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

Amy Bess, MSW
Director, Global Social Service Workforce Alliance
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

GLOBAL ALLIANCE
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

TYPES OF VIOLENCE

- PHYSICAL VIOLENCE
- SEXUAL VIOLENCE
- EMOTIONAL/PSYCHOLOGICAL VIOLENCE
- NEGLECT OR NEGLIGENT TREATMENT
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
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

<table>
<thead>
<tr>
<th>Profile</th>
<th>Overview of work</th>
<th>Perceptions of support</th>
<th>Analysis of stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Country</td>
<td>• Case load</td>
<td>• Adequate preparation and support</td>
<td>• Type of violence</td>
</tr>
<tr>
<td>• Role in the social workforce</td>
<td>• Types of violence</td>
<td>• Types of support identified as most helpful</td>
<td>• Nature of support provided to the child(ren) and/or family</td>
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<tr>
<td>• Employer type</td>
<td>• Types of services</td>
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<td>• Collaborators</td>
</tr>
<tr>
<td>• Work setting</td>
<td>• Engagement in community-based programs</td>
<td></td>
<td>• Perception of intervention success</td>
</tr>
<tr>
<td>• Type of education and training</td>
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<td>• Major challenges</td>
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<tr>
<td>• Motivation for entering the social service workforce</td>
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<td>• What worked well</td>
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<td>• Most helpful factor</td>
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<td></td>
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<td>• Key outcomes</td>
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</table>
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
■ 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
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
• **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:** ~½ of respondents mentioned involvement in community awareness raising or sensitization campaigns.
TYPES OF SERVICES PROVIDED

- Social work/counseling
- Family assessment, casework
- Psychosocial support
- Linkage/Referrals
- Referral to healthcare
- Legal and court support
- Education/schooling
- Safe house and shelter
- Child protection
- Economic assistance
- Positive parenting
- Training of other workers who work with families
- Advocacy on children’s rights
- Home visits
- Probation-related
- Birth registration
- Research/Policy-level

Number of times mentioned
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.
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.
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.

<table>
<thead>
<tr>
<th>Types of violence</th>
<th>Collaborators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare providers</strong></td>
<td><strong>Education/school based personnel</strong></td>
</tr>
<tr>
<td><strong>Social Service Providers</strong></td>
<td><strong>Police/Law-enforcement</strong></td>
</tr>
<tr>
<td><strong>Government</strong></td>
<td><strong>Community</strong></td>
</tr>
<tr>
<td><strong>Extended Family</strong></td>
<td><strong>Legal/justice sector</strong></td>
</tr>
<tr>
<td><strong>Civil Society Groups</strong></td>
<td><strong>Other</strong></td>
</tr>
</tbody>
</table>

Number of times mentioned
## MAJOR CHALLENGES

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional inadequacies</td>
<td>• 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</td>
</tr>
<tr>
<td>Negative parental attitudes and behavior</td>
<td>• Refusal to collaborate, defensiveness, lack of support for their children and continued alcoholism and perpetration of violence</td>
</tr>
<tr>
<td>Negative children’s behaviors</td>
<td>• Inconsistent accounts of abuse, running away, substance abuse, distrust and suicidal behavior</td>
</tr>
<tr>
<td>Silence/ fear of disclosure</td>
<td>• 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.</td>
</tr>
<tr>
<td>Local cultures and traditions</td>
<td>• 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.</td>
</tr>
</tbody>
</table>
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

Number of times mentioned

- Worker/self related: 35
- Employer related: 12
- Family related: 6
- Other organizations related: 5
- Broader sociopolitical/economic/cultural: 5
- Child related: 2
- All: 1

The bar graph shows the number of times each factor was mentioned, with Worker/self related being the most helpful factor.
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increased self-esteem, self-worth and morale of child</strong></td>
<td>Outcomes related to establishing and strengthening child and families’ self-worth, self-confidence and independence; facilitating behavior and attitude changes; and catalyzing personal transformations</td>
</tr>
<tr>
<td><strong>Family strengthening, strengthened family relationships</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Parenting skills/parental awareness</strong></td>
<td>Refers to caretakers being able to better understand how to engage with and care for the children in their care</td>
</tr>
<tr>
<td><strong>Community transformation</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Educational achievement</strong></td>
<td>Workers reported outcomes of children reintegrating back into school to continue their education and supporting children with education materials</td>
</tr>
<tr>
<td><strong>Coordinated provision of multi-sectoral services</strong></td>
<td>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</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>S#</th>
<th>Abuse</th>
<th>Type</th>
<th>Code</th>
<th>Female</th>
<th>Male</th>
<th>Combine</th>
<th>With one or other form of abuse</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Not taken care when sick or injured</td>
<td>Neglect</td>
<td>7.1</td>
<td>27</td>
<td>20%</td>
<td>33</td>
<td>24%</td>
<td>60</td>
<td>22%</td>
</tr>
<tr>
<td>4</td>
<td>Not given food or drink</td>
<td>Neglect</td>
<td>8.1</td>
<td>16</td>
<td>12%</td>
<td>15</td>
<td>11%</td>
<td>31</td>
<td>11%</td>
</tr>
<tr>
<td>5</td>
<td>Made to wear clothes that were dirty, torn, or inappropriate for the</td>
<td>Neglect</td>
<td>9.1</td>
<td>13</td>
<td>9%</td>
<td>21</td>
<td>15%</td>
<td>34</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>season</td>
<td>Neglect</td>
<td>10.1</td>
<td>35</td>
<td>26%</td>
<td>30</td>
<td>22%</td>
<td>65</td>
<td>24%</td>
</tr>
<tr>
<td>7</td>
<td>Not provided with safe place to live</td>
<td>Neglect</td>
<td>11.1</td>
<td>10</td>
<td>7%</td>
<td>14</td>
<td>10%</td>
<td>24</td>
<td>9%</td>
</tr>
<tr>
<td>8</td>
<td>Hit or punched hard</td>
<td>Physical Abuse</td>
<td>15.1</td>
<td>42</td>
<td>31%</td>
<td>63</td>
<td>46%</td>
<td>105</td>
<td>38%</td>
</tr>
<tr>
<td>9</td>
<td>Kicked hard</td>
<td>Physical Abuse</td>
<td>16.1</td>
<td>22</td>
<td>16%</td>
<td>37</td>
<td>27%</td>
<td>59</td>
<td>22%</td>
</tr>
<tr>
<td>10</td>
<td>Beaten hard with an object like a stick, cane, whip or belt</td>
<td>Physical Abuse</td>
<td>17.1</td>
<td>31</td>
<td>23%</td>
<td>66</td>
<td>48%</td>
<td>97</td>
<td>35%</td>
</tr>
<tr>
<td>11</td>
<td>Shaken hard</td>
<td>Physical Abuse</td>
<td>18.1</td>
<td>22</td>
<td>16%</td>
<td>37</td>
<td>27%</td>
<td>59</td>
<td>22%</td>
</tr>
<tr>
<td>12</td>
<td>Cut with knife or sharp object</td>
<td>Physical Abuse</td>
<td>19.1</td>
<td>8</td>
<td>6%</td>
<td>13</td>
<td>9%</td>
<td>21</td>
<td>8%</td>
</tr>
<tr>
<td>13</td>
<td>Insulted or criticized</td>
<td>Physical Abuse</td>
<td>22.1</td>
<td>67</td>
<td>43%</td>
<td>64</td>
<td>47%</td>
<td>131</td>
<td>48%</td>
</tr>
<tr>
<td>14</td>
<td>Anyone said that you were not loved or did not deserve to be loved</td>
<td>Emotional Abuse</td>
<td>23.1</td>
<td>19</td>
<td>14%</td>
<td>23</td>
<td>17%</td>
<td>42</td>
<td>15%</td>
</tr>
<tr>
<td>15</td>
<td>Anyone said that they wish you had never been born, or were dead</td>
<td>Emotional Abuse</td>
<td>24.1</td>
<td>24</td>
<td>18%</td>
<td>16</td>
<td>12%</td>
<td>40</td>
<td>15%</td>
</tr>
<tr>
<td>16</td>
<td>personally threatened that you would be badly hurt or killed</td>
<td>Emotional Abuse</td>
<td>25.1</td>
<td>16</td>
<td>12%</td>
<td>18</td>
<td>13%</td>
<td>34</td>
<td>12%</td>
</tr>
<tr>
<td>17</td>
<td>Anyone threaten to abandon you, or refuse to let you live in the house</td>
<td>Emotional Abuse</td>
<td>26.1</td>
<td>9</td>
<td>7%</td>
<td>9</td>
<td>7%</td>
<td>18</td>
<td>7%</td>
</tr>
<tr>
<td>18</td>
<td>Anyone make you look at their private parts</td>
<td>Emotional Abuse</td>
<td>29.1</td>
<td>34</td>
<td>25%</td>
<td>37</td>
<td>27%</td>
<td>71</td>
<td>26%</td>
</tr>
<tr>
<td>19</td>
<td>Someone made a sex video or take photographs</td>
<td>Sexual Abuse</td>
<td>30.1</td>
<td>7</td>
<td>5%</td>
<td>9</td>
<td>7%</td>
<td>16</td>
<td>6%</td>
</tr>
<tr>
<td>20</td>
<td>Anyone touch your private parts in a sexual way, or make you touch theirs</td>
<td>Sexual Abuse</td>
<td>31.1</td>
<td>42</td>
<td>31%</td>
<td>32</td>
<td>23%</td>
<td>74</td>
<td>27%</td>
</tr>
<tr>
<td>21</td>
<td>Anyone make you upset by speaking to you in a sexual way or writing sexual things about you</td>
<td>Sexual Abuse</td>
<td>32.1</td>
<td>19</td>
<td>14%</td>
<td>22</td>
<td>16%</td>
<td>41</td>
<td>15%</td>
</tr>
<tr>
<td>22</td>
<td>Anyone ever have sexual intercourse with you</td>
<td>Sexual Abuse</td>
<td>33.1</td>
<td>8</td>
<td>6%</td>
<td>15</td>
<td>11%</td>
<td>23</td>
<td>8%</td>
</tr>
</tbody>
</table>

109 (39.7%) Respondents reported some form of neglect

156 (56.93%) reported some form of physical abuse

146 (53.28%) reported one or other form of emotional abuse

113 (41.24%) reported one or other form of sexual abuse
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.
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
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
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.
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

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