissing when child was younger	100%	20
Giving presents	45%	9
Fear expressed by:		
Hiding	65%	13
Crying	55%	11
Withdrawal from talking and playing	35%	7

Sadness expressed by:		
Crying	35%	7
and withdrawal	55%	
Happiness expressed by:		
Laughing	55%	11
Singing	35%	7
Dancing	35%	7
Talkative	55%	11
Hurt expressed by:		
Crying	55%	11
Anger	55%	11
Heart sore	55%	11
Withdrawal	65%	13

5.2.2.4 Exposure to abuse and neglect

This was expressed by the child as perceived as abuse witnessed (AW) by the child and abuse directed (AD) at the child. The child's exposure is classified under the subtypes of abuse, and the perpetrator.

The perpetrator was identified under the categories of father, mother, grandfather, grandmother, guardian and other. The results follow in table 5.19.

Table 5.19: Exposure to abuse and neglect as experienced by the child

Subtypes	Abuse witnessed	No.	Abuse directed	No.	Perpetrator
Physical abuse (PA)					
Grabbing	56%	14	56%	14	Mother & siblings
Pushing	56%	14	56%	14	Siblings & schoolmates
Pinching	52%	13	56%	14	Grandmother & siblings
Hitting	64%	16	56%	14	Grandfather, father & mothers
Slapping	52%	13	52%	13	Mothers
Sexual abuse, pornography	nil		12%	3	
Good touch - comfortable	92%	23	92%		
Bad touch - comfortable			8%	2	
Neglect					
Physical - not protected	nil	nil	48%		Parents
Emotional - not loved			4%		Mother not visiting
Medical - not taken for medical treatment or,			4%		Grandmother
Medical - not given any remedy by parent or caretaker	nil	nil	nil	nil	

Educational - not helped with schoolwork or	68%	17	68%	17	Parents and sibling
Not encouraged to attend school	68%	17	68%	17	Parent

5.2.2.5 Self-confidence and self-esteem

Expressed by what the child likes best about himself expressed by liking his family, liking his home, his face, his hair, his colour of skin, proud of being at his age and liking being a girl or a boy.

Positive self-esteem is expressed by being proud and positive that what he does is being approved of by peers, parents and the teachers; that he has certain attributes and competencies. Therefore the child's positive answers to the questions under Annexure 2 (c) were rated as high self-esteem, and the negative answers as low self-esteem. Those that answered positively fell under the percentage of high self-esteem and those that answered negatively formed the percentage of low self-esteem. The results follow (table 5.20).

Table 5.20: Self-confidence and self-esteem

Self-esteem	High	No.	Low	No.
Likes and is proud of his/her family,	44%	11	56%	14
Likes and is proud of his/her home,	40%	10	60%	15
His/her face,	56%	14	44%	11
His/her hair,	28%	7	72%	18
His/her colour of skin,	56%	14	44%	11
Proud of being at his/her age	44	11	56%	18
Liking being a girl or a boy.	56%	18	44%	11
Performance at school best expressed by				
Good at school	80%	20	20%	5
Sport	80%	20	20%	5

5.3 PROCESS EVALUATION

During skill-training, the children were continuously trained in strategies from the first session as follows:

First session - Communication and group work: All the children did not feel free with each other on their first encounter. The first session was aimed at introducing the children to each other, building friendships and group interconnectedness of sharing and trust. The children were guided towards developing self-control and responsibility. They formulated their rules and tried to

abide by them thus learning responsibility, choice and taking control of the things they can control.

Their strengths were their excitement, their willingness to participate in games and the desired outcome, willingness and eagerness to learn.

Second session - Defining violence: The second session aimed at defining abuse and neglect. The children were allowed to define violence and to distinguish different kinds of abuse. All the children brought forward different ideas of what they understand abuse and neglect to be. These were from their different contexts and formulated in different languages. These were discussed and gradually the "violence vocabulary", which allowed them to talk about abuse, share abusive experiences and assign responsibility for abusive behaviour, was acquired.

Rules became difficult to stick to, and all the children giggled and did not give each other the chance. They brought new children to join the group in spite of being told that the group was full and those that needed to join could write their names down for the next group. Their strengths were that all the children started to participate in games, role-plays and in asking questions, and their learning ability and cohesiveness.

Third session - Communication and group work: All the children were observed to be participating and showed eagerness to learn more about the subject of violence and abuse by sharing experiences, asking and answering questions. The children seemed to be relaxed, thus making it easier to express their experiences and emotions. The aim of this session was to reinforce the knowledge of abuse and neglect with emphasis on verbal and emotional abuse. The awareness of different feelings, labelling feelings and the range of ways that people express feelings was discussed (e.g. through verbal expression, crying, holding feelings in, acting out, and in abusive situations). All the children were

afraid of corporal punishment, were afraid when their parents started to fight and felt very sad when their mothers cried. Particular emphasis was given to the feeling of anger, which was the focus of the third session.

Fourth session - Specific information communication: The aim of this session was to extend on the feelings that result from exposure to abuse and neglect with emphasis on hurt and pain. The discussion of abuse and related emotions became easier and the children seemed to encourage and remind each other about some specific abusive situations that happened in their families.

All the children started to work together, and seemed to share a sense of 'we-ness' and togetherness by sticking together. They also shared a sense of being tolerant of each other, which was observed by their giving each other a chance to talk, not talking on each other, and listening to each other patiently. According to Yalom (1995), cohesiveness is like dignity: everyone can recognise it but apparently no one can describe it, much less measure it. Those with a greater sense of solidarity, or 'we-ness', value the group more highly and will defend it against internal and external threats.

In this group this was demonstrated by the group keeping chairs for each other and guiding their space as the hall was used for different events.

Fifth session - Training in developmental skills relevant to middle childhood: All the children were able to share with the group the specific occasions that made them angry. They expressed the fact that they felt responsible for some incidents that happened in their lives, for example coming home late from school, or breaking a glass or a dish. The children were trained to listen to their friends; group members started to give each time to tell their own stories and in the process discovering that they were not the only ones who had experienced abuse and neglect. The discovery was especially meaningful for children who never before had spoken openly about violence in their homes and who felt

ashamed, guilty, and confused about it. They said that most of the time they became afraid of expressing their anger because it was taken as answering back to the elders. Anger was dealt with and exercises of taking deep breaths, taking a walk, kicking the ball, or hitting the pillow were discussed as an alternative to channel the feelings of anger.

Sixth session - Training in skills for conflict resolution: All the children shared experiences of having been bullied at home and at school. Assertiveness became the focus of the content of the session. Children discussed and identified the resolution strategies used to resolve conflict as an alternative to abuse. Learning to make decisions was practised from the POWER model (Youth Health Development Programme, 1997).

Step 1 of the POWER model states the problem that is put into context. Step 2 is “options”, which is thinking of different ways of solving a problem. Step 3 is “weighing” the options (good things and bad things about the options). Step 4 is “electing” or choosing the option that works in your situation and talking to your parent with respect.

The last step, step 5, is “reflecting” or thinking about what happened because of your choice or decision. Practice of problems and their resolution was practised from the role-plays in the programme. The content was designed to sharpen their awareness, to identify when their heroes, parents or they themselves become entangled in abusive situations. Assertiveness was reinforced to allow children to protect themselves in an appropriate manner, children told their stories and were encouraged to tell someone when they are in an abusive situation, teacher, that is a parent or a policeman.

It was observed that children were able to share stories about bullying at school, and about some name-calling that made them feel different from the other children. What also became the point of discussion was their strength, and that

they realised and knew that bullying and name-calling hurt the others emotionally.

The fact that most of the children were attending the schools with coloured children made them feel different.

Seventh session - Further training in skills relevant to middle childhood: All the children expressed feelings of being treated differently at school and even at home. The aim was on knowledge of self and multicultural differences. Children were educated on assertiveness. Children knew when to talk to parents, and they were trained to identify other resources that they could draw from, for example family, class teachers, and neighbours when in need of help. Training was given in keeping emergency numbers handy, for example for the police and hospitals. Role-plays on how to be safe during an abusive situation were practised.

Eighth session - Promoting safety: The emphasis was to identify how children protected themselves in their respective environments and to highlight the right to protect themselves, to know their bodies and to know the “good-touch, bad-touch” realities. Most of the children were aware of the rules of how to be safe. Basic protective skills such as boundaries of touch were explored and identified, and children trained and practised by means of role-plays.

Information on abuse was aimed at prevention and may not have been sufficient as the sole intervention with children who were sexually and/or physically abused.

The emphasis was on self-protection training, children's existing coping strategies, for example hiding under the bed, or running to the neighbours were discussed and taken as strengths used in the time of a life-threatening situation.

Ninth session - Protection planning: The contents of the ninth session is a personal protection plan regarding abuse and neglect built through talking about personal situations and the children construct for themselves what is relevant in their own unique situation.

The overall aim of personal protection planning is to equip children with some practical skills to be used in emergencies. Parents and other adults in a child's life are held responsible for the child's safety and well being. However, under the circumstances of family and dangerous situations in which a child's safety is at risk both inside and outside their homes, the children discussed options of where to go, whom to approach and tell, and how to be safe.

Tenth session- Promoting safety, revision of knowledge and closure: All the children could define violence, were able to act scenes of abuse and neglect, and answer questions appropriately. Children were proud that they had learned about abuse and violence, and were motivated to practise the skills they had learned, namely relaxation exercises, to be safe, and to talk to someone they trusted about whatever they felt happy and unhappy with.

The skill-training is classified under strategies covered during each session and the strengths that were observed during group work. The results follow in table 5.21.

Table 5.21: Skill-training

Sessions	Strategies	Strengths	Group work
1	Communication	Ability to formulate group-rules	Willingness and excitement and participation in games
2	Defining abuse and neglect	Ability to talk about abuse and bring forward their own vocabulary to explain what they understand	Participating in games and asking questions cohesiveness
3	Communication of emotions	Ability to communicate their fears and learning to express their feelings	Sharing and realisation that they are not alone
4	Discussion of feelings	Ability to give each other a chance to talk and to listen to each other	Working together Tolerance
5	Conflict resolution	Ability to take part in exercises and role plays	Sharing and working together
6	Assertiveness and learning about differences	Ability to talk about their experiences and awareness of differences	Learning empathy
7	Assertiveness	Ability to learn to protect oneself	Sharing information and learning from each other
8	Promoting safety	Ability to identify good and bad touch	Learning to be safe together
9 &10	Protection plan & safety	Ability to construct a safety plan for their different situations.	Sharing the information.

5.4 OUTCOME EVALUATION

Two months after the initial study a questionnaire was developed to assess what the children achieved from the programme, what they liked and disliked, and what they would have liked to be added to the programme in order to learn more about abuse and neglect.

The parents were given questionnaires to report on what their children had learned from the psycho-education programme. The specific goals of the programme were:

- (i) To define abuse and neglect
- (ii) To expose the children to options of how to prevent abuse and neglect
- (iii) To equip them with safety coping skills to prevent them getting injured or abused.

The evaluations of goal attainment provide information on the effectiveness of this programme by reviewing the parent's information on the achievement of the above goals.

5.4.1 The children's goal attainment interview

This interview assesses the knowledge gained from the psycho-education programme. The goals set for the children were contained in the programme under the strategies to provide communication, strategies to provide specific information, to promote safety, and to train children in the skills relevant to middle childhood.

- (i) To define abuse and neglect: The childrens' knowledge and understanding of abuse and neglect was assessed in their different contexts and was

expressed under the following subtypes under inclusion or exclusion of the terms explaining the subtypes. The results follow in table 5.22.

Table 5.22: Ability to define abuse and neglect

Subtypes	Inclusion	Numbers
Physical abuse (PA)		
Grabbing	100%	25
Pushing	100%	25
Pinching	100%	25
Hitting	100%	25
Slapping	100%	25
Sexual abuse (SA)		
Good-touch - comfortable	100%	25
Bad- touch - uncomfortable	100%	25
Emotional Abuse (EM)		
Name calling (verbal abuse)	56%	14
Bullying	100%	25
Rejecting (not talking to child)	56%	14
Sarcasm	36%	9
Neglect		
Physical - not protected	36%	9
Emotional - not loved	48%	12
Medical - not taken for medical treatment or given medical remedy by parent or caregiver	100%	25

Subtypes	Inclusion	Numbers
Educational - not helped with schoolwork or encouraged to attend school	100%	25

- (ii) To expose the children to options of how to prevent abuse and neglect and to equip them with safety coping skills to prevent them getting injured or abused.

Children were trained in different strategies and exposed to options of dealing with abusive situations. They were assessed in what they chose to practice and how they coped in their different contexts when confronted with the following situations. The results follow in table 5.23.

Table 5.23: Exposure and options to prevent abuse and injury

Situation	Options	(%)	Numbers
Physical Abuse (PA)	Protecting their heads and face,	100%	25
	Running to safety	100%	25
	Talking about how they felt	56%	14
	Taking a walk and talking later	48%	12
	Taking deep breaths in and out	36%	9
	Performing relaxation exercises	52%	13
	Telling someone	56%	14
Sexual Abuse (SA)	Saying no to bad touch	100%	25
	Telling someone - have	56%	14

Situation	Options	(%)	Numbers
	emergency numbers written down for emergency situations		
Emotional Abuse (EA)	Talking about it	36%	9
	Becoming aware of the emotions and expressing them	nil	
	Telling someone	48%	12
Neglect	Telling someone when hungry or hurt	48%	12

5.4.2 The parent goal attainment interview

During the interview the parents were evaluated on whether the children spoke about what they learned during the programme, whether the children discussed and asked questions about abuse and neglect and overall whether they thought the programme was helpful or not. The results follow in table 5.24.

Table 5.24: Parent response

Parent's response	Percentages	Numbers
Programme helpful because was counselling the children	65%	13
Programme not helpful because children questioning disciplinary measures	55%	11
Programme teaching children about abuse and neglect	55%	11
Teaching the children to prevent abuse and neglect	35%	7
Children asking questions about abuse and neglect	55%	11

Parent's response	Percentages	Numbers
Aggression and fighting after attendance of programme	45%	9
Request for parent's enrichment programme	55%	9

5.5 PRESENTATION AND INTERPRETATION OF THE RESULTS

5.5.1 Situation analysis: Parent interviews

The results from the situation analysis identified that the parents were aware of commissions and omissions in their interactions and communication with their children. This was explained by the parents under the subtypes of abuse and neglect as encountered by them in their different contexts. The researcher developed the psycho-education programme based on the parents' request and what they identified as skills needed at this stage for their children to cope. The presence of the following subtypes was quantified as follows:

(i) Physical abuse

Fifty percent of the parents explained the presence of physical abuse in terms of grabbing, pushing, pinching, hitting and slapping, all of which were explained by the parents as their means to punish or discipline their children.

(ii) Sexual abuse

Ten percent of the parents reported that their children were sexually abused.

(iii) Psychological or emotional abuse

Eighty percent of the parents reported that the children had reported occasions of being called names, 45% were reported to have been bullied by sibling and schoolmates; 35% parents reported to have observed that the child was answered with sarcasm

(iv) Neglect

The presence of neglect was explained in terms of not being protected, not being loved and taken care of, for example when sick and not sent to school, or not encouraged to learn or helped with homework. Thirty five percent of the parents reported physical neglect in terms of children not protected when parents fight.

Medical neglect was also evidenced by 55% parents who observed that the child was not given any remedy when sick or taken to the doctor or to the clinic.

Educational neglect was observed by 50% of mothers who said that the children were not sent to school or encouraged to learn and that their fathers did not take part in school activities.

5.5.2 Exposure to abuse and neglect

The exposure was expressed under abuse directed and abuse witnessed. Parents expressed their concern that their children witnessed abuse when they fought with each other, or when the abuse was directed at their children.

(i) Physical abuse

Sixty five percent of the parents observed that their children were exposed to the hitting and grabbing as perpetrated by the father. Forty five percent were observed to be pushed by siblings and pinched by the grandmothers.

(ii) Sexual abuse

Ten percent of the children were sexually abused.

(iii) Psychological or emotional abuse

Fifty five percent of the parents reported that children were called names by the grandmother, stepfather, and mother's boyfriend. Forty five percent of the

parents said that the children had reported to having been bullied by sibling and schoolmates. Thirty five percent of the parents reported to have observed that the child was answered with sarcasm by the stepfather, grandfather, and mother sometimes.

5.5.3. Severity and chronicity of abuse and neglect

(i) Physical abuse

Sixty five percent of grabbing, hitting and slapping occurred weekly, which is interpreted as chronic over a period of 1-2 years.

(i) Sexual abuse

The parents that identified their children as having been sexually abused rated this as both chronic at 2-3 times a week and severe as it caused injuries.

(iii) Psychological abuse

Calling names and bullying was rated over 55% occurring at a rate of once a week. The chronicity of calling names and bullying may cause emotional abuse.

5.5.4. Response to abuse and neglect

The researcher concluded from the interview that there were emotional and behavioural responses to exposure to abuse and neglect from the following results.

(i) Physical abuse

Eighty percent of the children were observed to respond with aggression and fighting to physical abuse.

(ii) Sexual abuse

Ten percent of the children were sexually abused and were observed to have since become withdrawn and isolated.

(iii) Emotional abuse

Fifty five percent of children called names were observed to have responded with aggression and anger. Forty five percent of the children responded to bullying by being fearful and angry. Thirty five percent responded to rejection by withdrawing from people, and the other 35% of the children responded by retaliating and being aggressive.

(iv) Neglect

Thirty five percent of the parents reported that the children responded by being fearful to having no home to go to or not having an adult to stay with; 35% of parents said that the children voiced that they were not liked by their stepfather or mother's boyfriends.

Sixty five percent of the parents reported that their children responded by being careless to being not supervised and encouraged with schoolwork.

5.5.5. Developmental period

Factors salient to the developmental stage were looked at as important because what may be seen as abuse during an earlier stage may not be abuse during middle childhood. It is important to know the normal development during this stage in order to ascertain the abnormal. The factors that affect the child and put the child at risk are also highlighted below.

(i) Early development

Sixty percent of the children who suffered from primary tuberculosis were not hospitalised but needed check-ups in the under five's clinic care and close

observation by parent. Ten percent were jaundiced and hospitalised for two weeks with parents present in the hospital. No injuries were reported.

Forty five percent of the children were separated from the parents said and were left with the caretaker while parents worked far and checked them once a month, or the children were left with grandparents for longer periods.

(ii) Late development risk factors

Only 10% of children had TB and were new infections and were not those that had tuberculosis in early childhood. These children were taking their treatment via the satellite clinic.

Ten percent of the children had sustained injuries one with a fall on the football ground and the other injury to the eye while playing with another child. Twenty five percent of the children that lived with their grandmothers remained with their grandmothers.

Ten percent of the children were reported to have run away from home to look for their biological fathers, and 50% of the parents reported that their children did not sometimes listen to correction.

5.5.6. Parenting techniques

The researcher observed the communication patterns in order to re-enforce or to introduce alternatives to communication patterns.

5.5.7. Communication

The researcher observed that parents and children lacked skills of communication as expressed by the results that only 35% of the parents observed that they communicated everyday issues and sometimes spoke about

physical abuse. None of the parents discussed emotions and punishment with their children.

(i) Verbal and non-verbal

Only 45% of the parents expressed love by hugging and giving presents to show their love, 100% said they kissed their children when their children were younger but the children were becoming shy in the middle childhood.

Sixty five percent of the parents said their children expressed their fear by hiding, 55% of the parents reported that their children expressed fear by crying, and 35% observed that their children expressed fear by being anxious and withdrawn.

Thirty five percent of the parents observed that their children expressed sadness by crying and 55% of parents reported that their children withdrew and became very quiet. Fifty five percent of the parents said that their children expressed their happiness by laughing, 35% by singing, 35% by dancing and 55% by being talkative.

Fifty five percent expressed their hurt by crying, 55% by being angry, 55% by being heart sore, and 65% by withdrawing from the situation.

(ii) Disciplinary techniques

Sixty five percent hit and shouted at the child, 45% spoke to the child, and 35% shut the child out by not talking to the child.

5.5.8. Request for intervention

Sixty five percent were seen by the social worker for behavioural problems and for social welfare. Fifteen percent were seen by the nurse - two for tuberculosis and one for an eye injury.

Fifty five percent were seen by the psychologist, five for exposure to family abuse, one for learning problems, three for behavioural problems truancy and fighting at school, and two for continuously running to look for their fathers.

Children's intake interview

The children's intake interview was formulated to assesses the child's knowledge of abuse and neglect in his/her context, the child's interactions with family and friends and whether she/he was suitable for the group work or needed individual counselling. The results were interpreted as follows:

The high percentage of children witnessed physical abuse in the form of grabbing, pushing, pinching, hitting and slapping from parents, grandparents and sibling. Only 8% were exposed to sexual abuse, and these children were treated individually.

Fifty six percent had witnessed bullying, and 48% were directly being bullied by sibling and schoolmates. All children felt that their families were loving and only three felt that their stepfathers did not love them. There was difficulty identifying neglect but 44% of the children reported they were their shelters were not protecting them. A high percentage of children felt that they were not encouraged or helped with schoolwork.

5.5.9 Developmental stage

A high percentage of children showed that they had friends and could play alone without friends. Attachments were high with female figures and low with male figures.

Family interactions were identified as low (below 50%) but fifty six percent laughed together.

(i) Self confidence and self esteem

The children's confidence and self-esteem was high in their colour of skin, liking who they were (boy/girl) and being good at school and with sports. They were not proud to belong to their families, not proud of their homes, did not like their coarse hair, and wished they were older to be able to work and get money to improve their lives.

(ii) Communication

The children communication with their parents verbally and non-verbally is below average as shown by 40% percent of the children expressed love by hugging and 10% said they kissed their mothers. Forty five percent of the children were given presents by their parents to show their love.

Sixty five percent of the children reported they expressed their fear by hiding, 55% expressed fear by crying, and 35% by being anxious and withdrawn.

Thirty five percent of the children expressed sadness by crying and 55% by being withdrawn and quiet.

(iii) Happiness

Fifty five percent of the children expressed their happiness by laughing, 35% by singing, 35% by dancing and 55% by being talkative.

(iii) Hurt

Fifty five percent expressed their hurt by crying, 55% by being angry, 55% by being heart sore and 65% by withdrawing from the situation.

5.6 SKILL-TEACHING

All the children shared information, learned to define abuse and neglect, learned to laugh together instead of at each other, communicated emotions, learned conflict resolution strategies, safety precautions and assertiveness.

5.7 EVALUATION OF GOAL ATTAINMENT

5.7.1 Children's response

All children benefited from experiential learning by participating in activities, playing games, telling stories, dancing and relaxing. All children were able to give a definition of abuse and neglect against children.

Fifty six percent said they will tell someone if they were abused, 55% had emergency numbers ready in their bookcases or under the mattress to phone the police, or ambulance, or relatives.

All the children said they would be able to run to safety.

All the children knew that they must protect their heads and faces when being slapped, hit with sticks or sjamboks. Fifty six percent were able to discuss abuse with their parents.

One hundred percent of the children said that they could hide under the bed but not too far from the scene of violence between parents as they felt that their mothers would get hurt. Forty five percent said they would retaliate if anyone hit them or swore at them or called them names.

All children reported that they liked all the activities, stories, songs, relaxation exercises, role-playing and snacks. They would have liked more music and more games in the programme.

In addition they asked to join the second group to go through the programme again.

5.7.2 Parent response

Sixty five percent of the parents said that the programme was helpful because children were counselled and trained how to behave and be safe in abusive situations.

Thirty five of the parents said the programme was not helpful because the children were now questioning disciplinary measures. Fifty five percent said the programme did teach children valuable information about abuse and neglect. Fifty five percent of parents said that their children spoke more about the subject of abuse and neglect during their attendance of the psycho-education programme and reported more incidents of abuse and neglect.

Fifty five percent said their children seemed much improved by being less aggressive and fearful, and that in their opinion the programme was helpful.

Fifty five percent of the parents said that their children seemed to be more talkative and said they used the terms "abusive" whenever they were lazy to do chores. Forty five percent said they saw no change at all.

The immediate need was to adapt the language content and intervention methods, for example type of music used, stories and role-plays to produce desired behaviour changes and outcomes.

A primary aim of both psycho-education and action research is to develop interventions that are effective in a variety of real life situations for those who actually experience the problem. Replication under various field conditions helps to assess the generality of the effects of the intervention (Hart and Bond, 1995). This information gained from the initial study determines from the elements of preliminary intervention whether there is a need to revise, change or adjust the contents to the children's level and needs.

5.8 SUMMARY

The problem of abuse and neglect exists in this community. The researcher deduced that the parents were aware of the abuse, and the behavioural problems that may result from abuse and neglect at some stages during normal family transitional stages.

The positive attitude of the parents during the interview opened the communication channels to discuss one of the methods of prevention of future abuse and neglect, that is the need for psycho-education programmes in this community.

The programme therefore was developed as a response to the request for intervention to counsel, guide and train the children in middle childhood years to develop and enhance their coping strategies cognitively and emotionally to cope and survive traumas without permanent emotional scarring. This developmental perspective becomes one of establishing the children's ability in coping with external demands and providing for the development and socialisation needs of the children while reducing the barriers of stress that impose upon the families.

The researcher concluded from the results that the programme engaged the children in learning about abuse and neglect and therefore met the objectives that were set out. The children learned the concepts of abuse and neglect, and

were able to express themselves and communicate their feelings verbally to their parents. There is a need for the children to be trained to be aware of abusive situations, to choose options of dealing with the situation in their contexts, and to be safe.

In conclusion, the inclusion of parents in the interview resulted in a joint venture in seeking the intervention, and in this study the psycho-education programme

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

Violence, abuse and neglect of children is viewed internationally as a serious problem. In South Africa the rate for all types of violence has increased significantly in rural and urban areas (McKendrick and Hoffman, 1990).

Whether the child is a victim or a witness, extreme violence has a powerful impact which has emotional repercussions. There is a growing need for counselling, guidance and support amongst younger children.

The aim of the study was to develop a psycho-education programme for children exposed to abuse and neglect. The psycho-education programme was structured to provide communication skills, knowledge about abuse and neglect, creativity, conflict resolution skills and exposure to choices of behaviour in situations of abuse and neglect. Each session had specific messages and objectives to work towards, and each session addressed behaviour, emotions and cognitions. The researcher acted as a facilitator and a catalyst, and not as one who controlled the group. This was done in order to allow growth and development within the accepted rules of a group.

6.2 LIMITATIONS AND CRITICISM OF THE STUDY

The researcher limited the study by selecting only those children who were exposed to verbal and physical acts of abuse and neglect; therefore the results cannot be generalised to the population of other acts of violence, for example sexual acts.

The study was limited by its aim of developing the psycho-education programme and therefore the evaluation was not specific on which behavioural changes were targeted to be changed. The evaluation of this study was not specific on effect of the psycho-educational programme and also may have been subjective as it was done only by the researcher who designed and implemented the programme. It also lacked randomisation of subjects as the researcher selected only those that were assessed as being exposed to abuse and neglect.

The parents were left out after the introduction of the programme and the researcher feels that they must be incorporated somewhere in the programme in order to be aware of the children's dynamics and their needs that can be only met within the family system. To evaluate the effect of the psycho-educational programme on the behavioural problems, specific forms of behavioural problems must be defined and highlighted. The programme must be formulated as a guideline and allow more time for the children to be more assertive in a creative way.

The major criticism of this study is that the study lacked a control group which could use another programme content to exclude such variables as group interaction and peer influences as the other possible variables that may effect changes in those children that start to show behaviour changes. Thus the validity and effectiveness of the programme is affected. The programme has only reached the stage of writing an instruction manual that was implemented to the first group of children.

6.3 STRENGTHS OF THE STUDY

A strength of this study is that both the researcher and the subjects gained knowledge.

The researcher gained knowledge of the research methodology, that is action research and psycho-education, and developed group-work, community and multi-cultural counselling skills. The fact that the purpose of this study at this stage was to develop a psycho-education programme to meet the elicited needs was accomplished. The psycho-education programme was able to engage the children in a context, of collectively sharing and supporting each other. The children realised perhaps for the first time that they were not alone in their often-traumatic experiences. The group-work setting facilitated their participation and to learn without any stigma of being selected as having behavioural problems or being different from the other children.

The researcher maintained a certain degree of flexibility to encourage the children's creativity and at the same time was prepared to model and lead the way with exercises and games.

6.4 RECOMMENDATIONS FOR FUTURE RESEARCH

The programme needs to be evaluated and translated into different languages to be used in different contexts. The research population must include a control group to evaluate the effectiveness of the programme. The samples need to be drawn from other populations in other environments to exclude dependent variables, for example poverty.

In the future the programme should include the parents by engaging them to do homework or attend certain modules of the therapeutic programme with their children, for example role-playing.

It is the researcher's view that a further evaluation on what the children have learned and what they had chosen to practice in their everyday encounters with violent acts of abuse and neglect is of importance, for example, after six months

post-programme attendance. This once-off study could therefore become a longitudinal one.

Two independent evaluators must do the evaluation of the study in order to compare findings, as this increases the reliability of the study.

6.5 CONCLUSION

The researcher experienced the study within the time frame of change, namely, the change to democracy with the definitions embedded in human rights, and the change from political violence to interpersonal violence. These influences for the researcher were challenges to acquire more knowledge, and to use theories and research for her benefit and the research population she worked with.

The researcher was often overwhelmed by the emotions of the children who had very little choice but to be exposed to abuse and neglect. Also, the researcher realised that one can never be immune to children's suffering no matter how objective one's approach may be, or how often one encounters these abusive situations.

The programme was identified by the parents and the children as a positive start to providing knowledge, guidance and corrective experience to their children. From this evaluation by the parents and the children, the researcher concluded that the programme was effective for the small sample that was chosen. This result is an indication of the validity of the programme. The researcher mentions again the importance of involving and including interdisciplinary action of all systems in the implementation of prevention programmes development and enhancement of positive sexuality, attitudes and behaviour.

Therefore the new educational system in South Africa is challenged with the type of guidance programmes that will benefit the student in the new millennium, and some of these programmes may be designed along these lines.

BIBLIOGRAPHY

Adams Tucker, C. (1981) A socio clinical overview of 28 sex-abused children. Child Abuse and Neglect, 5, 361-367.

Adams Tucker, L. (1982). Proximate effects of sexual abuse in childhood: A report on 28 children. American Journal of Psychiatry, 139, 1252-1256.

Agar, M. H. (1980). The professional stranger. An informal introduction to ethnography. New York: Academic Press.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment. Hillsdale, NJ: Erlbaum.

Alexander, T., Roodin, P., & Gorman, B. (1980). Developmental psychology, New York: Litton Educational Publishers.

Azar, S. T., & Wolfe, D. A. (1989). Child abuse and neglect. In E. J. Mash & R. A. Barkley (Eds.) Treatment of childhood disorders (pp. 451- 489). New York: Guilford Press.

Baily, K. D. (1978). Methods of social research. New York: Free Press.

Bakan, D. (1971). Slaughter of the innocents: A study of the battered child phenomenon. San Francisco: Jossey- Bass.

Bandura, A. (1977). Social learning theory. Englewood Cliffs NJ.: Prentice-Hall.

Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, NJ: Prentice Hall.

Barahal, R. M., Waterman, J., & Martin, H.P. (1981). The social cognitive development of abused children. Journal of Consulting and Clinical Psychology, 49, 508-516.

Barlow, D. H., Hayes, S. C., & R. O. Nelson (1989). The scientist practitioner research and accountability in clinical and educational settings. New York: Pergamon Press.

Barnett, D., Manly, J. T., & Cicchetti, D. (1993) Defining Child Maltreatment: The interface between policy and research. In D. Cicchetti & S. L. Toth (eds.) Child development and social policy (pp. 7-74). Norwood, NJ: Ablex.

Baxter, A. (1987). Techniques for dealing with child abuse. Springfield: Thomas.

Beaty, J. J. (1998) Observing development of the young child. USA: Prentice Hall.

Beavers, W. R. (1977). Psychotherapy and growth. New York Brunner/Mazel.

Bee, H.L. et al. (1982). Prediction of IQ and language skill from perinatal status child performance, family characteristics, and mother infant interaction. Child Development, 53, 1134-1156.

Bemporad, J. R. (1980). Child development in normality and psychopathology. New York: Brunner/ Mazel, Inc. Publishers.

Berryman, J. C., Hargreaves, D., Herbert, M., & Taylor, A. (1994). Developmental psychology and you. London: British Psychological Society.

Bigge, M. L. (1982). Learning theories for teachers. New York: Harper & Row.

Bogdan, R. C., & Biklen, S. K. (1992). Qualitative research for education: An introduction to theory and methods. Boston: Ally Bacon.

Brassard, M .R., Germain, R., & Hart, S. N. (Eds.). (1983). Psychological maltreatment of children and youth. New York: Pergamon.

Brassard, M. R., Germain, R., Hart, S. N. (Eds.). (1987). Psychological maltreatment of children and youth. New York: Pergamon.

Briere, J., (1989). Therapy for adults molested as children: Beyond survival. New York: Springler.

Briere, J., Berliner, L. Bulksley, J. A., Jenny, C., & Reid, T. (1996). The APSAC handbook on child maltreatment. London: Sage.

Bergen, W. A., & Rudder, H. L. (1981). Psycho education for children: Theory programs and research. USA: Charles, C. Thomas.

Bowlby, J. (1984). Attachment and Loss Vol.1. Attachment. London: Pelican Penguin Books.

Browne, K., Davies, C., & Stratton, P. (1988). Early prediction and prevention of child abuse. New York: John Wiley & Sons.

Browne, A., & Finkelhor, D. (1986). Impact of sexual abuse: A review of the research. Psychological Bulletin, 99, 66-77.

Buchanan, A. (1996). Cycles of child maltreatment: Facts fallacies and interventions. UK: John Wiley & Sons.

Bukatko, D., & Daehler, M. W. (1992). Child Development: A topical approach. Houghton Mifflin Co.: Boston.

Buss, A. H., & Plomin, R. (1984). Temperament. Hillsdale NJ: Lawrence Erlbaum Association.

Carr, E. A. (1996). What's new in the field of child abuse and neglect in the United States Child Abuse Evaluation Services. Oregon Health Science University: Portland.

Cicchetti, V. & Carlson (Eds.) Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect (pp. 432-463). New York: Cambridge University Press.

Cicchetti, D., Manly, J. T., & Cicchetti, D. (1993). Defining child maltreatment: The interface between policy and research, In D. Cicchetti & S. L. Toth (Eds.). (1993) Child development and social policy (pp. 7-14). Norwood , NJ: Ablex.

Cicchetti, D. & Toth, S. L. (1993). Child abuse, child development and social policy. Advances in applied developmental psychology. Norwood, NJ: Ablex

Clarke-Stuart, A., Perlmutter, M., & Friedman, S. (1988). Lifelong human development. John Wiley & Sons: New York.

Chu, J., & Sue, S. (1984). Asian/Pacific Group practice. In I. E. Davis (ed.). Ethnicity in social group work practice. New York: Harworth Press.

Colby, A., Kohlberg, L., Gibbs, J., & Lieberman, M. (1983). A longitudinal study of moral judgement. Monographs of the society for research in child development, 48, no. 1-2.

Corey, G. (1990). Theory and practice of group counselling. Pacific grove, California: Brooks/Cole.

Crain, W. (1992). Theories of development: Concepts and applications. NJ: Prentice Hall New Jersey

Crittenden, P.M., & Ainsworth, M. D. (1989). Child maltreatment and attachment theory. In D. Cicchetti and V. Carlson (Eds.). Child Maltreatment: Theory and research on the consequences of child abuse and neglect (pp. 432-463). New York: Cambridge University Press.

Cummings, E. M., Ballard, M., & El-Sheikh, M. (1994). Individual differences in preschoolers' physiological and verbal responses to videotaped angry interactions. Journal of Abnormal Child Psychology, 22. 303-320.

Cummings, E. M. (1994). Marital conflict and children's functioning. Social development 3, 16-36.

Cupoli, J. M. (1991) The consequences of child abuse. In S. Anderson Carsia & R. Batey, Children and families Abuse and endangerment: Current perspectives in psychological legal and ethical issues. London: Jessica Kingsley. Volume 1 A. p. 143.

Dawkins, R. (1989). The selfish gene. Oxford: Oxford University Press.

David, T. (1993). Child protection and early years: Teachers coping with child abuse. Philadelphia: Open University Press.

Davis, N. (1995). Once upon a time: Therapeutic stories that teach & heal. Oxon Hill, MD: Psychological Associates of Oxon Hill.

De Waal, J., Currie, I., & Erasmus, G. (1999). The bill of rights. Western Cape: Juta.

Denzin, N. K., & Lincoln, Y. S. (Eds.) (1994). Handbook of qualitative research. Thousand Oaks, CA: Sage.

Dodge, K. A., Bates, J. E., & Pettit, G. S. (1990). Mechanisms in the cycle of violence. Science, 250, 1678-1683.

Doyle, C. (1997). Working with abused children practical social work. London: Mcmillan.

Egeland, B., & Sroufe, A. (1981). Developmental sequelae of maltreatment in infancy. New Directions for Child Development, 11, 72-92.

Els, R. C. (1998). Towards the integration of child protection services in South Africa: A national situation analysis. RAU: Unpublished dissertation.

Ellis, A. (1963) Reason and emotion in psychotherapy. New York: Lyle Stuart.

Emery, R. E., Fincham, F. D., & Cummings, E. M. (1992). Parenting in context: Systemic thinking about parental conflict and its influence on children. Journal of Consulting and Clinical Psychology, 909-912.

Erikson, A. H. (1968). Identity: Youth and crisis. London: Faber & Faber.

Erikson, A. H. (1977). Childhood and society. New York: Norton.

Faller, K. (1989). Child sexual abuse: An interdisciplinary for diagnosis, case management and treatment. London: Macmillan.

Finch, S. (1973). Adult seduction of the child: Effects on the child. Medical Aspects of Human Sexuality, 7, 170-187.

Gil, D. G. (1970). Violence against children: Physical abuse in the United States. Cambridge: Harvard University Press.

Gil, E. (1991). The Healing Power of Play: Working with abused children. New York: The Guilford Press.

Finkelhor, D., & Korbin, (1988). Child abuse an international issue. Child Abuse and Neglect, Vol. 12: 3 -23.

Fowler, H. W. & Fowler, F. G. (1995) The concise English dictionary. Oxford: Clarendon Press.

Freud, S. (1961). The ego and the Id. In J. Strachey (Ed. and Trans.) The standard edition of the complete psychological works of Sigmund Freud (Vol. 19, pp. 12-66). London: Horgath. (Original work published 1923).

Freud, S. (1961). Some physical consequences of the anatomical distinction between the sexes. In J. Strachey (Ed. and Trans.) The standard edition of the complete psychological works of Sigmund Freud (Vol. 19, pp. 248-258). London: Horgath. (Original work published 1925).

Freeman, M. D. (1971). Violence in the home. London: Gower.

Garbarino, J. (1987). Family support and the prevention of child maltreatment. In S. Kagan, R. Powell, B. Weissbourd, & E. Zigler, (Eds.) America's family support program, New Haven: Yale University Press.

Garbarino, J., & Ebata, A. (1983). The significance of cultural and ethnic factors in child maltreatment. Journal of marriage and family, 45 (4), 773-783.

Garbarino, J., & Gillian, G. (1980). Understanding abusive families. Lexington, MA: Lexington.

Garbarino, J., Guttman, E., & Seeley, J. W., (1986). The psychologically battered child: Strategies for identification, assessment and intervention. San Francisco: Jossey-Bass.

Gerdes, L. C., Oschse, R., Stander, C., & Van Ede, D. (1986). The developing adult. Durban: Butterworths.

Gernelli, R. (1996). Normal child and adolescent development. London: American Psychiatric Press.

Gil, D. (1970). Violence against children. Cambridge: Harvard.

Gil, E. (1991). The healing power of play: Working with abused children. In Gelles, R. J., & Cornell, C. P. (1985). Intimate violence in families. Beverly Hills, CA: Sage.

Gillis, H. (1994). Counselling young people. A practical guide for parents, teachers and those in helping professions. Pretoria: Kagiso Publishers.

Gilmour, A. (1988). Innocent victims. London: Michael Joseph.

Gough, D. (1996). Defining the problem. Child Abuse and Neglect, 20 (11): 993-1002.

Gouws, E., & Kruger, N. (1995). The adolescent and educational perspective. Cape Town; Butterworth.

Haley, J. (1981). Leaving home. New York: McGraw Hill.

Hart, E., & Bond, M. (1995). Action research for health and social care: A guide to practice. Philadelphia: Open University Press.

Hampton, R. L., Gullotta, T. P., Adams, G. R., Potter III, E. H. Weissenberg, R. P. (1993). Family violence: Prevention and treatment. New Delhi: Sage Publications.

Hersen, M., Barlow, D. H. (1984). Single case experimental designs: Strategies for studying behaviour change (2nd Edition). New York: Pergamon.

Hobbs, T. (1992) Experiential training practical guidelines. London: Routledge.

Hoffman, L. (1981). Foundations of family therapy. New York: Basic Books.

Hoffman-Plotkin, D. & Twentyman, C. T. (1984). A multi-modal assessment for behavioural and cognitive deficits in abused and neglected pre-schoolers. Child Development, 55, 794-802.

Hollingsworth, S. (1997). International research: A casebook for educational reform. London; Falmer Press.

Hopkins, B. L. (1989). Empowering people with physical disabilities through advocacy skills training. American Journal of Community Psychology. 18(2), 281-296.

Hynson, D. L. (1994). Violence to the point of confronting youth issues. Nashville: Abington Press.

Isabella, R. A., & Belsky, J. (1991). Interactional synchrony and the origins of infant-mother attachment: A replication study. Child Development, 62, 373-384

Ivey, A. E., & Simeck-Downing, I. (1980). Counselling and psychotherapy skills, theories and practice. Englewood Cliff, NJ: Prentice-Hall.

Jackson, A. C. (1995). Towards a balanced and co-ordinated approach to prevention and treatment, (Eds.), In The South African Society for the prevention of Child Abuse and Neglect. National Conference, July 1995.

Jaffe, P., Wilson, S., & Wolfe, D. A. (1986). Promoting changes in attitudes and understanding of conflict among child witnesses of family violence. Canadian Journal of Behavioural Science, 18, 356-380.

Janko, S. (1994). Vulnerable children: Vulnerable families; The Social Construction of Child Abuse. New York: Teachers college Press.

Jennings, S. (1986). Creative drama in group work. Southampton: Hobbs.

Keeney, B. P. (1983). Aesthetics of change. New York: The Guilford Press.

Kempe, R. S. & Kempe, C. H. (1978). Child abuse. London: The Open University.

Kermis, S. & McTaggart, R. (1982). The action research planner. Australia: Deakin Press.

Korbin, J. E. (1981). Child abuse and neglect: Cross-cultural perspectives. Berkeley: University of California Press.

Kohlberg, L. (1969). Stages in development of moral thought and action. New York: Holt, Rhinehart and Winston.

Larzelere, R. E. (1986). Moderate spanking model or deterrent of children's aggressive behaviour in the family. Journal of Family Violence. 1, 27-36.

Leaman, K. M. (1980). Sexual abuse: The reactions of child and family.

Lewis, S. (1999). An adult guide to childhood trauma: Understanding traumatised children in South Africa. Cape Town: David Phillip.

Locke, D. C. (1992). Increasing multicultural understanding: A comprehensive model. London: Sage Publications.

Lorenz, K. (1937). The establishment of the instinct concept. In K. Lorenz: Studies in Animal and Human Behaviour. Vol.1. (R. Martin, Trans.). Cambridge, M. A.: Harvard University Press.

Louw, D. A. (1993). Human development. Pretoria: Haum Tertiary.

Marshall, C., & Rosman, G. B. (1989). Designing qualitative research. Newbury Park C. A: Sage.

Martin, H. P. (1976). The abused child. Cambridge, MA: Ballinger.

Martin, H. P., & Rodeheffer, M. A. (1976). "Special problems in developmental Assessment of abused children." In the abused child, edited by H. P. Martin, pp. 113-128. Cambridge, MA: Ballinger.

Matsakis, A.(1991). When the bough breaks: A helping guide for parents of sexually abused children. Oakland: New Harbinger Publications.

Mayer, M. (1993). Action research and the images of science. Educational Action Research, 1 (2), 317-319.

Maurer, A.(1974). Corporal punishment. American Psychologist 29, 614- 626.

McFarlane, B. M. Jones, & L. L. (Eds.). Selected readings. Washington DC: US. Government.

McGee, R. A., & Wolfe, D. A. (1991). Psychological maltreatment: Toward an operational definition. Development and Psychopathology, 3, 3-18.

McGee, R. A. & Wolfe, D. A. (1989). Psychological maltreatment: Towards an operational definition. Paper presented at the biennial meeting of the Society for Research in Child Development, Kansas City.

McGreggor, D. (1995). Towards a balanced and co-ordinated approach to prevention and treatment (1): A national prevention strategy. South African society for the Prevention of Child Abuse and Neglect, National Conference.

McKendrick, B. & Hoffmann, W. (1990). People and violence in South Africa. Cape Town: Oxford University Press.

Mcniff, J. (1988). Action research: Principle and practice. London: Macmillan.

Mcniff, J., Lomax, P., & Whitehead, J. (1996). Action research: Principles and Practice. Basingstoke: Mcmillan Education.

McWhiter, J. J., McWhiter, B. T., McWhiter, A. M., & McWhiter, E. H. (1998). At risk youth: A comprehensive response for counsellors teachers, psychologists and human service professionals. Brooks/Cole Publishing Co.

Meadow, R. (1993). ABC of child abuse. London: BMJ. Publishing Group.

Melton, G. B., & Barry, F. D. (1994). Protecting children from abuse & neglect: Foundations for a new national strategy. New York: The Guilford Press.

Meyer, J. M., Dusek, J. B. (1979). Child Psychology: A developmental perspective. Toronto: D. C. Heath & Co.

Minuchin, S. (1974). Families and family therapy. London: Tavistock Publications.

Morse, J. M. (1994). Critical issues in qualitative research methods. California: Sage Publications.

Morril, W. Oetting, E., & Hurst, J.(1974). Dimensions of counsellor functioning. Personal and Guidance Journal, 52, 354-359.

Mrazek, P. B. (1980). Sexual abuse of children. Journal of Child Psychology and Psychiatry and Allied Discipline, 21,91-95.

Muller, K. (1999). Child development: Implications for court. South African Society for the Prevention of Child Abuse and Neglect: Unpublished manuscript. University of Witswatersrand: Johannesburg.

Mussen, P. H., Conger, J. J., Kagan, J., & Huston, J. (1984). Child development and personality. New York: Harper Row.

Myers, J. E. (1992). The twelve who survive: Strengthening programmes of early childhood development in third world. Routledge; London.

Newman, P. R. & Newman, B. M. (1997). Childhood and adolescence. New York: Brooks/Cole Publishing Company.

Orkin , A., Parker, J. G., & Levendosky, A. A., (1994). District and interactive contributions of physical abuse, socio-economic disadvantage, and negative life events to children, social, cognitive and affective adjustment. Development and Psychopathology, 6, 77-98.

Patterson, B. (1998). Child Development. Vol. 69, p. 1195 (Eds.) No. 4 August 1998.

Pedersen, P. (1988). A handbook for developing multicultural awareness. Alexandria, VA: American Association for Counselling and Development.

Peled, E., & Davis D. (1995). Group work with children: A practitioner's manual. Thousand Oaks, CA: Sage.

Peled E., & Edleson, J. L. (1992) Multiple perspectives on group work with children of battered women. Violence and Victims, 7, 327-346.

Peled, E., Jaffe, P. J., & Edleson J. L. (1994). Ending the cycle of violence; Community response to children of battered women. Thousand Oakes, C. A: Sage.

Pretorius, G. (1996). Holistic rehabilitation model for therapeutic intervention. Rand Afrikaans University, Johannesburg, Unpublished Script.

Piaget, J. (1969). The psychology of the child. (H Weaver, Trans.). London: Routledge.

Polansky, N., Chalmers, M., Bittenweiser, R., Williams, D. P.(1979). The isolation of the neglectful family. The American Journal of the Orthopsychiatry, 49, 149-152.

Polansky, N., Chalmers, M., Bittenweiser, R., Williams, D. P. (1981). Damaged parents: An anatomy of child neglect. Chicago: University of Chicago Press.

Posavac, E. J. & Carey, R. E.(1985). Program evaluation: Methods and case studies. NJ: Prentice Hall.

Reidy, T. J. (1980). The aggressive characteristics of abused and neglected children. In G. J. Williams & J. Money (eds.), Traumatic abuse and neglect of children at home (pp. 213-220). Baltimore, MD: John Hopkins University Press.

Roos, V. & Schoeman, W. (1997) Community workers training manual for handling of children in violence contaminated environment. South Africa: University of Pretoria.

Rogers, C. R. (1965). Client centred therapy. London: Constable.

Ruch, R. O., & Chandler, S. M. (1982). The crisis impact of sexual assault on three victim groups: Adult rape victims, child rape victims and incest victims. Journal of Social Service Research, 5, 83-100.

Sarnoff, C. A. (1976). Latency. New York: Basic Books.

Schoeman, W. (1988). A model for parent training . In D. Tamir (Ed.) Stimulation and intervention in infant development. London : Freed

Schultz, S. J. (1993). Family systems thinking. New Jersey: Jason Aronson.

September, R. (1997). The application of intervention research to develop a multidisciplinary case management of child abuse. Unpublished paper. Cape Town: Institute for Child and Family development, University of Western cape.

Simari, C. G., & Baskin, D. (1982). Incestuous experiences within homosexual population. Archives of Sexual Behaviour. 11, 329-344.

Skinner, B. F. (1969). Contingencies of reinforcement. Englewood Cliffs, NJ: Prentice Hall.

Skinner, B. F. (1972). "Punishment a questionable technique" In R H. Walters, J. A. Cheyne, and R. K. Banks, Punishment. Harmondsworth: Penguin Books.

Skinner, B. (1971). Beyond freedom and dignity. New York: Knopf.

Smith, P. K., Cowie, H. & Blades, M. (1998). Understanding children's development. Oxford: Blackwell.

South African Society for the Prevention of child Abuse and Neglect. (1995). Developing a national child protection plan. Unpublished manuscript: South African Society for the Prevention of child Abuse and neglect. Annual conference, University of Witwatersrand, Johannesburg.

South African Society for the Prevention of child Abuse and Neglect. (1999). Towards excellence in child protection services. Unpublished manuscript: South African Society for the Prevention of child Abuse and neglect. Annual conference, University of Witwatersrand, Johannesburg.

South African Police Services. (1997). Child Abuse statistics. Unpublished report. Pretoria: Child Protection Unit.

Stainton Rogers, W., Hevey, D., Roche, J., & Ash, E. (1992). Child abuse and neglect: facing the challenge. London: Open University Press.

Starke, H. (1995) The scope of the problem. Towards a National Protection Plan: The South African Society for the Prevention of Child Abuse and Neglect National Conference.

Sternberg, R. J. (1984). How can we teach intelligence. Educational Leadership, 42, 38-48.

Steuer, F. B. (1994). The psychological development of children. Pacific Grove: Brooks/Cole.

Stevenson, O. (1998). Working together for neglected children: Issues and dilemmas. United States of America: Blackwell Science.

Straus, M.A. (1973). A general systems theory approach to a theory of violence between family members. Social Science Information, 12, 105- 125.

Straus, M. A. (1991). Discipline and deviance: Physical punishment of children and violence and other crime in adulthood. Social Problems, 133-154.

Straus, M. A. & Donnelly, D. A. (1993). Corporal punishment of adolescents by American parents. Youth and Society, 24, 419-442.

Stringer, E. T. (1996). Action Research: A handbook for practitioners. Thousand Oaks London: Sage Publications.

Thompson, R. A., & Jacobs, J. E. (1991). Defining psychological maltreatment: Research and policy perspectives. Development and Psychopathology, 3, 93-102.

Tinsley, S. (1996). The development of a self empowerment programme for juvenile delinquents. Rand Afrikaans University: Johannesburg, Unpublished dissertation.

Toth, S. L., Manly, J. T., & Cicchetti, D. (1992). Child maltreatment and vulnerability to depression. Development and Psychopathology, 4, 97-112.

Tufts New England Medical Centre, Division of child psychiatry (1984). Sexually exploited children: Services and research project (Final report for the office of juvenile justice and delinquency prevention). Washington DC: US. Department of Justice.

Tutty, L. M. (1990). Preventing children's sexual abuse: A review of current research and theory. In M. Rothery and G. Cameron (Eds.), Child maltreatment: expanding our concept of helping (pp. 259-275) Hillsdale, NJ: Lawrence Erlbaum.

UNISA Health Psychology Unit and Centre for Peace Action (1998). University of South Africa.

Van der Kolk, B. A. (1987). Psychological Trauma. Washington, DC: American Psychiatric Press.

Van der Mey, B. J., & Neff, R. L. (1982). Adult-child incest: A review of research and treatment. Adolescence, 17, 717-735.

Vasta, R., Haith, M. M., & Miller, S. A. (1995). Child psychology: The modern science. New York: J. Wiley & Sons.

Vondra, J., Barnett, D. & Cicchetti, D. (1990). Perceived and actual competence among maltreated and comparison school children. Development and psychopathology, 1, 237-255.

Weiner, N. (1948) Cybernetics, or control and communication in animal and the machine. New York: Wiley.

Whang P. L., Fletcher R. K., & Fawcett S. B. (1982). Training counselling skills. An experimental analysis and social validation. Journal of Applied Behaviour Analysis. 15, 325-334.

Whyte, W. F. (Ed.).(1991). Participatory action research. New York: Sage

Windmiller, M., Lambert, N. & Turiel, E. (1980). Moral development and socialization. Boston: Allyn and Bacon.

Wolfe, D. A. (1987). Child abuse implications for child development and psychopathology. Newbury Park, CA: Sage.

Wurkele, S. (1987). School-based sexual abuse prevention programs: A review. Child Abuse and Neglect, 11, 483-495.

Yalom, I. D.(1995). The theory and practice of group psychotherapy. United States of America: Harper Collins.

Youth development programme life skills curriculum. (1998) My future is my choice. Namibia: DRAFT.

Zigler, E. F., Kagan,, L. S., & Hall N. W. (1996). Children families and government: Preparing for the twenty-first century. Cambridge: Cambridge University Press.

Zuber-Skerrit, O. (1996). New directions in action research. London: Falmer Press.

APPENDIX 1

**A PSYCHO-EDUCATIONAL
PROGRAMME**

for

**7 TO 12 YEAR OLD CHILDREN EXPOSED TO
ABUSE AND NEGLECT**

Training Manual

MONICA HARRISON

PSYCHO-EDUCATIONAL PROGRAMME

WEEK 1

GETTING TO KNOW EACH OTHER

MESSAGE: WHO ARE WE? WHY ARE WE HERE? WE ARE HERE FOR A REASON. (15 minutes)

What would you expect to learn from this group?

Remember each child is here for a reason and not just for fun.

We plan to discuss violence and related issues and share them in a group.

We will talk about what happens in our families and outside our families that we see, and how it affects us.

We then want there after to look at whether we know what violence and abuse is, and how we are handling the violence, and at more skills how to handle the violence in our lives.

GETTING TO KNOW EACH OTHER ACTIVITY (10 minutes)

Stand on circle or sit on floor

One player throws a ball across the floor to be caught by another.

The one who catches the ball introduces himself.

What is your name?

Which school do you go to?

What is your favourite subject?

Do you play sport?

Which sport do you like and why? If not why not?

GROUP RULES AND DISCIPLINE (10 minutes)

These will be established and maintained throughout the group

These are realistic and necessary.

1. No physical hurt (physical abuse)
2. No verbal name-calling and swearing (verbal abuse)
3. Confidentiality and no talking about what others say in the group meetings
4. Give each other a chance to talk
5. Respect for other's opinions, feelings and personal space; listen when others talk
6. Do not laugh at what others are saying. We are all to say what we know. Nothing is considered as wrong we are all here to listen, to learn the violent acts of abuse and neglect and how it has affected our lives.

The group starts at 3 o' clock and finishes at 4 o'clock. What do we do when people are late?

Allow the children to suggest and formulate their rules especially around late coming, absences and choose how to deal with these problems.

NB: Rules that contradict the essential rules should not be accepted and the children must be aware why the contradictory rules are not accepted.

STRENGTHS

Ability to be comfortable in the group and interact with peers.

To understand the structure and to participate by asking questions about activities.

To be willing and desiring to come to the next group session

DESIRED OUTCOMES

To feel comfortable in the group and be able to share with the peer group the knowledge and experiences,

To fit in the structure of the program.

CLOSURE

The Pass the Squeeze game is a closure “ritual” that brings the group together and gives the children an opportunity to hear the main message of the group and to express what they have learned that day. If children are unable to express themselves messages like: We want to know more about violence, It’s okay to talk about violence.

Remind the children to “squeeze” their parents by saying Hello when coming home and saying goodbye in the morning when going to school.

WEEK 2

WHAT IS ABUSE AND NEGLECT - DEFINITIONS (10 minutes)

MESSAGE: ABUSE IS NOT OKAY! AND IT IS NOT MY FAULT

Help the children to acquire “violence vocabulary”

Abuse and non-abuse vocabulary is written down

Neglect: What is neglect?

When do you feel neglected?

Why do you think you are neglected?

Whom do you talk to about neglect?

Physical, emotional, verbal and sexual abuse is explained.

Abuse is not your fault.

Check what the children feel and what they identify, and name their feelings

ACTIVITY FOR THE DAY (30 minutes)

Whom do we tell when the violence or abuse happens?

Draw hands and talk about what the hands do

Ask the children to trace their hands onto the paper.

Ask them to tabulate what their hands can do to help or hurt.

Write next to each child's hands what the child about his hands.

Ask the children to tell about incidents when they witnessed any spanking, with hands fist or stick.

Give positive affirmation on all the things that the child does with her/his hands and the message that abuse is not okay for our hands.

FEELINGS OF THE DAY (10 minutes)

Allow the children to talk about how they feel about abuse. Each child is asked what she/he feels, where does she feel pain, sadness and happiness.

Normalise the feelings and share with the others.

Emotional abuse is often normalised and minimised.

A definition of emotional abuse that can be used with children is “ When one person makes another person feel really bad about him or herself, and not by accident.”

Help children to understand emotional abuse by making them identify when they were made to feel really bad about themselves, what they did in those situations and give examples of situations for example bullying at school and putdowns by siblings at home.

STRENGTHS

Familiarity with rules

Participation level and understanding of the structure

Knowledge of definitions of violence and abuse

DESIRED OUTCOMES

To become familiar with the rules group participants and

To participate in the activities

To learn basic definitions of violence and abuse.

CLOSURE

Pass the squeeze game

Stand together in a circle hold hands the therapist passes the message of the day by squeezing the hand of the next person in the circle and the next squeezed person says the message and squeezes her/his neighbour and so on around the circle.

Homework draw your mother/father's favourite flower and ask her/him why she/he likes the flower. Bring the drawing with to the next session.

Remember to say hello and goodbye!

WEEK 3

THE DEFINITIONS OF VERBAL AND EMOTIONAL ABUSE

MESSAGE: ABUSE IS NOT OKAY AND IT IS NOT OUR CHOICE.

**START BY CHECKING IF THE CHILDREN REMEMBER THE DEFINITIONS
(10 minutes)**

STORY TELLING (10 minutes)

THE LION AND THE MOUSE

Once there was big powerful lion and a small mouse who lived together in a cave. The lion uses his size and power to get the mouse to do what he wants him to do. The lion terrorises the mouse and wants to catch him and eat him up. The mouse is afraid of the lion and mad at him. One day the hunters come and put a net to trap the lion. The lion gets caught in the net and the mouse seeing the net gnaws at it and makes a hole that is enough for the lion to escape. The lion learns to respect and thanked the mouse.

FEELING OF THE DAY: ANGER (15 minutes)

Who had more power the lion or the mouse?

How did the lion and the mouse express their anger?

Were they abusive?

How did the mouse feel when the lion was controlling and threatening him?

Did you ever behave like the lion or the mouse?

What are the other feelings that the lion and the mouse felt for each other? Can people love and be angry at one another at the same time?

The group express when do they get angry.

How do they look when they are angry?

What do they do when they are angry?

Look at the relationship between physical, verbal, and emotional abuse

It is okay to be angry and to express it but it is not okay to abuse the others with my anger.

ACTIVITY (10 minutes)

Ask the children to act out their typical behaviour/response when they are angry

Show me how your face looks when you are angry.

Is it okay to feel angry?

Is it okay to hurt the others when you mad at them?

Is it okay to hurt yourself?

What else can be done when one is angry?

I feel better when I run dance jump rope or play drums write a story or make up a song.

DISCUSS THE APPROPRIATE AND INAPPROPRIATE EXPRESSIONS OF ANGER (10 minutes)

ACTIVITY: CIRCLE DANCE TO A DRUMBEAT (10 minutes)

Discuss how the children felt after this.

Discuss how it felt talking about the flower to their parents, and what their parents said?

STRENGTHS

Expression of feelings anger for example,

What children perceive as appropriate and inappropriate ways of expressing anger.

DESIRED OUTCOMES

To learn that all feelings, including anger and other 'bad' ones need to be acknowledged and felt.

To know that it is okay to express the feelings in the group session

To recognise one's expression of anger

To learn the appropriate and the inappropriate expression of anger.

CLOSURE

Pass a squeeze and a message " it is okay to be angry but not to abuse others with my anger."

Homework - write a song or a poem or a drawing or a show and tell for next week.

Remember to say hello and goodbye!

WEEK 4

WHEN PARENTS FIGHT

MESSAGE: ABUSE HURTS (10 minutes)

Do our mothers and fathers get angry?

Feeling mixed up confused ashamed blamed and guilty

It is not my fault when someone is abusive to me and when other people abuse each other.

ACTIVITY (15 minutes)

Ask each member to draw his family together allow the children to talk about their families how do they feel when parents fight or shout at each other identify feelings of shame guilt and blame

ROLE PLAY A FAMILY THAT FIGHTS (10 minutes)

Discussion about what happens thereafter

EXAMPLES

Scenario 1

Father sitting and drinking beer mother comes in asks daddy for money to buy bread daddy turns around and swears mother and stands up and starts beating her hard mother tries to hit daddy back the child tries to go between and daddy pushes her hard against the wall, he/ she starts crying.

QUESTIONS

What caused the fight?

Who is responsible for fighting?

What would you do if you were a parent?

Is it possible to feel both love and hate or anger toward a parent?

What do the children worry about when the parents fight?

Parents do anything to stop the fighting?

What can children do when parents fight?

Responsibility for the abuse:

Scenario 2

Mother and her daughter in the kitchen the girl drops the glass and spills the milk the mother shouts at her: look at you are stupid I cannot trust you with anything why cant you be more careful now get up and clean it up

Scenario 3

Oops! We have milk on the floor; nothing too bad, I'll get a rag and you can wipe it up.

What did the girl feel in the first scenario how did the father feel? Could the mother change how he felt about the spilling of milk in the first scenario

Could she have changed how she spoke to the girl?

Assertiveness became the focus of the content of the session. Children discussed and identified the resolution strategies used to resolve conflict as an alternative to abuse.

Learning to make decisions was practised from the POWER model (Youth health development Programme, 1997).

Step 1 of the POWER model state the problem which is put into context, step two is Options which is thinking of different ways of solving a problem. Step 3 is Weighing the options good things and bad things about the options. Step 4 is Electing or choosing the option that works in your situation and talking to your parent with respect.

The last step 5 is Reflecting or thinking about what happened because of your choice or decision. Practice of problems and their resolution was practised from the role-plays in the programme.

One of the goals of this session is to help children know the abuse at home is not their fault. Teach the children that people are responsible for their violent behaviour and that nothing including what may seem to be a provocation, justifies abuse. The above scenarios demonstrate conflict, and that people choose their responses out of several possible ones and, hence are responsible for their choices. When children realise who the abuser is, in most cases being the father, attributing the responsibility for violence to their father may weigh heavily on the children's shoulders. They may believe that their love for the abuser cannot coexist with their anger and frustration about the violent behaviour. It is extremely important to give children permission to have contradictory feelings and conflicting loyalties- that is to love BOTH the abuser and the victim; to love AND hate or be angry with their parents.

STRENGTHS

Knowledge that domestic violence is not the children's fault

Knowledge that it is possible to love a parent while condemning their behaviour

Knowledge that people are responsible for their behaviour and can change it.

DESIRED OUTCOMES

To share personal experiences related to violence at home, or at school.

To differentiate between a person and his behaviour

To learn that there are options and people have choices within their limits and are responsible for their choices.

CLOSURE

Relaxation exercise

Let's all begin walking slowly around the room, getting the feeling of our bodies in motion. Feel the way we move, the way our feet contact the floor. As you walk begin to raise your arms, stretching as high as you can on each step feeling yourself stretch from your toes to your fingers.

Pause (1 minute)

And now stretch from side to side bending like trees in the wind.

Pause (5 seconds)

Now bend forwards and walk with your arms hanging loosely, almost touching the floor.

Pause (5 seconds)

And now take giant steps stretching your legs

Pause (5 seconds)

And now stretch up to reach the sky

(Pause 5 seconds)

And now stand still and feel good squeeze your neighbour's hand and pass the message "I feel good"

WEEK 5

ABUSE HURTS

MESSAGE: ABUSE IS NOT MY FAULT

DISCUSS THE FOLLOWING (10 minutes)

I'm not the only one whose parents fight

Abuse hurts

Feelings anger, pain, frustration, fear, confusion, guilt and sadness

ACTIVITY (15 minutes)

Present children with pictures, scissors and Pritt glue. Ask them to cut pictures and stick them to make up their families. Ask them to construct stories about themselves and their families, allow each child to express her/his feelings on what makes him/her sad what he/she fears and facilitate validate and normalise the feelings.

FREE PLAY (15 minutes)

Pretending we are balloons: children stand up and spread around the room so that each has enough space to move around. Together with the group leader, everyone inhales and expands like a balloon. When the "balloon" cannot take in anymore air, it empties out, slowly falls to the floor, and shrinks into a limp piece of rubber. Add "balloon sound effects" for both expanding and shrinking. The exercise can be repeated several times.

STRENGTHS

Awareness and expression to other members and the group of the following feelings: fear, anger, pain, frustration confusion guilt, and sadness.

DESIRED OUTCOMES

To be aware of some of the above mentioned feelings produced by experience of violence and abuse.

RELAXATION EXERCISE

Let's close our eyes.

Now tense every muscle in your body at the same time. Legs, arms, jaws, fists, face shoulders stomach. Hold them tightly. Now relax and feel the tension pour out of your body.

And your mind, replacing the tightness with calm, peaceful energy, letting each breath you take bring calmness and relaxation in your body.

Pause

Now tense your body again and hold it for a few seconds. Then let go, relaxing and feeling all of the tension flow out of your body.

Pause

And now tense every muscle in your body and at the same time take a deep breath for a few seconds. Then say to yourself "relax" and when you do, let your breath go and relax.

Pause

Take a deep breath and hold it for 10 seconds. Then say to yourself "relax" and let yourself go.

Pause

When you feel like relaxing, just take a deep breath, hold it for a few seconds, say to yourself "relax," and let it go. You can do this wherever you are because nobody can hear you or see you. Practise this again by yourself two or three times.

Pause

Now open your eyes slowly, feeling calm and alert

CLOSURE

Pass the squeeze "I'm not the only one whose parents hurts

Abuse hurts!"

Home ask your parents about how they felt when they were your age and write it down. Think about it did they also feel the same as you sometimes?

WEEK 6.

WHEN DID YOU HURT PHYSICALLY OR EMOTIONALLY AND WHAT DID YOU DO ABOUT IT?

MESSAGE: TELL SOMEONE YOU TRUST ABOUT THE ABUSE (10 minutes)

Sharing personal experiences: whom to tell? (10 minutes)

STORY TELLING (15 minutes)

The boy and bullies

Once upon a time in a land not so far away there lived a boy called Mandla. He was a typical boy. He liked to play basketball and base ball. Mandla had a problem in his life because he was bothered by bullies.

Do you know what bullies are? (Discussion about what bullies are)

Some other children ignored the bullies; and when they said things to Mandla, he became really upset and this is what the bullies wanted. When he became upset by their insults they picked on him even more then before.

He knew he had a problem and he did not know how to solve it. Mandla told his teacher about this problem, but this did not solve his problem. The teacher told the bullies to stop being mean to Mandla but the bullies would wait until the teacher walked away and be even more meaner to Mandla.

One day he met an old woman who gave him an advice. She said "Do not get angry with the bullies try hard to ignore them to a point of laughing at them. Imagine yourself being a big strong boy and speak with a big voice and tell them to carry on to tease others that are afraid of them.

Imagine you have a shield around you that they cannot penetrate and see how their words can bounce on that shield.”

Discuss what happened and how Mandla felt after trying this.

Do you think you can try what the old lady suggested to Mandla?

Do you think it will work? Explain

NB: the main issue is to get the children to find alternatives of dealing with abuse that will work in their contexts.

ACTIVITY (15 minutes)

Children draw a violent event that they have seen in their lives or that they were involved in. Each child present the drawing and talk about the children’s feelings at the time of the event and while doing the drawings.

STRENGTHS

Sharing with others the events and expressing the positive and the negative situations in their lives.

DESIRED OUTCOMES

To share with the group personal and family experiences related to violence and to experience the accompanying feelings.

To know that the other children have been exposed to some form or other of violence and how they have survived so far.

To be able to talk freely at this stage.

CLOSURE

Pass the squeeze

It is okay to tell the group about violence in my family.

WEEK 7.

GOOD-TOUCH AND BAD-TOUCH

MESSAGE: MY BODY IS PRIVATE AND I HAVE A RIGHT TO PROTECT IT.
(15 minutes)

Present the children with a large drawing of a gender- neutral human figure, front and back. Give children red and green stickers and ask them in turn, to put the stickers on the figure's body red one's to mark areas of bad touches and green ones to mark areas of good touches.

Discuss additional possibilities for good and bad touches, the difference between good touch and bad touch (especially when they are in the same area of the body), and the connection between bad touch and different forms of abuse (physical, sexual, and emotional). The aim of this exercise is to raise the children's awareness of personal space in general and to sensitise them to their own personal boundaries

Session outline:

What does privacy mean?

Whom do you allow you to touch and where?

What is bad touch?

Whom do you allow to touch you?

What do you feel when someone touches you at places that you do not want to be touched at and whom do you tell?

A SCENARIO AND DISCUSSIONS (10 minutes)

Separate the children into two groups and have them line up facing each other on both sides of the room. Assign a partner from the opposite side of the room to each child.

As one of the groups starts advancing toward the other, instruct the members of the stationary group to pay attention to their level of comfort as their designated partner moves toward them and to tell the partner " Stop!" When it feels as if the child is getting too close.

After the exercise, discuss with the children their personal boundaries, personal levels of comfort, their right to maintain comfortable boundaries around their personal space, occasions when personal boundaries may be violated, and ways of handling these occasions.

A discussion about how to be aware of people that pretend and that if anyone touches you in a way that you are not happy with no matter how much that person threatens you must tell

STORY TELLING (15 minutes)

Once upon a time there was a soft little bunny who lived with his family in a friendly forest. All day he hopped near his mother and felt very happy. One day his mommy said to him, "I must go to the edge of the forest and see if I can find any clover for our dinner. You stay here and I will be back soon."

Now rabbits love to eat clover, and although the little bunny did not want his mommy to go, he did not want to be hungry, either, so he said goodbye and watched as his mommy hopped away.

At first the bunny was safe by himself, but, as things would have it, a large mean fox happened by. He told the fox to do things that the bunny did not want to do.

The little bunny was confused; he had always done what the adults told him to do, but now he felt he shouldn't do what the fox was asking.

Then he remembered his mother telling him that he was very smart. Suddenly he had the answer; he could shout, " No! No! Stop! "in a very loud voice. And the more he shouted, the bigger his voice got. The bunny shouted louder and louder and louder, "No! Stop! I won't do that!" The mean fox tried getting meaner and gruffer to make the bunny to do things, but that didn't work. Even though he was very scared, he continued to shout, "No! No!", in a very loud voice.

At last the fox went away. The little bunny was still frightened, but he felt different now. He had discovered that although he was very little compared to the fox, he was powerful in a different way than the fox was. The bunny told his mother all about the fox when she returned home. His mommy was very glad that he had told her everything that happened and gave him a big hug. And he smiled as he went to sleep that night because he discovered that a bunny can be smart as a fox.

STRENGTHS

The knowledge that one's body is private and that one has the right not to share if it feels uncomfortable and the appropriate age of sexual activity.

Do the children know how to differentiate between appropriate and inappropriate touch

What would they do in the event that someone attempts to touch them (bad touch)

Description and the meaning of fear.

DESIRED OUTCOMES FOR THE CHILD

To gain knowledge to differentiate between appropriate and inappropriate touch if not known yet if already known to reinforce this.

To gain more knowledge of how to handle events or actual physical or sexual abuse.

To reinforce the fact that one's body is private

To accept fear as legitimate and helpful but not as a sign of being a coward.

CLOSURE

Give clear and simple instructions:

When someone is trying to harm you:

1. SAY "NO".
2. Get away if possible.
3. Tell someone you know.

WEEK 8

ASSERTIVENESS

MESSAGE: I CAN BE STRONG WITHOUT BEING ABUSIVE (15 minutes)

Introduce to the children the concept of assertiveness as opposed to aggressiveness and passivity and this must be connected with the right to be safe.

ACTIVITY: DISCUSSION ON THE FOLLOWING (10 minutes)

What do you do when you find someone sitting on your chair?

What do you do when your friend wants you to do his homework?

What do you do when your mother wants you to wear clothes that you do not like?

What do you do if a stranger offers you a ride?

What do you do if you are accused of something you did not do?

What do you do if you are at friend's house and you are offered food that you do not like?

What do you do when parents make a decision that you do not like?

MULTICULTURAL AND RACIAL DIFFERENCES

Look at your neighbour and tell me about what she is a boy or girl

Does she wear the same clothes as like you?

Does she wear the same shoes?

Does she speak the same language?

Does she have the same hair like yours?

Does she look exactly like you?

Why isn't she exactly like you?

Does she go to the same school as you?

Does she have the same parents as you?

REMEMBER WE ARE DIFFERENT IN ALL THESE ABOVE THINGS BUT WE ARE ALL HUMAN BEINGS, AND ALL DESERVE RESPECT AND PEACE AND SAFETY.

Look at yourself in the mirror and tell me what you see is it you, are you a human being like no other. So look after yourself you are beautiful and lovable, and say it loud I am beautiful and I love myself.

GETTING TO KNOW THE SELF (15 minutes)

If I had to turn you into 3 animals which animals will you choose?

Give the reason for each choice e.g. beauty strength what each animals does for itself, for other animals, how it survives and who cares and looks after it.

Which animal do you not like and why do you not like it?

A group leader acts out different scenes demonstrating passive, aggressive, assertive, and passive-aggressive behaviours. Children are asked ahead of time to pay attention to how and what each actor is saying. Each scene then is discussed with children, with an emphasis on the behaviour, its label, and associated feelings (e.g. How do you think the bully felt?)

STRENGTHS

Identification assertive passive and aggressive behaviours.

To share the knowledge of how they have coped with the above problems.

DESIRED OUTCOMES

To be able to identify several positive qualities and strengths

To know the difference between being strong and being abusive.

To know that the child has a right to be safe.

CLOSURE

I'm strong here---- pointing at the chest and the head

I'm strong deep inside---- rubbing at the chest and I'm special and a lovable person, and I love myself.

WEEK 9

SAFETY

MESSAGE: I HAVE A RIGHT TO BE SAFE (10 minutes)

Allow children to express their feelings about the coming end of the group. The group leader can model for the children how she/he feels about the separating from them.

DISCUSSION (10 minutes)

Ask the children about their safe secret hiding places in times of violence. Talk to the children about the circumstances under which they should call the neighbours for help. Children need to protect themselves from risk both inside and outside their home. The child need to identify a safe place where he can hide in times of danger in the home it could be under the bed or in another bedroom or outside the home it could be at the neighbour's house. Check with the children to ensure that their places of hiding are absolutely safe for example children must not hide in old fridges that can click close and cause suffocation and death.

Plan

To make cards where a child writes her/his school number, hospital number police number and relatives number.

ACTIVITY (10 minutes)

Children should be taught how to use the phone and how to talk clearly, to give the reason for calling, child's name and address, and where he is calling from and must say "please come quickly"

FREE PLAY (15 minutes)

Dancing with scarves

Put colourful, light scarves in the centre of the room. Play music and encourage the children to choose a scarf and dance with it. Remind them to be careful not to bump into each other while dancing. In harmony with the music, children can pretend they are on the moon on a tropical island, or elsewhere.

STRENGTHS

Having or knowing safe places to hide in is important. Knowledge of people neighbours, and relatives to call to intervene when there is violence at home. Having used the phone and knowledge of emergency numbers.

DESIRED OUTCOMES

To identify places to go and people to call in dangerous situations and of emergency.

To learn how to use the telephone and what to when calling police or another helper.

To know that group ends the next week.

CLOSURE

Pass the squeeze "I have the right to be safe."

WEEK 10

CLOSURE

MESSAGE: "IT IS SAD TO SAY GOODBYE (15 minutes)

How the children feel about this last session?

How did you feel when you first started?

ACTIVITY (10 minutes)

Let the children act out how they felt on their first session

REVIEW AND EVALUATE

What did the children learn in the group?

What did they like?

What did they not like?

What were their favourite story and activity in the group?

What would they have done differently?

STORY TELLING (15 minutes)

The children's star

Once upon a time in a faraway and mountainous country lived many children. Each child lived in a house with his or her family. Because the land was so very steep, it was dangerous for the children to wander or play too far from the homes. For children who had brothers and sisters it was not so bad. But even so none of the children had a chance to play with children in other houses in this mountainous area.

It was very lonely, and sometimes the children did not get along with their brothers or sisters so they got into fights.

Many of these children also had mom and dads who would get angry with each other. Some children even saw their mom being hit by her partner or by their other parent. It was scary and sad.

One night a beautiful coloured light appeared in the windows of all the houses of all the families in the mountains. The children awakened by this beautiful light.

They got out of bed and were very surprised to find that none of their moms and dads were awakened by this light. So the children went outside to see the beautiful light. It was so strong that some children could see other houses and even some of the other children. Forgetting that it was night and how they all had been told never to wander away, the children started walking towards the light.

Now the shimmering light was really a star that came very close to the mountains over the valley. Children came all over the mountains to the valley, drawn and guided by the light. They all played and danced and sang. Then as day began to dawn, the children stated back for home. As they were leaving, the star burst into a thousand million little pieces. Each of the children took a piece of the stars they headed home in the early light of dawn.

Each child quietly went back to bed. Some of the children woke up in the morning and thought they had dreamed about playing with the other children under the beautiful light of the star. But then, they all found the pieces of the star they had taken with them and they knew that this wasn't a dream and that they weren't alone anymore. And every time they looked at the star pieces, they remembered being together with other children and how happy that was.

STRENGTHS

Expression emotions of sadness that the group is ending
sharing of pride in each other.

DESIRED OUTCOMES

To realise that the group was a positive experience

To acknowledge his/her accomplishments and to feel proud of him/herself.

CLOSURE

"You are great and you deserve the best"

"I will miss you but I will remember what we did together"

APPENDIX 2

Certificate of attendance

This is to certify that

*Attended the Psycho-educational Programme on
abuse and neglect*

From

May to July 1998

For ten hours

Presented by

M. K. Harrison

APPENDIX 3

PARENT REQUEST FOR CONSENT

Health Psychology Unit

Centre for Peace Action

Dear parent,

Your child _____ will be attending the short intervention programme for the children exposed to abuse and neglect. The programme covers the subject of what abuse and neglect is experienced as in different situations of their lives. Kindly sign the permission form and answer the questions that pertain to what you understand and experience as abuse as neglect at home and at school.

Thank you

Monica Harrison.

APPENDIX 4

CHILD INTAKE CONSENT FORM

_____ (child's name and surname)

is permitted/is not permitted to attend the short programme for the children exposed to abuse and neglect.

I agree to take the responsibility for the child's punctuality and understand what the programme is about.

Signed _____ Date _____

Witnessed by _____ Father/Mother/Other

APPENDIX 5

PARENT INTERVIEW FORM

NB! Before filling this form:-

1. Introduce the agency's philosophy and the programme
2. Create the awareness of the procedure including
 - interview forms
 - consent forms
 - attendance of the orientation meeting for all the parents whose children attend the intervention group
 - discuss the confidentiality, co-operation with the children
 - commitment of parents to send their children for the programme if selected for programme.

Date: _____

Area: _____

Name of group facilitator: _____

A. SECTION ONE

Family makeup:

Parents Name: _____ Age: _____

Child's Name: _____

Parents gender: Female: male

Relationship to the child:

Father: Mother: grandfather: Grandmother: Guardian:

Civil status

Single: Married: Divorced: Widowed: Separated:

Parents living together: Yes: No:

If not together what are the parenting arrangements between the two of you?
For example, Financial assistance, visitation, etc.

Employment status:

Employed: _ Unemployed: _ Self Employed: _ Other: _____

Occupation: _____

B. EARLY DEVELOPMENT

1. Was the child full term? _____

2. Was the child breastfed? Yes: _ No: _

3. Has your child ever been ill: Yes: _ No: _ If yes expand _____

4. Has your child ever been in the hospital: Yes: _ No: _

5. If your answer is yes Why? explain briefly: _____

6. Has the child ever had the following illnesses:

Jaundice: _ meningitis: _ TB: _ other: _

8. Has he child ever had the following problems:

Ear problems: _ Eye problems: _

9. Do you feel the child is small for his age: Yes: _ No: _ or big for his age

Yes: _ No: _

Do you want to add to the above information: Yes: _ Or No: _

C. RISK ISSUES

1. Do you suspect that your child might be smoking or drinking?

2. Does your child often disappear for a long period of time without saying where
he will be going to? _____

3. Does your child come back late from school or from playing with friends?

4. Do you know your child's friends?

5. Are your child's friends smaller or bigger than him/her?

6. Has your child ran away from home

7. Do you worry that your child may hurt him/ herself? Yes: _ No: _

If yes explain _____

D. EXPRESSION OF EMOTIONS

1. How does your child express the following:

Fear _____

Anger _____

Sadness _____

Happiness _____

Hurt _____

2. How does your child express the following:

Fear _____

Anger _____

Sadness _____

Happiness _____

Hurt _____

E. PERSONALITY OF THE CHILD

1. Is your child quiet or talkative? _____

2. Does your child cry easy or is always happy? _____

F. SCHOOL PERFORMANCE

1. Standard at school: _____

2. Subjects _____

Likes: _____ Dislikes _____

3. Achievements: _____

G. PARENTING SKILLS

1. How do you discipline your child? _____

2. How can you grade your discipline? Autocratic: _ Democratic: _ Laisser
Faire: _

3. Do you want to change your style of parenting? Yes: _ No: _

4. Is your child quiet or talkative: Quiet: talkative:
5. What do you talk about with your child? _____
6. What are your child's interests? _____
7. How do you feel about your child's friends? _____

H. ABUSE AND NEGLECT WITNESSED BY THE CHILD

Describe what you know as abuse and neglect

Abuse _____

Neglect _____

Has any abuse happened in your life: Yes: No: if yes expand _____

Where did it happen?

Type: _____ Frequency: _____

Was your child/ren present when the abuse occurred: Yes: No: If yes explain _____

Describe vividly the incidents of abuse and neglect _____

Who was witnessed as abused? _____

Who was witnessed as the abuser? _____

How did the child/ren react to the incident of abuse or neglect describe the immediate response and the effects thereafter _____

Have you discussed abuse and neglect in your family _____

I. ABUSE DIRECTED TO THE CHILD

Have you any suspicions that your child has been sexually touched or abused?

Yes: No:

If yes, elaborate _____

How did the child react to the abuse?

How long did the abuse take place? ___ week _ year _ other _____

Did the child tell anyone? _____

Change behaviour ? _____

Have you discussed the topic of abuse and neglect at home? Yes:_ No:_ If yes how did your child react to this discussion? _____

Have you ever grabbed your child with intent to harm _____

Have you ever pushed your child with intent to harm him/her? _____

Have ever pinched your child with the intent to cause pain? _____

Have ever slapped your child with the intent to cause pain? _____

Have ever injured your child while being disciplined and had to see the doctor? _____

Do you hit your children? _____

How long did the following take place:

grabbing: week _ year _ other _____

pushing: week _ year _ other _____

pinching: week _ year _ other _____

hitting : week _ year _ other _____

slapping: week _ year _ other _____

Do you have suspicions that your child is going through the following:

Called names: Yes_ No_

Bullied? Yes_ No _

How long have been this going on?

Bullying: week _ year _ other _____

Called names: week _ year _ other _____

If the answer to the above describe when and where and what steps did you take to stop the above _____

Has your child been seen by the following people;

Social worker? Yes _ No _

Policeman? Yes _ No _

Nurse? Yes _ No _

Doctor? Yes _ No _

Psychologist? Yes _ No _

If the answer to the above describe when and where and what steps did they take to stop the abuse and neglect _____

Do you want your child to attend the programme on abuse and neglect after the contents of the programme have been explained to you?

J. COPING RESOURCES

Were you ever involved with counselling with your child?

If yes when? _____

What agency? _____

Name of counsellor _____

How many sessions did you have? _____

Do you have any concerns about this programme or any questions to ask? _____

If not now, you are welcome to come in any time and ask questions or discuss anything pertaining to the wellbeing of your child.

K. FACILITATOR'S OBSERVATION

1. Type of abuse _____

2. Response to abuse _____

3. Highlighted needs _____

4. Group _____

APPENDIX 6

CHILD INTAKE FORM

Date of intake: _____

Name of child _____

Date of birth _____

Name of parent or guardian _____

PRE- INTERVIEW THERAPIST CHECKLIST

1. Child appearance
2. Child's understanding why he/she is joining the group _____

3. Why is the child here? (If child does not know explain) _____
4. Which school do you go to? _____
5. Teacher's name: _____
6. Is there anything that you do not like at school Yes: _ No: _ If yes explain

A. FRIENDS

1. Do you have friends that you play with at school Yes: _ No: _
2. Do you have friends that you play with at home? Yes: _ No: _
3. Do you have a best friend? Yes: _ No: _
4. What do you do when you angry with one of your friends? _____
5. Do you ever play by yourself? Whether answered yes or no explain why? _____

B. FAMILY

Is there anyone in the family that you do not like? Yes: _ No: _

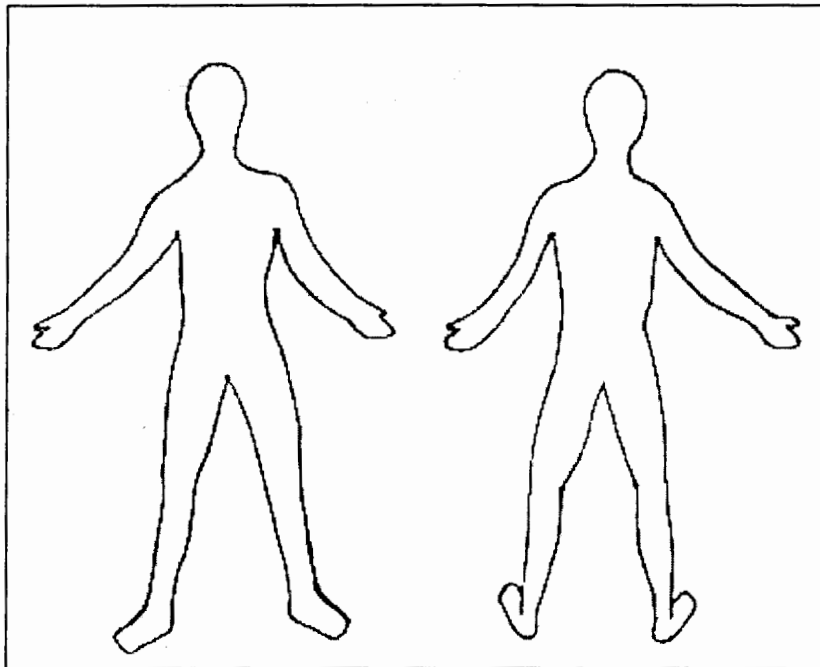
If yes explain why you do not like that person _____

C. SELF CONCEPT

1. Do you like being a girl or a boy? If yes why? And if No why? _____
2. Are you good with your subjects at school? _____
3. Do you like your face? If yes, why? And if No, why? _____
4. Do you like the colour of your skin? If yes why? And if No why? _____
5. Are you happy to be at your age? If Yes why? And If no why? _____
6. Are you good at sports? _____
7. Are you proud of your home? If yes why? And if No why? _____
8. Do you like your family? If yes why? And if No why? _____

D. BODY DIAGRAM

1. Show in green the areas of your body that you allow anyone to touch.
2. Show in red crayon the areas of your body that were touched in a way that did not feel good and left you unhappy and confused.



E. ABUSE AND NEGLECT EXPERIENCED

1. What is abuse? _____
2. What is neglect? What do you do when the fighting starts? _____
3. Is there anyone in the family who gets hit by another member of the family or anyone else not a member of the family? Yes: _ No: __
4. Is fighting wrong or right? Yes: _ No: __
5. When parents fight whose fault is it? _____
6. Did you ever get hurt when parents or brothers and sisters were fighting? Yes: _ No: _

7. Have you ever been slapped? Yes: _ No: _ By whom? When? Where? How?

8. Pushed? Yes: _ No: _ By whom? When? Where? How?

9. Punished? Yes: _ No: _ By whom? When? Where? How?

10. Grabbed? Yes: _ No: _ By whom? When? Where? How?

11. Pinched? Yes: _ No: _ By whom? When? Where? How?

F. FUN QUESTIONS (it is fun to pretend)

1. Pretend that you are an animal. Which animal would you be and why?

2. Pretend you could have three wishes. What three wishes would you have at home and at school? _____

3. Pretend you are going to a new place where there are no people or life, who would you take with you? _____

4. Pretend you have a secret: what would be your secret? _____

5. Whom would you tell your secret? _____

G. QUESTIONS

Do you have any questions? _____

Facilitator's comments _____

APPENDIX 7

PROGRAMME EVALUATION: OUTCOME EVALUATION FORM

CHILDREN'S RESPONSE

1. What did you learn about in the group that we had in May and June 1998?
2. What is abuse?
3. What is neglect?
4. What will you do in the following situations?
5. When someone bullies you at school _____
6. When your father/mother gives you a spanking _____
7. When mother and father fight in front of you _____
8. When one of your friends is angry with you _____
9. When anyone swears or calls you with unpleasant names _____
10. What will you do when anyone touches you in the arrears shown with red on the chart? _____
11. What will you do when anyone bullies you? _____
12. What will you do when someone calls you names _____
13. What will you do when someone threatens you? _____
14. What will you do when someone stops you from going to school?

APPENDIX 8

PROGRAMME EVALUATION: PARENT RESPONSE

1. Did you come for the introduction of the programme? Yes: _ No: _
 2. What do you understand about this programme _____
 3. Have your child spoken about this programme? _____
 4. Have you asked your child about what he/she is learning from the programme?
 5. Do you think the child learned anything from this programme Yes : _ No: _
 6. If yes what do you think your child has learned _____
-
7. Do you think what the child learned was helpful or unhelpful? Yes: _ No: _
 8. What do you see that makes you say that the programme was helpful?
 9. What do you see that makes you say the programme was not helpful?
 10. What would you like to be added to this programme
 11. Would you like to attend a parents enrichment course? Yes: _ No: _
 12. Give reasons why for both answers _____

