
Child Abuse

Sowetans Respond

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Child abuse appears to be an increasing problem in Soweto. This increase is thought to be a reflection of growing awareness, understanding and detection. It is also attributed to a rising incidence, resulting from adverse family and societal circumstances.

Many people, in one way or another, are victims of violence. The plight of young children suffering sexual abuse has had particular impact. There is concern that insufficient attention is being paid to the affected child and other involved family members. There is also neglect of the need for rehabilitation, where possible, of the perpetrator.

The inadequacy of formal resources and facilities could evoke responses of distress, outrage and despair in people. However, the constructive and commendable response of concerned members of the Soweto community has resulted in the formation of the Bara/Soweto Child Abuse Liaison Group. This group has grown and flourished over the past seven years. The Baragwanath based Division of Community Paediatrics of the University of the Witwatersrand performs a co-ordinating role and provides a venue and back-up support.

Soweto's Liaison Group

The liaison group comprises nurses, social workers, doctors, teachers, ministers of religion, psychologists, Child Protection Unit police, a speech therapy assistant, youth groups and others from the community. Representatives from the Medico-legal Clinic, Correctional Services and the legal profession have also participated. The world flyweight boxing champion - Sowetan Jake Matlala - is an active supporter. Almost 200 names have been entered in the Group's mailing list. Members hold monthly meetings. The local authority community health sisters play an important role in long term field work, following up affected families.

The objectives of the group include increasing members' knowledge and understanding of child abuse, and thereby promoting proper detection and handling of cases; providing mutual support for people stressed by ongoing

encounters with child abuse; creating community awareness of child abuse with emphasis on prevention through education and the provision of supportive intervention when necessary; and encouraging community involvement and participation. In addition, the group aims to facilitate identification and follow up by maintaining an unofficial confidential register of actual or suspected cases of child abuse. These records are located in the office of the Division of Community Paediatrics at Baragwanath Hospital. Forms for completion are available in the Soweto Clinics, the Baragwanath Paediatric Department and the Medico-Legal Clinic.

Abused children reported in this way represent only the tip of the iceberg. Most of the notified cases have been sexually abused, and in the circumstances, are limited to those who present with medical needs. The majority are females ranging in age from two to twelve years.

This extreme end of the spectrum presenting with overt and often gross signs and symptoms, plus other inevitable under-reporting precludes the availability of unbiased and reliable incidence figures. Nevertheless there are records of several thousand cases over less than a decade.

Educational programmes

These have been developed to meet particular identified needs. Each course consists of 6 to 10 half or full day weekly meetings. Those group members encountering child abuse in their working environment requested that courses be arranged to better equip them to cope in their situations and to provide them with counselling skills. The course was titled 'Family Friends' to avoid any stigmatising label. To date fifty three people have attended, forty five are nurses and eight teachers.

Many requests for group members to address meetings of various kinds created awareness that speakers should be assisted with both the content and process of such presentations. This ensures that such opportunities are well used. To date forty-nine people have completed the educators' course.

Youth members expressed interest in joining the adult group who were about to participate in a course on prevention and awareness of child abuse. It was decided that a separate youth course would better meet their peer group needs. The youth course was designed to facilitate greater self awareness and a clearer understanding of their own sexuality. The course included sexual responsibility and communication skills. In addition, they were given information about child abuse and its consequences. To achieve their aim of reaching their peers, the Ikageng Youth Group Against Child Abuse has presented role

plays. They have eighteen members, of which twelve are committed and dedicated. They have been joined by another group.

All these courses, in which staff of Johannesburg Child Welfare Society's Liberty Life Child Abuse Centre have provided input, now have waiting lists. Community symposia and workshops have also been organised. These educational forums included subjects such as, discipline in a changing society, children's right to say no to abuse, teaching children to say no and to report abuse. Other activities include youth role plays for peer group education and participation in the Child Protection Week. This involved presentations at clinics, at hospitals and street processions drawing attention to child abuse.

Limitations

Course participants have been positive and enthusiastic in their evaluations, but no other measure of the outcome is available. Although medico-legal matters have received attention, and the Child protection Unit plays a role, the wider police force is still insufficiently prepared to deal sensitively and effectively with child abuse victims and perpetrators.

The establishment of a medico-legal unit at Baragwanath is valuable. The incumbent district surgeon is a committed, caring Soweto doctor. Unfortunately, his appointment is only a part time one resulting in unavoidable delays for complainants. The service is designed for Soweto residents only. Those from further afield still face shunting around and fragmented care.

Doctors, in general, are reluctant to become involved and be subjected to time consuming court appearances. This adds to the delays in resolving victims' cases. Courts are becoming more child-friendly and prosecutors are co-operating, yet the legal route to counter child abuse may prove frustrating, ineffective and indeed traumatic. Punitive action against perpetrators often fails to occur and in any event may not help victims overcome their trauma. However, few alternative interventions are available. Abused children have immediate and long term needs which are not being met. The scene remains set for a perpetuating cycle of child abuse from one generation to the next. We are aware that we are only scratching the surface.

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