

WAYS IN WHICH THE SOCIAL SERVICE WORKFORCE PLAYS A KEY ROLE IN PREVENTING VIOLENCE AGAINST CHILDREN

Social Service
Workforce
Webinar Series

25th Webinar

April 12, 2018



Amy Bess, MSW
**Director, Global Social
Service Workforce Alliance**

Opening
Remarks

AGENDA

- **Background and context for the report**
 - Amy Bess, Director, Global Social Service Workforce Alliance
- **Methodology and Findings**
 - Elena Ghanotakis, Consultant and lead author of the report
- **Addressing Violence against Children in Pakistan**
 - Saleem Bokhari, Health Education Officer / Social Worker, Health Department, Punjab, Pakistan
- **Implications and Way Forward**
 - Amy Bess, Director, Global Social Service Workforce Alliance
- **Q & A**
 - Moderated by Nicole Brown, Communications Manager, Global Social Service Workforce Alliance

THE STATE OF THE SOCIAL SERVICE WORKFORCE 2017

STORIES OF WORKFORCE EFFORTS TO ADDRESS VIOLENCE AGAINST CHILDREN



2017
REPORT

[www.socialserviceworkforce.org
/alliance-resources](http://www.socialserviceworkforce.org/alliance-resources)

AIMS OF THE REPORT

- Improve understanding of the important role of social service workers in preventing and addressing violence against children and achieving SDGs related to violence
- Advance the causal link between the strength of the social service workforce and positive outcomes for children and families through a story telling, narrative analysis approach
- Demonstrate the value of multidisciplinary approaches to addressing violence against children and the key role of social service workers in facilitating this approach

OVERVIEW OF VIOLENCE AGAINST CHILDREN

PHYSICAL VIOLENCE

SEXUAL VIOLENCE

TYPES OF VIOLENCE

**EMOTIONAL/
PSYCHOLOGICAL
VIOLENCE**

**NEGLECT OR
NEGLIGENT
TREATMENT**

THE SOCIAL SERVICE WORKFORCE

- **The social service workforce** is defined as paid and unpaid, governmental and nongovernmental professionals and paraprofessionals working to ensure the healthy development and well-being of children and families.
- **The social service workforce** focuses on preventative, responsive and promotive programs that support families and children in our communities by:
 - alleviating poverty
 - reducing discrimination
 - facilitating access to and delivering needed services
 - promoting social justice and
 - preventing and responding to violence, abuse, exploitation, neglect and family separation.

Elena Ghanotakis
Independent Consultant and
Lead author of the 2017 State of the
Social Service Workforce Report

METHODOLOGY

- Conducted document review of the VAC epidemic and the social service workforce
- Administered survey to gather data about the social service workforce across different settings
- Conducted qualitative, thematic analysis on survey responses, which involved analyzing, identifying and tallying themes in excel
- Followed up with selected respondents to include their profile and story in report to obtain additional information

QUESTIONNAIRE

Profile	Overview of work	Perceptions of support	Analysis of stories
<ul style="list-style-type: none">• Country• Role in the social workforce• Employer type• Work setting• Type of education and training• Motivation for entering the social service workforce	<ul style="list-style-type: none">• Case load• Types of violence• Types of services• Engagement in community-based programs	<ul style="list-style-type: none">• Adequate preparation and support• Types of support identified as most helpful	<ul style="list-style-type: none">• Type of violence• Nature of support provided to the child(ren) and/or family• Collaborators• Perception of intervention success• Major challenges• What worked well• Most helpful factor• Key outcomes

LIMITATIONS

- Limited piloting and adaptation of questionnaire
- The sample of respondents was limited and not representative of the social service workforce in general
- Feedback was not systematically balanced by geography or other characteristics of survey respondents
- Information collected from respondents should not be generalized or extrapolated to a single or multiple contexts as factors can vary between contexts

SURVEY FINDINGS/ PROFILES

- Questionnaires received from 53 respondents across 29 countries with a range completion
- **Roles:** 16 different roles ranging from direct service provision, management, organizational leadership
- **Employers:** 6 different types of employers, including academic and research institutions, NGOs, civil society, government, UN agencies and professional associations
- **Work setting:** 36% in combination of settings, 32% in urban areas, 19% in rural areas and 13% in peri-urban areas
- **Motivation:** desire to help people and personal experiences with abuse

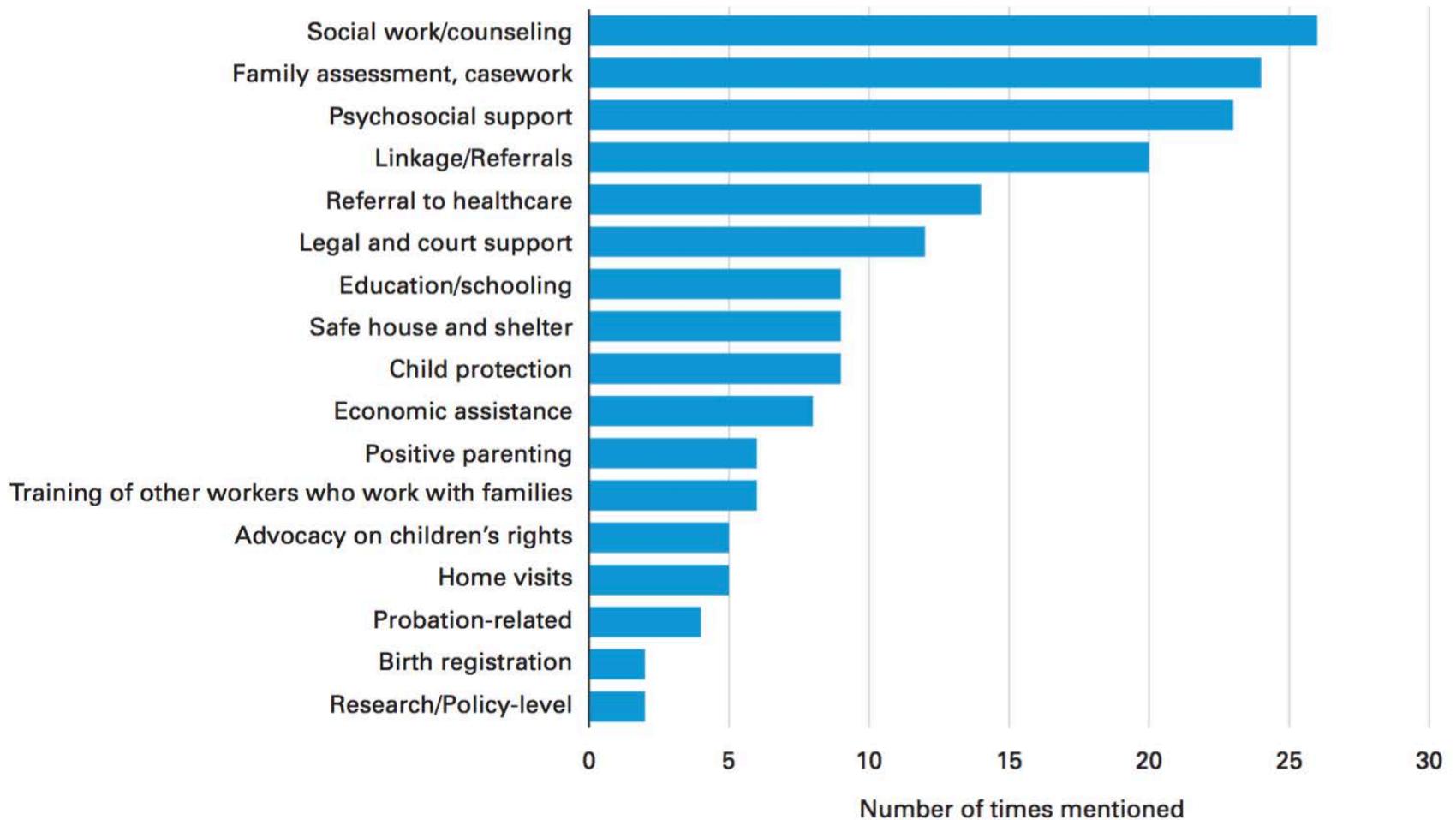
EDUCATION AND TRAINING

- Range of education and training
- 66% with a bachelor degree or higher in a range of different topics (e.g. social work, child development, psychology, education, law, social science, economics, public health, social sector planning, management, child rights, humanitarian action, guidance and counseling and public policy)
- 13% non-degree certifications and trainings (e.g. social work, training and counseling, child and youth care, community development and midwifery)
- 4% diplomas (business administration and child and youth development)
- Many respondents reported obtaining additional recognized certifications in a range of topics

SURVEY FINDINGS/ WORK OVERVIEW

- **Case load:** Of those providing a complete response, 73% of their total monthly case load of 13.5 cases involved violence
- **Types of violence:** >13 different types of VAC encountered in work, the most common of which were sexual violence, physical violence, neglect, psychological and emotional violence and child labor
- **Engagement in community-based programs:** ~1/2 of respondents mentioned involvement in community awareness raising or sensitization campaigns

TYPES OF SERVICES PROVIDED



PERCEPTIONS OF SUPPORT

- More than half of respondents indicated feelings of adequate preparation and support
- Some reported feelings of adequate preparation, but also described concerns and/or additional needs
- A quarter of respondents expressed feelings of inadequate preparation with specific challenges including:
 - lack of transport, financial and human resources; a need for more education and training (particularly on trauma counseling and navigating socio-cultural challenges with recognizing violence against children at the community and interpersonal level); insufficient government support for people in need; no recognition of social workers from other sectors; and public-sector institutions not equipped to deal with these cases

MOST HELPFUL TYPES OF SUPPORT

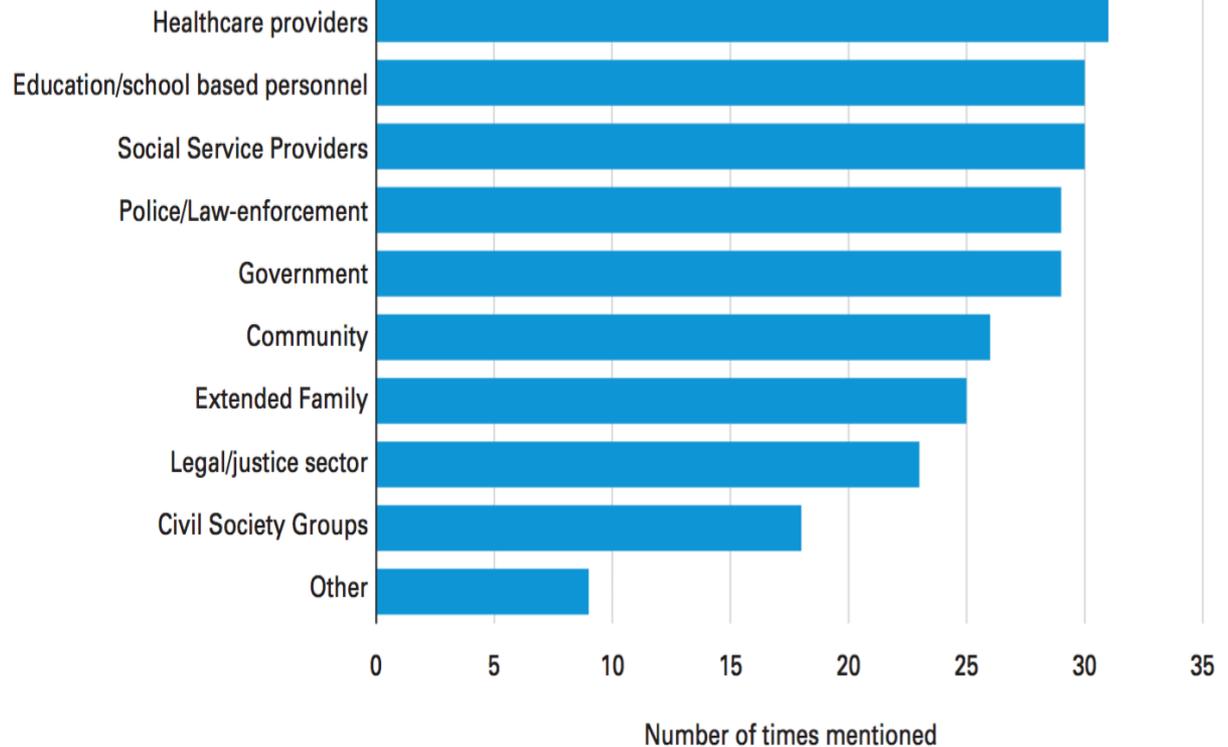
- Respondents described increasing the availability of support services to children and families as the type(s) of support that they would find most helpful in providing services to children/families affected by violence, including counseling or therapy, case management, psychosocial support and legal support as well as increased family and community awareness of ways to address violence
- Also described support required by workers themselves, including additional training and capacity building; supervision; higher compensation; reduction in work load; transportation assistance and secondary trauma counseling
- Finally, coordination was also mentioned multiple times as a potentially helpful form of support, including coordination and collaboration between stakeholders and knowledge sharing.

ANALYSIS OF STORIES

Types of violence

- Sexual violence was most frequently described, while physical violence and neglect were also prominent themes
- One third of the stories featured a child or children experiencing multiple forms of violence simultaneously

Collaborators



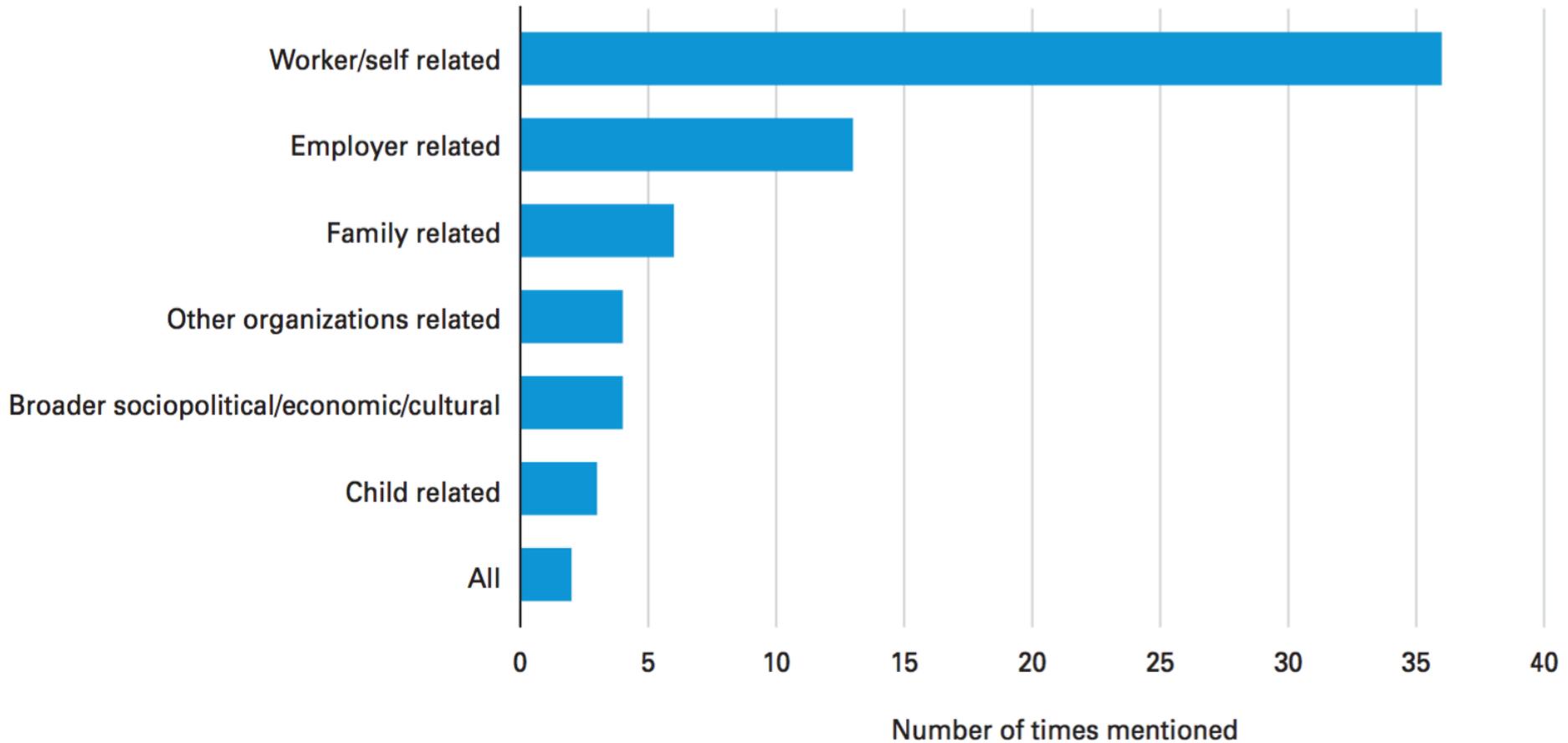
MAJOR CHALLENGES

Challenge	Examples
Institutional inadequacies	<ul style="list-style-type: none">• Reluctance or slowness to act, involving too many actors with poor coordination and communication between them, frontline staff ill-equipped to communicate and deal with children and lack of critical (reporting) structures
Negative parental attitudes and behavior	<ul style="list-style-type: none">• Refusal to collaborate, defensiveness, lack of support for their children and continued alcoholism and perpetration of violence
Negative children's behaviors	<ul style="list-style-type: none">• Inconsistent accounts of abuse, running away, substance abuse, distrust and suicidal behavior
Silence/ fear of disclosure	<ul style="list-style-type: none">• Children and families refused or declined to report or press formal charges in the context of violence because of the stigma or fear associated with sharing or reporting the case.
Local cultures and traditions	<ul style="list-style-type: none">• Local cultures and traditions were perceived by some workers as barriers to handling a case (such as families not agreeing with the worker to enroll girls in school) and difficulty understanding and working within different cultures and traditions.

WHAT WORKED WELL

- **Strength of families:** loving relationships, the willingness to cooperate and provide support to one another and family involvement in interventions
- **Family strengthening work:** coaching, raising awareness and facilitating successful relationships
- **Building a connection and relationship with children and families:** through developing trust, maintaining confidentiality and offering consistent support
- **Working in partnerships:** coordination between government and private agencies and organizations, collaboration to assess children's needs and provide necessary services
- **Provision of/referral for multi-disciplinary services for families:** to address diverse, but often inter-related needs as an important factor that went well in their work

MOST HELPFUL FACTORS



KEY OUTCOMES

Outcome	Description
Increased self-esteem, self-worth and morale of child	Outcomes related to establishing and strengthening child and families' self-worth, self-confidence and independence; facilitating behavior and attitude changes; and catalyzing personal transformations
Family strengthening, strengthened family relationships	Results related to facilitating trust, communication of feelings, attachment and emotional bonds among family members, as well as coordinating family reunification after either abandonment or institutionalization for various reasons
Parenting skills/ parental awareness	Refers to caretakers being able to better understand how to engage with and care for the children in their care
Community transformation	Workers described facilitating community dialogue about different forms of violence against children and ways that communities provided greater support and resources to families and children affected by violence
Educational achievement	Workers reported outcomes of children reintegrating back into school to continue their education and supporting children with education materials
Coordinated provision of multi-sectoral services	Workers described clients benefiting from various services, such as health and nutrition, shelter, birth certificates and becoming empowered to earn income to support themselves and/or their families

Saleem Bokhari, MSW
**Health Education Officer/
Social Worker,
Health Department
Punjab, Pakistan**

MY CURRENT/ONGOING WORK

- **Counseling** of abused children & their parents, helping, engaging community, usually mothers refer other mothers going through similar nature of child issues
- Imparting **multi-disciplinary training** on child protection/abuse prevention to improve the quality & quantity of professionals working with children.
- **Awareness seminars** on child rights/protection for professionals, social workers, parents & community.
- **Research** on prevalence of child abuse, risk factor of child abuse within family.
- **Analysis of reported cases** of child sexual abuse in Pakistan

STATE OF CHILD PROTECTION IN PUNJAB, PAKISTAN

- A little beyond the slogans of child rights, few interventions
- Cosmetic work , high profile cases & political mileage
- CRC Signatory Country
- Legislation brief
- Child Protection & Welfare Bureau (7 Cities of Punjab)
- Social Welfare Dept (Model Children Orphanages)
- 1st Child Court in Lahore

VIOLENCE AGAINST CHILDREN IN PUNJAB, PAKISTAN- STATISTICS

- Background of study (ICAST-R, Cross sectional)
- Physical Abuse= 57% reported at least one out of 5 subtype
- Emotional abuse= 53% reported at least one out of 5 subtype
- Sexual Abuse= 41% reported at least one out of 5 subtype
 - Intercourse was reported by 8%
- Most frequently reported perpetrators
 - Physical Abuse= Parents & Teacher
 - Emotional Abuse= Parents & Teacher
 - Sexual Abuse= Peers & Neighbor
- Highest reported age span of abuse 10-15 years
- 81% of respondents reported at least one form of abuse out of 20 sub-types of abuse
- Gender & Reporting

PREVALENCE OF CHILD ABUSE IN PAKISTAN

S#	Abuse	Type	Code	Female	Male	Combine	With one or other form of abuse	Female	Male			
1	Not taken care when sick or injured	Neglect	7.1	27	20%	33	24%	109 (39.7%) Respondents reported some form of neglect	55 (40.1%)	54 (39.4%)		
2	Not given food or drink		8.1	16	12%	15	11%				31	11%
3	Made to wear clothes that were dirty, torn, or inappropriate for the season		9.1	13	9%	21	15%				34	12%
4	hurt or injured because no adult was supervising		10.1	35	26%	30	22%				65	24%
5	Not provided with safe place to live		11.1	10	7%	14	10%				24	9%
6	Hit or punched hard	Physical Abuse	15.1	42	31%	63	46%	156 (56.93 %) reported some form of physical abuse	63 (46%)	93 (68%)		
7	Kicked hard		16.1	22	16%	37	27%				59	22%
8	Beaten hard with an object like a stick, cane, whip or belt		17.1	31	23%	66	48%				97	35%
9	Shaken hard		18.1	22	16%	37	27%				59	22%
10	Cut with knife or sharp object		19.1	8	6%	13	9%				21	8%
11	Insulted or criticized	Emotional Abuse	22.1	67	49%	64	47%	146 (53.28 %) reported one or other form of emotional abuse	74 (54%)	72 (52.5%)		
12	Anyone said that you were not loved or did not deserve to be loved		23.1	19	14%	23	17%				42	15%
13	Anyone said that they wish you had never been born, or were dead		24.1	24	18%	16	12%				40	15%
14	personally threatened that you would be badly hurt or killed		25.1	16	12%	18	13%				34	12%
15	Anyone threaten to abandon you, or refuse to let you live in the house anymore		26.1	9	7%	9	7%				18	7%
16	Anyone make you look at their private part	Sexual Abuse	29.1	34	25%	37	27%	113 (41.24%) reported one or other form of sexual abuse	53 (38.6%)	60 (43.7%)		
17	Someone made a sex video or take photographs		30.1	7	5%	9	7%				16	6%
18	Anyone touch your private parts in a sexual way, or make you touch theirs		31.1	42	31%	32	23%				74	27%
19	Anyone make you upset by speaking to you in a sexual way or writing sexual things about you		32.1	19	14%	22	16%				41	15%
20	Anyone ever have sexual intercourse with you		33.1	8	6%	15	11%				23	8%

CASE STUDY OF CHILD SEXUAL ABUSE

- A 10 years old male child was brought to the hospital by his mother. He had a high fever, and was in emotional trauma and frightened. Child refused to go outside/school. Health, eating, sleeping, interacting patterns of child affected
- I asked the mother what happened to the child, initially mother was reluctant and it seemed she was trying to hide but ultimately on empathic expressions, rapport building & assurance of help she revealed the trauma through which child & family were going.
- Mother revealed that the child was being followed, passed sexual comments & touched by a person (aged 35 aprx) who wanted to establish sexual relations with child and who called the child as his beloved.
- Mother was not willing to report the matter to police (family repute, enmity, lack of trust in police, stigma/future of child) or to bring it in the knowledge of her husband (anger of husband, family repute), who was serving in military in another city.
- Child was given medical treatment.

CASE STUDY OF CHILD SEXUAL ABUSE

- I counseled the child (rapport building, asking about his friends, games/toys/sports he prefers) & then asked about incident (open ended), let him express his fears, assured that we shall help that this should not happen to him again. I asked the mother to bring child for subsequent sessions of counseling to help child coming out of trauma, encouragement.
- I approached an influential community leader having coordination/contact with local police/admin & requested his help for the family, who volunteered & acted accordingly by mobilizing the few other community leaders/adults.
- The matter was resolved & the perpetrator was warned to be expelled from community, threatened to be handed over to police.

CAUSES OF CHILD SEXUAL ABUSE

Causes

- Lack of deterrence
- Culturally influenced patterns
- Neglect/ lack of supervision leading to abuse (parents, teachers, Peer/neighbor)

Low/No Reporting

- Shame, stigma, family repute, absence of services, lack of training, social pressures, threats, withdrawal, legal flaws, institutional/procedural lapses, lack of sensitization, disintegrated services

PRACTICAL ISSUES AND CHALLENGES

- Reported cases are tip of ice berg, scarcity of data
- Hard to work on an issue covered in denial & taboo
- Culturally influenced parenting patterns, complexity of IPV, extended families & violence within families
- No social workers / psychologist report in medico-legal process
- Institutions not child friendly, untrained staff
- Conviction rate 2016 Prosecution Dept Data 3/222 (1.3%)

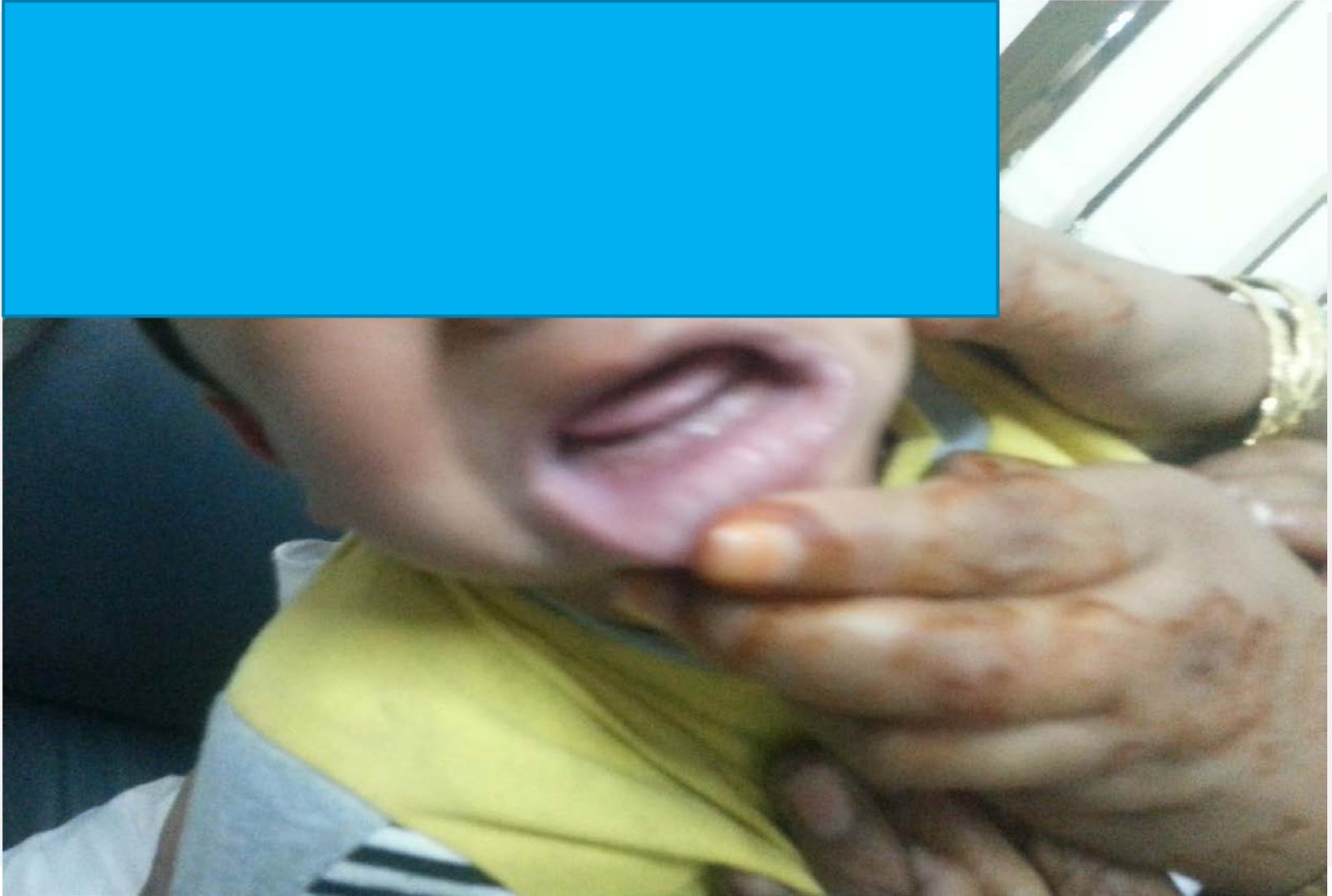
PROFESSIONAL SOCIAL WORKER'S ROLE IN CASES OF CHILD ABUSE

- **Social Work discipline at its nascent stage in Pakistan (Punjab University 1950s)**
- **No social worker (or even psychologist) is officially involved as a procedure at any stage to work with sexually abused children**
- **Very few hospitals with medical social worker/case worker appointed & lack of resources/engagement**
- **Social workers can counsel, document, record, report, devise, share for leaving the trails to follow**
- **Case work approach is a professional strength of social workers to benefit from whatever the resources available.**

CHILDREN AFFECTED BY NEGLECT



VIOLENCE AT HOME/BROKEN TEETH



THE WAY FORWARD

What needs to be done :

- Data
- Removing legal flaws
- Inclusion of child-specific material in social work education
- Inclusion of social workers in handling cases of child abuse
- Training of professionals
- Awareness campaign, breaking taboo
- Positive parenting workshops
- Child-friendly and model institutions

IMPLICATIONS AND WAY FORWARD

Amy Bess

IMPLICATIONS

- **Ensuring workforce preparation and training for their various roles**
- **Providing ongoing support to social service workers to increase motivation, retention and performance**
- **Incorporating the role of the social service workforce into legislative and policy frameworks, particularly as coordinators of multi-sectoral collaboration**
- **Utilizing qualitative data to build the evidence base for workforce strengthening**
- **Increasing accessibility and availability of services to children and families affected by violence**

If you have questions:

Please write your questions in the chat window

The moderator will read the questions to the presenters.

We regret if time does not allow for your question to be addressed.

**Questions
and Answers**

@SSWAlliance

**www.socialserviceworkforce.org
contact@socialserviceworkforce.org**



Continue the conversation and support workforce strengthening efforts:

- Join the Alliance to receive regular updates with notices of future webinars, ways to interact with global colleagues, resources and more
www.socialserviceworkforce.org/membership
- Attend the 5th Annual Social Service Workforce Strengthening Symposium on May 8 to learn more about the role of the social service workforce in addressing violence against children and national efforts underway to support workforce strengthening
<http://www.socialserviceworkforce.org/5th-annual-social-service-workforce-strengthening-symposium>
- A summary and recording of this webinar will be available soon and each of the past 24 webinars is available at
www.socialserviceworkforce.org/webinars

Social Service Workforce Strengthening Webinar Series

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