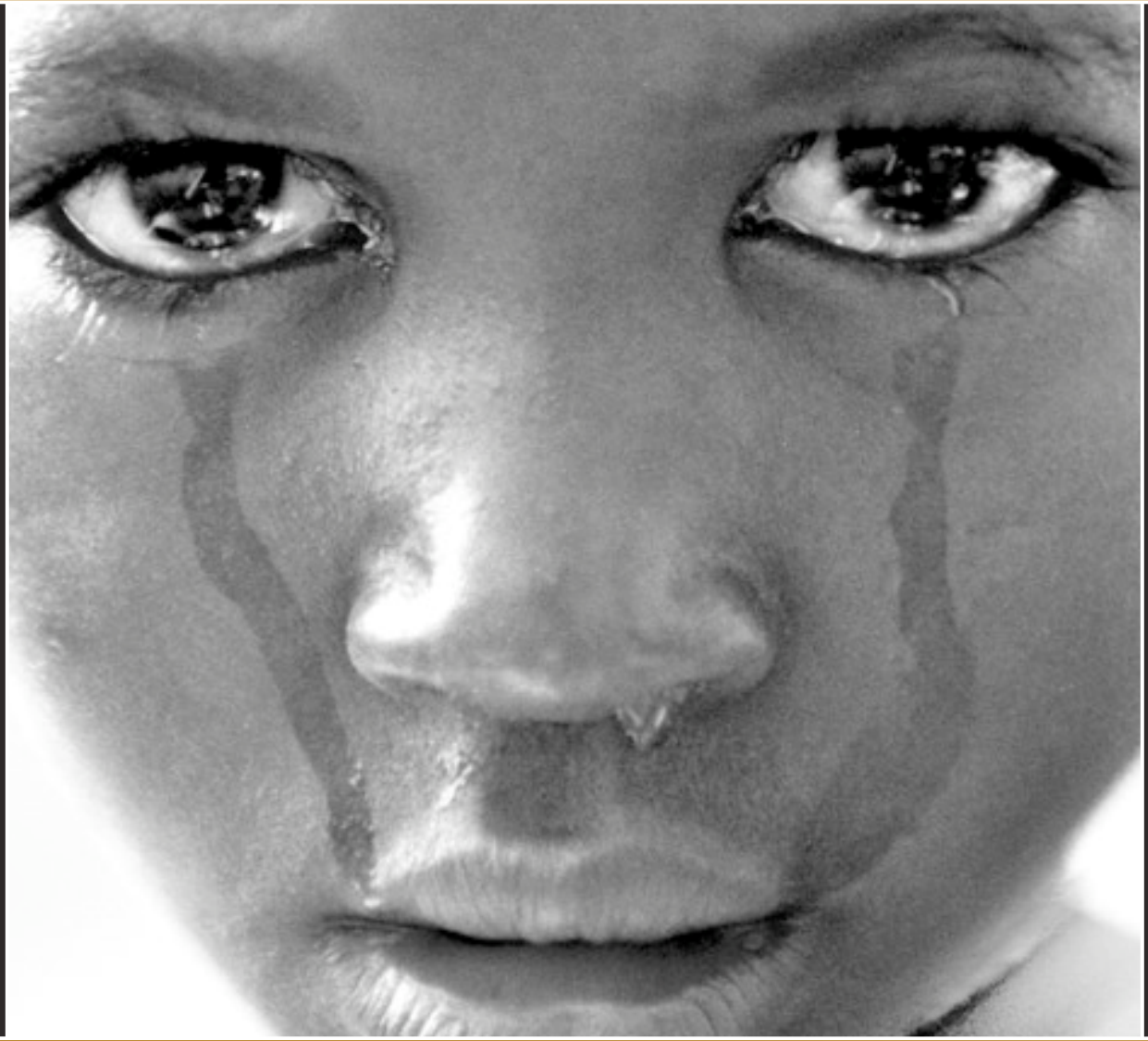

Gaining traction by action-activating accountability in protecting the rights of children: Evaluation of preparedness in government services against child sexual abuse and exploitation in Botswana

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GAINING TRACTION BY ACTION

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Introduction

Despite the extent and impact of sexual violence on children and youth, governments, civil societies, and non-governmental organizations rarely evaluate their services.

Child sexual abuse and exploitation (CSAE) remains a pervasive legal, health, social, and developmental problems in the world. Sexual violence against children occurs everywhere irrespective of location, race, religion, culture, and social class. It occurs in settings in which children live and play: their homes, schools, streets, and communities. Despite the extent and impact of sexual violence on children and youth, governments, civil societies, and non-governmental organizations rarely evaluate their services. In addition, most institutions serving children and youth lack reliable data because their system structures and processes are weak and fragmented.

This study examined child sexual abuse and exploitation (CSAE) preparedness of key government ministries that provide services to survivors in Artesia, Bobonong, Goodhope, and Francistown. The primary purpose was to answer the following research question: "Are government ministries, mandated to serve survivors of sexual abuse and exploitation, fully prepared to carry out CSAE services?"

The objectives of the study were twofold:

1. To identify structural and process gaps that hinder promoting children's basic human rights, in particular, related to sexual abuse.

2. To use the research findings on children's human rights services to:

    - Advocate for policy and intervention reforms that promote effective provision of child protection and promoting children's rights enshrined in local and international laws and obligations,
    - Improve service delivery, and
    - Develop departmental as well as cross-sector interventions that promote children's rights.

> Sexual violence against children occurs everywhere irrespective of location, race, religion, culture, and social class.
>
> It occurs in settings in which children live and play: their homes, schools, streets, and communities.

METHODS AND PROCEDURES

The study carried out a cross-sectional survey to collect a snapshot of information related to the preparedness of CSAE services. The study population was sampled from Ministries of Defense, Justice and Security; Education and Skills Development; Health; and Local Government and Rural Development. The target population included magistrates, court clerks, secondary school teachers, guidance counselors, healthcare workers (doctors, registered nurses, midwives, pharmaceutical, and laboratory staff), social welfare officers, and community development officers.

The study used the p-value of $\leqslant 0.05$ as a deterministic threshold for evaluating the significance of the study findings.

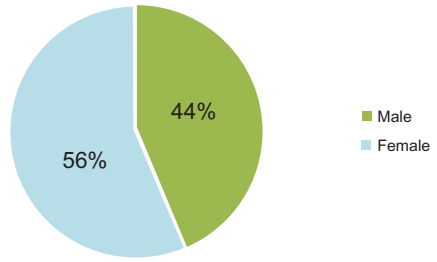
The research team interviewed a random sample of eligible respondents using a face-to-face standardized questionnaire. The Health Research Development Committee (HRDC) Institutional Review Board approved the research.

RESULTS

DEMOGRAPHIC PROFILE OF THE RESPONDENT POPULATION

Three hundred and twenty-two eligible respondents consented and took part in the study. Females made up more than half of the respondent population **(Figure I)**.

Figure I: Percent distributions of respondents by sex



Most of the respondents (81.1%) were between 22 and 44 years old. About 19.6% of the respondents had gained either secondary or post secondary education, 35.7% had diploma education, and 32.9% had bachelor's degrees. The remaining 11.8% had attained graduate education.

The overall mean length of service of the respondent population was 11.9 years *(SD = 8.3, 95% CI: 11.9, 12.8)*. The mean length of service in the current institutions was *4.4 (SD = 4.1, 95% 3.9, 4.8)*.

CHILD SEXUAL ABUSE AND EXPLOITATION SERVICES

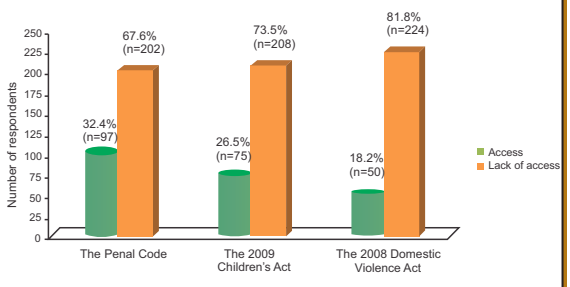
1. CSAE Basic Services and Awareness of the Impact of CSAE among Adolescents

The study found that 65% of the respondents reported providing basic CSAE services in their departments or ministries, and 72% of the respondents reported being aware of the impact of sexual abuse and exploitation on adolescents. The study also found that 60% of the respondents reported being aware of the timeline for taking post-exposure prophylaxis to prevent HIV transmission among victims of sexual abuse.

2. Access to Knowledge and Application of CSAE Statutes

Summarized results showed most of the respondents did not have access to the Botswana Penal Code, the 2009 Children's Act, and the Domestic Violence Act **(Figure II)**.

Figure II: Distribution of respondents reporting accessibility or lack of accessibility to statutes (policies) governing child sexual abuse and exploitation in Botswana



When asked about their understanding, knowledge and application of the laws in their work, over 80%could not state what the 2009 Children's Act says about sexual violence. In addition, 86% could not explain what the Domestic Violence Act states about the processes of reporting sexual violence.

In addition, 64% of the respondents were not knowledgeable about sexual offenses as stated in the Penal Code. Further, 54% of the respondents were not knowledgeable about Botswana laws related to the sexual violence of minors, despite 60% of them reporting that they know their roles in CSAE service delivery.

3. Access to Youth Friendly Strategies, Protocols, SOPs and Best Practices

Results show that over 80% of the service providers in selected ministries and study areas lack access to CSAE strategies, protocols, SOPs and best practices. Results suggest that over 75% of the respondents do not conduct mandatory debriefing sessions and 54% of the respondents reported lack of staff policy on confidentiality related to CSAE services.

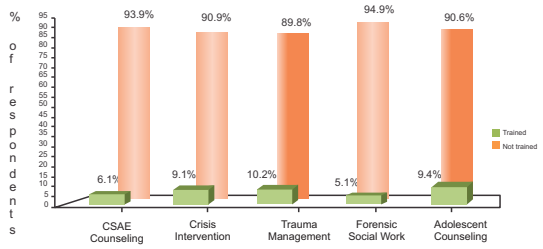
4. Availability of CSAE Service Personnel

Most of the ministries do not have CSAE designated gender focal people. Data also show that only 38% of respondents reported having a focal person designated to children and youth services. Results suggest that only 19% of the focal people were available 24 hours a day to support survivors (especially in the police departments and selected health systems).

5. CSAE Competencies and Skills

Results show that most of the respondents across ministries had never received training to adequately support survivors of child sexual abuse and exploitation in the study areas. Results indicate more than 90% of the respondents had never received specialized training in counseling of sexually abused children and adolescents, crisis intervention counseling and forensic social work. Results show that 90% of the respondents had never received specialized training in trauma management **(Figure III)**.

Figure III: Distribution of respondents reporting training in specialized counselling competencies for managing survivors of sexual abuse and exploitation



6. Referral Practices for Cases of Sexual Abuse and Exploitation

Results suggest that while participating ministries collect and segregate data for CSAE, there is no electronic CSAE information system to allow service providers to share information and coordinate the provision of service.

Over 90% of the respondents reported high referrals of CSAE survivors across participating departments or ministries. Nine of every ten respondents interviewed in each department or ministry reported referring CSAE survivors to outside services.

However, when respondents were asked whether they followed-up referred cases or collected feedback on the cases they referred, six out of every ten did not conduct follow–ups. Only 40% of respondents collected feedback.

In addition, only two out of every ten of the respondents received feedback in a timely manner.

7. Community Outreach Programs

Overall, results show the only 36% of the participating government ministries have community outreach programs to raise CSAE awareness. The police department was 60% more likely to report having community outreach programs than other departments or ministries.

HYPOTHESIS TESTING

The primary research question for this study was: "Are government ministries, mandated to serve survivors of sexual abuse and exploitation, fully prepared to carry out CSAE services?"

To answer this question, the study hypothesized that selected government ministries were not fully prepared to carry out mandated services based on the CSAE Preparedness Scorecard (H0: $\mu \leqslant 2.6$). The alternative hypothesis was that selected government ministries were fully prepared to carry our mandated services based on the CSAE Preparedness Scorecard (Ha: $\mu > 2.6$).

The study developed a (CSAE) Preparedness Scorecard, a mathematical rubric based best practices and service norms for implementing CSAE services (Pavey, 2014).

CSAE Preparedness Scorecard factors included constructs extracted following exploratory factor analysis and the Cronbach's alpha reliability analysis.

Factors that loaded together ($\geqslant .45$) following varimax rotation on principal component analysis were determined as valid. The constructs were analyzed for internal consistency using the Cronbach's alpha coefficient. Factors that yielded coefficient $\geqslant .65$ were determined reliable.

The population mean (μ = 2.6) was based on the cut-off point of the three-point Likert scale of the CSAE Preparedness Scorecard. The scale was classified as: *3 = Completely Yes, 1 = Somewhat but none at all, and 0 = None at all.* The response scores from the Likert scale were categorized into an ordinal measurement scale where: *"0 – 0.5" denoted not prepared to support CSAE, "0.6 – 2.5" meant sub-optimal preparedness, and "2.6 – 3.0"* denoted fully prepared to support CSAE services **(Appendix 1).**

Using the one-way hypothesis testing (with population mean $\mu = 2.6$), the study found that the z-test statistic ($z = -43.4, p<0.001$) was significantly below the critical value at $p=0.05$. The study failed to find enough evidence to reject the null hypothesis ($H0: \mu= 2.6$). The study concluded that primary government ministries are not fully prepared to provide CSAE mandated services to the survivors.

Results from the CSAE Preparednesss Scale suggest that the primary government ministries provide sub-optimal services, overall mean index score, *M = 1.17 (SD = 0.59, 95% CI: 1.10, 1.23).*

One-way analysis of variances (ANOVA) comparing mean index scores of the four primary ministries varied significantly, *p<0.001*. The Ministry of Defense, Justice, and Security (the judiciary and police departments) had better CSAE service delivery score, *M = 1.76 (SD=.55, 95% CI: 1.64, 1.88, p<0.001)* than the other service ministries.

The study also found the Ministry of Local Government and Rural Development performed better, *M = 1.43 (SD = .35, 95% 1.26, 1.60, p<0.01)* than the Ministries of Education and Skills Development and Health.

Post-hoc test, using Tukey's honest significant test (HSD), suggests the mean differences between MDJS and other ministries were statistically different, *p<0.001*. The Tukey's HSD test was also significantly different when the CSAE scorecard mean score of MoLG & RD was compared with CSAE scorecard means of MoESD and MoH (*p<0.001*).

CSAE mean scores between the Ministry of Education and Skills Development, *M=.95 (SD = .45, 95% .86, 1.04)* and the Ministry of Health, *M=.89 (SD = .43, 95% CI: .81, .97)* were not statistically different *(p>0.05).*

PREDICTING OPTIMAL CSAE SERVICES

The study computed multivariate ordinal regression modeling (proportional odds modeling) to predict services areas worth investing to achieve optimal CSAE Preparedness in government ministries **(Appendix 2).**

Structure Predictors of CSAE Preparedness

Results suggest that improving the data management system increases the odds of achieving optimal CSAE Preparedness 14 times compared with providing poor or sub-optimal CSAE services to survivors, *OR adjusted = 14.15 (95% CI:3.32, 60.34, Wald χ^2 (1) = 13.39, p<0.0.001).*

Results also show that improving the referral system *(OR adjusted = 9.11 (95% CI: 3.32, 27.11, Wald χ^2 (1) = 15.00, p<0.001)* and access to and knowledge about laws among service providers (*OR adjusted = 5.10, 95% CI: 1.35, 18.17, Wald χ^2 (1) = 5.87, p=0.015) increase* the odds of achieving optimal CSAE preparedness compared with providing poor or sub-optimal CSAE services.

Process Predictors of CSAE Preparedness

Data indicate improving service provider's knowledge about the application and implementation of CSAE statutes as well as strategic plans and policy guidelines increase the odds of achieving optimal CSAE Preparedness *(OR adjusted = 23.57, (95% CI: 1.35, 18.17, Waldχ^2 (1) = 5.87, p=0.015).*

Prediction modeling also suggests that increasing service providers' competencies and skills through specialized training in counseling increase the odds of achieving optimal CSAE preparedness *(OR adjusted =11.47, 95% CI: 1.35, 99.48, p =0.03).*

The provision of counseling services and the development of youth-friendly strategic plans, protocols and standard norms were significant predictors of increasing the odds of achieving optimal CSAE Preparedness *(OR adjusted = 8.33, 95% CI: 2.23, 33.12, p = 0.002).*

Demographic Predictors of CSAE Preparedness

Results indicate that magistrates increase the odds of achieving CSAE preparedness over a thousand times compared with other professions *(OR adjusted = 1152.9, 95% CI: 3.09, 408399.0, Waldχ^2 (1) = 5.44, p=0.02).*

RECOMMENDATIONS

This section presents suggestions drawn from the results and existing literature to strengthen and improve the quality of CSAE services in Botswana. The recommendations are summarized in three broad segments: National, Policy, and Programmatic.

National Level Recommendations

Results in this study suggest CSAE services delivery is vertical and fragmented. Child sexual abuse and exploitation is a health, social and legal problem. The problem of CSAE is a cross-sector issue involving judicial, security and protection, education, health, child protection and social mandates. These mandates are managed in different ministries. To improve CSAE service delivery, the study recommends:

- A paradigm shift of CSAE service delivery from ministerial based implementation to a systems approach is required. Systems approach takes into account the roles and contributions of each primary ministry and how each ministry interacts with the community in which the CSAE survivors live. Systems approach builds on strong cross-sector service delivery that requires coordinated efforts, capable leadership, and adequate resources as well as motivated and committed service personnel.

Ensuring that a Systems Approach is Effective, the Study Recommends:

The study suggests strengthening and utilizing the existing national child protection committees at the national, regional, district, and community levels.

The CSAE coordinating department should be set outside the current CSAE implementing ministries. The Ministry of Labor and & Home Affairs (MoLHA), the Gender Affairs Department is ideal for the following reasons:

- CSAE falls within the GBV interventions. Currently, the Gender Affairs Department coordinates gender and gender-based violence national initiatives.

- MoLHA is not a primary service provision ministry, rather a coordinating body. Its role would be to provide leadership, develop standardized CSAE services and performance monitoring scorecard, mobilize resource for CSAE from the donor community, develop CSAE research agenda to inform evidence-based programming, and institute CSAE quality improvement initiatives. MoLHA would be held accountable for ensuring partner ministries are implementing CSAE services based on agreed national and accepted international standards.

Policy Level Recommendations

Results suggest that access to information resources as well as main statutes that govern CSAE service delivery is poor among services providers. The study recommends:

- Establishing a reference group composed of legal, child protection, and service delivery experts to develop user-friendly guides for the Penal Code and the Domestic Violence Act of 2008. The simpler versions should highlight the intentions and provisions of the Acts in a language service providers can understand. Such translation should incorporate the roles of service providers in each service ministry.
- The study recommends replication of and use of the approach used to simplify the 2009 Children's Act. The Ministry of Local and Rural Development developed a user-friendly guide to the care of orphans and vulnerable children based on the 2008 National Guidelines on the care of OVC and the 2009 Children's Act.

Programmatic Level Recommendations

Botswana has statute driven policy instruments. Some of the instruments include the Botswana Health Sector Response to Gender-Based Violence: A Policy Framework; the Child Abuse Communication Strategy (2010-2014); and the Protocols and Service Standards for Prevention and Management of Gender-Based Violence for Health Care Providers. Results suggest that available policy instruments are under utilized.

To ensure each primary service ministry is accountable to the national CSAE goals, the study recommends strengthening service implementation accountability by:

- Developing a service provision scorecard (CSAE Preparedness Scorecard) drawn from a compendium of CSAE best practices. The scorecard may be used to establish service provision benchmarks to monitor performance of service delivery.

  This study provides a template of an evidence-based CSAE Preparedness Scorecard that can be replicated at a national level.

Results also highlight the weak linkages among service ministries. To establish effective linkages, the study recommends:

- Establishing a clearly defined feedback loop referral system
- Build strong and active linkages between ministries, districts, and community child protection committees.

Community linkages create a supportive environment for developing informed, activated, and motivated citizens in matters about CSAE.

Findings highlight weak competencies and skills among service providers especially in specialized counseling and forensic investigation (among social welfare officers and healthcare workers). Improving service delivery and preparing service providers to offer high-quality services require building their competencies and skills.

The study recommends:

- Developing a national continuing professional development (CPD) program for CSAE and GBV using accredited institutions.

CONCLUSION

> most institutions serving children and youth lack reliable data because their system structures and processes are weak and fragmented.

Sexual violence against children occurs everywhere irrespective of location, race, religion, culture, and social class. It occurs in settings where children live and play: this includes their homes, schools, streets, and communities. Despite the extent and impact of sexual violence on children and youth; the Botswana Government, civil societies, and non-governmental organizations rarely evaluate their services. In addition, most institutions serving children and youth lack reliable data because their systems are weak and fragmented.

This is one of the few gap analysis studies that evaluated the primary government ministries providing child sexual abuse and exploitation services in Botswana. The study identified strengths and weaknesses in the current CSAE services. The study provides critical planning information on which policy makers, program managers, and service providers can invest to improve CSAE preparedness in Botswana. Results also offer non-governmental organizations and the donor community important information for supporting the Government of Botswana in CSAE service delivery.

Appendix

Appendix 1

Frequency distribution of respondents rating of CSA services based on CSA Performance Preparedness Scorecard

	Three-point Likert scale				
CSA PPS Factors	"0 - 0.5" score	"0.6 – 2.5" score	"2.6 – 3.0" score	Mean (±)	Median (IQR)
Structural factors					
CSA main statutes	166 (53.4)	112 (36.0)	33 (10.6)	0.8 (1.0)	2.8 (2.2)
Space and setting for CSA services	125 (40.5)	39 (12.6)	145 (46.8)	1.5 (1.4)	1.0 (3.0)
CSA service personnel	165 (51.9)	124 (39.0)	29 (9.1)	0.8 (1.1)	0.3 (1.7)
Data management system	32 (10.0)	225 (70.3)	63 (19.7)	1.6 (0.9)	1.8 (1.6)
CSA referral system	72 (22.9)	198 (62.9)	45 (14.2)	1.4 (1.0)	1.5 (1.7)
Process factors					
CSA basic services	19 (5.9)	91 (28.3)	212 (65.8)	2.4 (1.0)	3.0 (1.5)
CSA counseling services	44 (13.8)	223 (70.1)	51 (16.0)	1.6 (0.9)	1.8 (2.0)
CSA access to protocols and SOPs	140 (43.9)	142 (44.5)	37 (11.6)	1.0 (1.0)	1.0 (2.0)
CSA competencies in specialized training	226 (70.6)	87 (27.2)	7 (2.2)	0.4 (0.6)	1.8 (1.6)
Knowledge and application of CSA laws	56 (17.5)	238 (74.4)	26 (8.1)	1.3 (1.8)	1.1 (1.1)
CSA community out-reach programs	189 (60.0)	76 (24.1)	50 (15.9)	0.9 (1.1)	0.5 (1.5)
CS Preparedness Scorecard Index	**49 (15.2)**	**268 (83.2)**	**5 (1.6)**	**1.5 (0.6)**	**1.1 (0.9)**

Note:
"0-0.5" denote lack of CSAE Preparedness
"0.6-2.5" denote sub-optimal CQI
"2.5-3.0" denote optimal CQI

Appendix 2

Multiple ordinal regression analysis predicting CSA preparedness in government ministries mandated to support child sexual abuse survivors in study areas

		Estimate	SEB	Wald	df	P-value
Threhold	Lack of CSA Preparedness	10.61	3.57	8.85	1	.003
	Sub-Optimal CSA Preparedness	40.90	7.75	27.82	1	.000
Location	**Structure Factors**					
	Space and Setting for Service					
	Definitely	-1.21	.93	1.69	1	.194
	Somewhat	-.37	1.14	.10	1	.748
	None at all	0[a]				
	CSA statutes	1.63	.67	5.87	1	.015
	CSA designated personnel	1.37	.78	3.04	1	.081
	CSA data management system	2.65	.73	13.39	1	.000
	CSA referral practices	2.21	.57	15.00	1	.000
	Process Factors					
	CSA general service	.63	.42	2.22	1	.136
	CSA counseling services	2.12	.68	9.68	1	.002
	CSA protocols, plans, service norms and standards	1.83	.72	6.47	1	.011
	Knowledge and application of existing statutes and policies	3.16	.94	11.39	1	.001
	CSA specialized training	2.44	1.12	4.79	1	.029
	Out- reach programs	.62	.71	.78	1	.378
	Sex					
	Male	-.39	.69	.32	1	.573
	Female	0[a]				
	Education					
	Secondary & Post Sec	-.95	1.52	.39	1	.530
	University Education	0[a]				
	Occupation					
	Magistrates and Clerks	7.05	3.02	5.44	1	.020
	Other Professions	0[a]				

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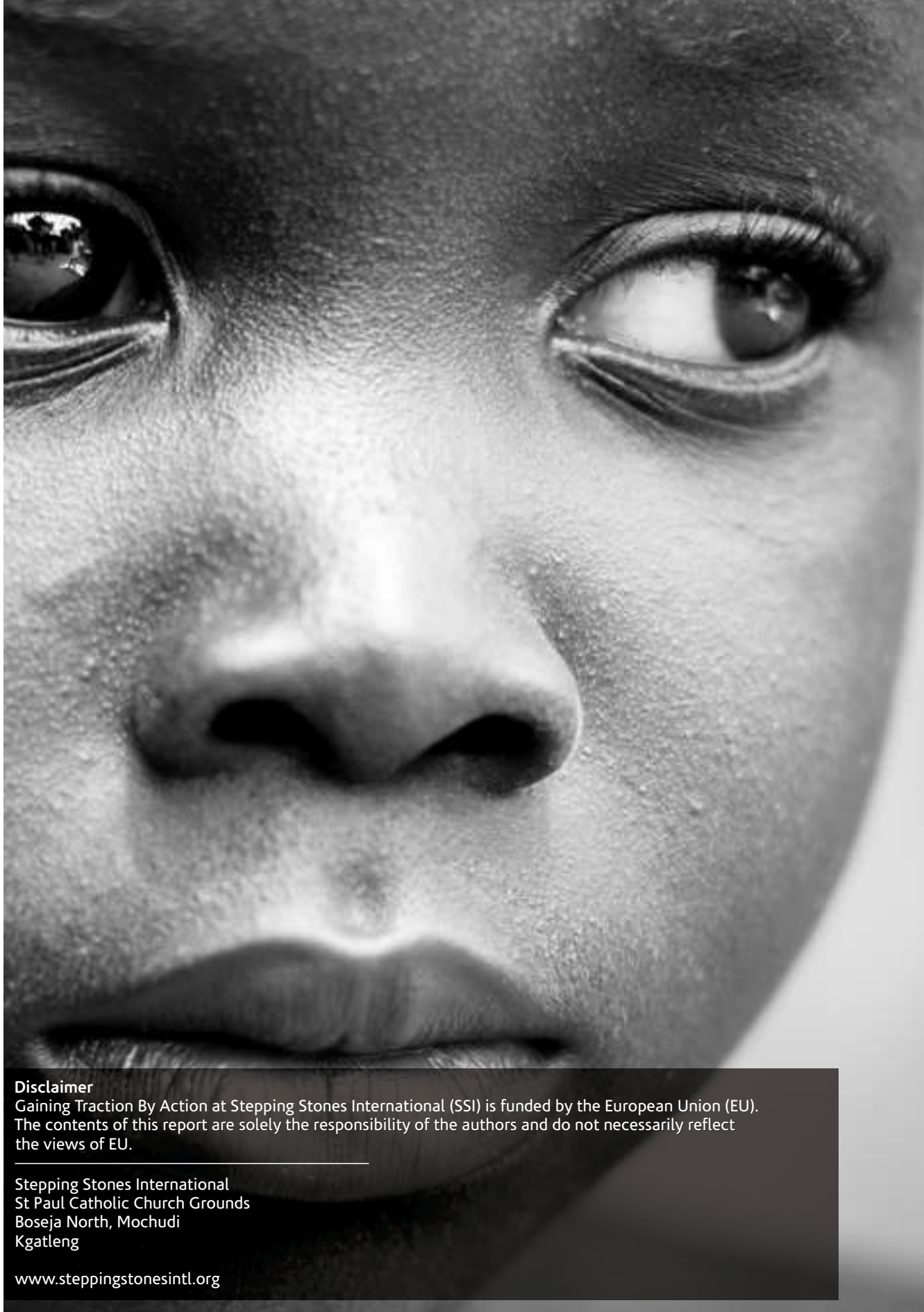
Model Fit (21) = 310.15, p <0.001
Person and Deviance Goodness of Fit = p>0.05
Cox and Snell Pseudo R^2 = .653, Negelkerke Pseudo R^2 = 1.00
Test for parallel lines = p>0.05



Disclaimer
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