

Exploring the Gaps, Barriers and Challenges to the Implementation of Interventions for Child Survivors of Intimate Femicide: A Case Study of Mochudi, Botswana

Dorothy Okatch¹, K. Nthomang² & O. Jankey²

¹ National Coordinator, Palms for Life Fund, Gaborone, Botswana

² Department of Social Work, University of Botswana, Gaborone, Botswana

Correspondence: K. Nthomang, Department of Social Work, University of Botswana, Gaborone, Botswana.

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Abstract

Background: This paper is a product of a Dissertation submitted in partial fulfilment of the requirements for the award of a master's degree in Social Work in 2017. The main objective of the study was to explore the gaps, barriers and challenges to the implementation of interventions for child survivors of intimate femicide (IF) in Mochudi, Botswana.

Methods: The study utilized a qualitative exploratory design. In-depth interviews were conducted among 15 service providers that provide services to child survivors of IF. Thematic content analysis was employed to analyse the data.

Findings: This study found that there were no interventions currently being implemented that specifically addresses the needs of the child survivors of intimate femicide. A number of challenges were identified, including; (i) service providers lack of knowledge, skills and competencies to provide services to child survivors of IF, shortage of referral systems, lack of knowledge on the existence of a network of services that exist in the community (iii) lack of collaboration and coordinated efforts by the service providers (iv) inadequate professionalised services offered to child survivors by different organisations.

Conclusions and recommendations: That the "best interest of the child" be the guiding principle in provision of services to child survivors. That service providers receive professional training, parental support and coordination of services be promoted to assist child survivors.

Keywords: IF, child survivor, service provider, Botswana

1. Introduction

Intimate Femicide (IF) has increasingly become the focus of empirical research and policy attention. A number of studies that have been conducted generally come to the conclusion that IF has adverse psychological, emotional, and spiritual effects on child survivors (Harris, Putnam, & Fairbank, 2006; Edgar-Bailey & Kressv, 2010; Lewandowski et al., 2004). While extensive research has been conducted in developed countries of the north (Alao, 2006), IF has received very little research attention in developing countries of the south such as Botswana, yet it in these countries where IF is rampant. Available administrative data from the Botswana Police Service revealed that a total of 960 people have been killed through IF from 2003 to November 2014. IF is believed to have intensified in 2003 and made headlines repeatedly in the media, however, the exact number of children who have been affected by IF is unknown (Mookodi, 2004). As far back as 2004, it was observed that gender-based violence, especially male violence against women has become commonplace in Botswana (Mookodi, 2004). This has resulted in an increase the number of women killed through acts of IF in Botswana with devastating consequences on child survivors (Botswana Police Service Reports, 2014; 2020).

In Botswana, limited research evidence gleaned from studies on Intimate Partner Violence (IPV) has revealed that about three in every five women (62.3%) have experienced some form of violence in their intimate relationships (Machisa and van Dorp, 2012). Given, an increase in cases of gender-based violence (GBV), deep concerns have been raised about child victims. According to Maundeni (2009) children exposed to GBV are likely to suffer from emotional and psychological trauma, behavioural problems which results in unruly

behaviours in school, at home and in the community. Anecdotal evidence abounds reporting violent behaviours depicted by children who grow up in difunctional relationships between parents.

The findings reported are consistent with studies conducted by Gender Links Botswana in 2012 on Gender-Based Violence in Botswana. It was found that more than 60% of women in Botswana have suffered from gender-based violence (Gender Links, 2012). More recently the Botswana police have reported high incidences of GBV, especially during COVID 19 induced locked downs which often resulted in the death of women. Given the high prevalence rate of gender-based violence, several initiatives have been undertaken by the Botswana government to address the situation. A motion tabled and debated in Parliament in 2020, the outcome of which was the formation of a Parliamentary Committee on GBV. Subsequently, a Child Protection Unit was set up by the Botswana Police, a special Court was established in 2021 to adjudicate gender-based violence (GBV) cases expeditiously and a Gender Commission was established and launched in August, 2022 (Botswana Police, 2021; GoB, 2022). However, these initiatives are still at infancy stage and their impacts are yet to be felt.

The paper is structured as follows. First, is the introduction, section two provides a brief review of the literature and conceptual framework underpinning arguments advanced in this paper, Section three is the methodology. Section four report the findings and section five is the discussion of the findings. Finally, section six provides concluding remarks and section seven the recommendations.

2. A Brief Review of the Literature

This section provides a brief review of the literature on IF. The literature focuses on the effects and/or impact of IF on child survivors. According to Robertson & Donaldson, (1997) and Charkow, (1998) the literature on the effects of IF on child survivors can be categorised into four (4) major dimensions, namely; (i) emotional and psychological, (ii) behavioural, (iii) educational, and (iv) change in family circumstances. Similar observations and categorizations were made by (Silverman, 2000; Karen & Joy, 2003). The different dimensions of IF and their effects on child survivors are briefly discussed below.

2.1 Emotional and Psychological Effects of IF

Studies conducted by Clements & Burgess, (2002); Mitchell, et al., (2007); and Armour, (2011) on the emotional and psychological effects of child survivors of IF revealed that children exposed to IF often feel sad, are depressed, lonely, preoccupied, guilty, and very angry. In addition, they tend to report lower self-esteem and higher levels of anxiety (Eppler, 2008). Other related studies found that as a result of the violent nature of the death of the parent that the child has been exposed to, the child often suffer from severe symptoms of posttraumatic stress (Eth & Pynoos, 1994; Garcia et al., 2007; Salloum, 2008). According to Black (1998), there is a higher chance of child survivors bereaved at an early age to develop psychiatric disorders in later years of their childhood if not given adequate assistance.

2.2 Behavioural Effects of IF

According to Spaccarelli, Coatswork, & Bowden, (1995); and Stiles, (2002) child survivors often depict a pattern of strange and abnormal behaviours. They observed that child survivors are more disobedient at school and at home, have difficulties in forming meaningful relationships with others, and indicate a greater willingness to use violence against their peers. This is not surprising because when children are traumatized they manifest significantly higher rates of behavioural problems which often lead to higher risk of criminal behaviour, aggression towards peers, and a higher possibility of becoming violent in their intimate relationships (Kuban and Steele, 2011, Ellis et al., 2013).

2.3 Educational Effects of IF

A number of studies on the educational effects of IF also confirm that children who lose a parent through violent means and do not receive treatment from such loss. The child often exhibits impaired cognitive and problem-solving skills. The effect is, poor academic performance, impaired problem solving skills, compromised self-esteem and limited empathy (Spencer-Carver, 2008). A similar observation was made by Kuban and Steele, (2011), who found that in addition to poor performance at school, traumatised children are likely to be at risk of having a decreased IQ, lower reading ability, lower grade point averages and will have more days of absenteeism from school

2.4 Effects of Change in Family Circumstances

According to Lewandowski et al, (2004), relocating a child survivor to a new caretaker's home has the effect of disrupting their lives because the child is being removed from a familiar environment to a different one with different expectations causing stress and anxiety. A similar observation was made by McDougall, (2000) who

reported that child survivors often face the dilemma of being removed from siblings and placed with relatives who may be reluctant to take care of them. In some cases, the family members may be dealing with their own feelings of embarrassment, fear, and shame and might not be able to adequately take care of the child survivor (Robertson and Donaldson 1997).

2.5 Interventions to Assist Child Survivors of IF

Given the devastating impact of IF on child survivors, the literature is replete with several examples of interventions to assist child survivors of IF. Below is a brief discussion of the different types of interventions (best practice examples) that could assist child survivors. Implementing the interventions will help reduce, protect, and prevent the spread of IF. Further, the intervention addresses the underlying causes and drivers of IF. Clearly, prevention plays a central role in efforts to remove the root causes of gender-based violence leading to IF. Interventions to assist child survivors, can be divided into two main categories, namely, (i) Individual, family, and groups interventions and (ii) service providers. These are briefly discussed below:

2.5.1 Individual, Family and Group Interventions

Intervention can occur at individual, family and group levels. At individual level, the focus is often on provision of counselling services. The counselling process includes a careful review of the facts, details, and feelings experienced during IF. For counselling to be successful, the counsellor has to ensure that they create a sense of safety for the child survivor. The goals of counselling include relief of suffering, resolution of the symptoms of trauma and grief, clarification of cognitive or emotional distortions of the incident, identification and provision of a supportive post-traumatic environment for the child, and minimization of future problems that the child may encounter as a result of the traumatic incident of IF (Black, 1998; Zeanah & Burke, 1984; Salloum, 2008).

There are a plethora of individual, family and group counselling therapies that could be utilised to assist child survivors that have the potential to be incorporated in Botswana. Nguyen and Larsen (2012) have pointed out that play therapy may be used to encourage children to share experiences of violent incidents that they may have witnessed. This intervention is used to engage the child survivor in talking about the experience of IF and thereby allowing them to express their feelings. In the same vein, Narrative therapy has been used in a number of contexts to treat children who have undergone traumatic incidents. Cohen, Mannarino, and Deblinger (2006) pointed out that an intervention used with child survivors that facilitates the process of them talking about the loss of their mother is therapeutic. Children are encouraged to write about their experiences such as what they were doing when the incident happened, where they were, who else was there, what time it was, and other such information. The child is encouraged to start by writing something non-intrusive and non-traumatic. When each segment of the child survivor's story is written, the child should be asked to read it out, gaining mastery in verbalising the trauma and thus having control over it.

With respect to family intervention, a study conducted by Black (1998) showed that the post-bereavement stresses endured by child survivors could be reduced from 40% to 20% by conducting 6 sessions with the family that are aimed at promoting shared mourning and encouraging communication about the late parent of the child. Support of the child survivor by the family may mitigate symptoms of PTSD (Searles, 2006). Caregivers are often neglected in service provision but are crucial to adequately attend to the needs of child survivors as part of the family (Bass, 1990; Spencer-Carver, 2008; Ellis et al., 2013).

Using group intervention has also been found to be effective. This method of intervention brings together several child survivors for a prescribed period of time to attend group sessions that are targeted towards their recovery. Child survivor's therapy groups may consist of 5 – 6 members who are of the same age and development phase in a safe and supportive environment and conducted by a trained service provider (Nguyen and Larsen, 2012). The focus of the training is on the emotional and psychosocial support and trauma counselling.

However, there seem to be no consensus on the duration of the training. For example, Groves (1995) suggested the duration of group sessions to be 10 weeks, other authors have suggested that group sessions that are child centered and integrate cognitive-behavioural and play therapy interventions to last for a duration of 12 weeks (Horton, Cruise, Graybill, & Cornett, 1999).

2.5.2 Intervention by Service Providers

Wheeler (1995) observed that no single agency or profession can claim to be able to protect children or offer them assistance to cope with their experiences in isolation. Different professions play different roles in the child protection system. The specific roles and duties played by service providers are critical and therefore needs to be recognized and acknowledged (Saunders, 1999). An inter-agency multi-disciplinary approach is an imperative when assisting child survivors (Wheeler, 1995). Notable service providers include; therapists, police officers and

school counsellors.

2.5.3 Intervention by Therapists

Therapist includes, but are not limited to; social workers, psychiatrists, and child psychologists. Their role includes receiving information from the child survivor and allowing them to talk through their experience as a way of overcoming their loss (Black and Urbanovicz, 1985; Carlson, 1996) has recommended that therapists follow a treatment plan that though unique to an individual child survivor, carries 10 elements. The elements are individual assessment of the child, referrals, advocacy, group work for child survivors, regular structured recreational activities; aftercare or follow up services, prevention services, parenting educational support groups for mothers and evaluation of all aspects of the program. The therapist plays an instrumental role in preparing the child for the legal proceedings to protect them from experiencing any further psychological trauma. Amongst other duties, they advocate for the child during the legal process (Zeanah and Burk, 1984).

2.5.4 Intervention by Police Officers

Criminal investigation, protecting the community and bringing offenders to justice is the primary job of police officers (O'Connor, 2000; Saunders, 1999). However, in recent years, police officers have become more involved in issues of a social nature that were previously seen as the work of the caring profession (Saunders, 1999). The presence of the police at the crime scene situates them in a great position to assist the child survivor. As such, they have an active role to play in reducing the effects of the IF on the child by how they approach them (Pynoos & Eth, 1984; Macdougall, 2000). They are expected to be supportive, encouraging, reassuring and comforting of child survivors.

2.5.5 Intervention by the School Counsellors

The Department of Social Development, (2011) observed that children spend more than two thirds of the day in schools making it an important sphere of influence in the development of child survivor. In a similar vein, Saunders, (1999) noted that schools serve as a refuge and a place of safety for many children by offering them an environment where behaviours are learnt, corrected, condoned, and accepted by peers and teachers ((Zhan, 2003). The school is a convenient setting to address the needs of the child survivors as they provide an environment that is ideal for the implementation of a variety of different treatment modalities (Little & Akin-Little, 2013).

2.6 Conceptual Framework: The Bio-ecological Systems Theory

Urie Bronfenbrenner's (1994) bio-ecological systems theory was used to guide and inform the study. According to Bronfenbrenner, (1994) factors, attributes as well as systems in our environment have an impact on us, and as individuals we have an impact on our systems. A strength of the theory is that it recognizes that factors that have an influence on the child survivor's development cannot be generalized as they are unique to the setting or environment in which the child survivor exist. Some child survivors may be found to be adjusting well when moved to stay with their extended family, however, this does not mean that all other child survivors will fare in the same way in a similar environment. The personal attribute of the child such as age, sex, and culture has to be taken into consideration, as well as the environment and time within which child upbringing takes place. This theory has been tried and tested in many contexts in developed countries and was found relevant. Although it has not been fully tested in developing countries, it is anticipated that if properly contextualized, the theory will work equally well in developing countries, including Botswana.

Two major limitations of the theory were clearly articulated by Ungar (2002). He criticized the bio-ecological systems theory for its failure to explain why things happen the way they do or why connections exist. Another critique of this theory came from Christensen, (2010) who faulted the theory for failing to include an international level in the systems. However, the absence of an international level was presumed not to have an impact on the findings as the major interest was to identify the connections in the systems and how they can be best used for interventions geared towards assisting the child survivor of IF within the Botswana cultural context.

3. Study Methodology

An empirical localized study on the challenges faced by child survivors of IF was conducted from August 2015 – January 2016. The study utilized both primary and secondary data sources. A qualitative multi-method descriptive research design was employed to answer the questions regarding the gaps, barriers and challenges experienced by child survivors of IF. A purposive and snowball technique was used to select respondents across the research sites. A total of 15 in-depth interviews were conducted with key informants to solicit their perceptions, views and opinions about the gaps, barriers and challenges. The study was conducted in Mochudi, Botswana. Mochudi, the administrative capital of *Kgatleng* District in is located approximately 40km north of Gaborone, the capital city of Botswana with a population of approximately 92,247 (CSO, 2011; 93, 587, 2021).

The participant's interviewed comprised of service providers in Mochudi who assist children when cases of IF occur (see Table 1 below). In addition, parents and care givers of child survivors of IF were interviewed. The purpose of the interview was to gain insight onto their experiences of taking care and living with a child survivor of IF who, for the purpose of this study included pre-school children (0 – 5 years), school age children (6 – 12 years), and adolescents (13 – 18 years).

Table 1 below is a typology of 15 key informants who participated in the study.

Table 1. Service Providers Included in the Study

Service Provider	Number
Social Workers	2
Nurses (health care)	2
Faith Based Organisations (FBO)	2
Non-Governmental Organisations (NGO)	2
Guidance and Counselling teachers (G & C)	4
Police Officers	2
District Management Health Officer (DHMT)	1
Total	15

All participants who agreed to participate in the study completed consent forms before the interview. An elicitation survey was administered to capture the demographic data of all the participants. Key informant interviews (KIIs) were conducted by one experienced researcher. Participants were not compensated for their role in the study.

3.1 Data Analysis

Qualitative data analysis procedures were utilized in compiling, synthesizing and reporting the findings from the in-depth interviews. Data were arranged in a way that allowed for common themes, patterns and clusters to be identified and organized systematically. Extensive notes were taken during in-depth interviews, followed by a review of the transcripts for words, phrases and patterns that form thematic areas. Further, the transcripts were analysed for content with a view to ensure that they have fully addressed the objectives of the study.

3.2 Ethical Considerations

The researcher obtained ethical clearance from the University of Botswana Institutional Review Board (IRB) to conduct the study. The IRB examined procedures to ensure that ethical research standards were maintained and ensured that the rights of participants were well protected. With ethical clearance approved, the researcher applied for and obtained permission from the Ministry of Local Government and Rural Development (MLG & RD). The district council officials and tribal administration officers were informed of the study in their locality. Permission to interview service providers was received from programme coordinators and directors at the organizations identified.

4. Findings/Results

The findings are presented such that they follow the research questions format. This is important in order to capture the responses as accurately as possible. This is also consistent with the analysis method used (thematic content analysis). Through this method, themes were identified from the responses and grouped according to the main question. The main question was:

1. What gaps, barriers and challenges exists in provision of services to child survivors? And what interventions are recommended to assist child survivors of IF?

4.1 Knowledge of Legal, Policy and Programme Interventions

Several interventions are currently in place to assist child survivors of IF. Most of the interventions provided are informed, and guided by the various laws, policies and programme frameworks. The interventions are implemented at individual, group and family level by service providers who work mainly in the public and NGOs sectors. There are several laws, policies and programmes that seek to address gender-based violence and

IPV induced IF with a view to protect child survivors.

Table 2 below summarises existing laws, policies and programmes meant to assist child survivors of IF, that service providers were aware of.

Table 2. Existing laws, policies, and programmes

Laws, policies and programmes	Implementers (service providers)
UN Convention on the Rights of the Child, 1989	Social Workers, Police, NGOs
Children's Act, 1981 Revised 2009	Social Workers, Police, NGOs
OVCs Policy, 2010	Social Workers, Nurses, NGOs
Guidance and Counselling Curriculum	Teachers

In-depth interviews conducted with service providers revealed that while some policies are known and readily implemented, many still remain unknown. For example, the majority of service providers could not mention the Children's Act of 2009, yet they are responsible for its implementation. In addition, some participants were also unable to name specific policies that speaks to child protection such as the OVC policy of 2010. Interestingly, almost all the Police Officers said they have no knowledge of the laws and policies that can be used to guide interventions when assisting child survivors. They pointed out that they rely on Social Workers to guide the work that they do with child survivors. However, some social workers expressed their satisfaction with some aspects of the existing policies and indicated that they were comprehensive enough to address many of the challenges experienced by child survivors.

From the findings, it is concluded that most service providers have limited knowledge and awareness of specific laws, policies and programmes meant to assist child survivors. Only a few service providers were aware of the Children's Act of 2009 and OVC Policy of 2010. This is not surprising because research evidence abounds to suggest that even where such policies exist and are evidently in the public domain, most service providers do not read and inform themselves with important provisions contained therein (UNICEF, 2011; Maundeni, 2009).

4.2 Referral Systems

The referral system is a major intervention used across organizations by all service providers. Clients are referred for assistance from one professional or several professionals to other service providers as and when necessary. The police and social workers are usually the first point of call when IF occurs. In sharing their experiences and perspectives on the effectiveness of the referral system, they pointed out that most police officers are quick to refer a child survivor to social workers because they have limited knowledge of the existing referral networks. Child survivors often suffer due to the ignorance of some police officers on the network of existing services in the community to assist child survivors.

NGOs and other professionals such as social workers had some knowledge of the services that exists. However, they expressed dissatisfaction with such services. They complained about long working hours of service providers which often compromise the quality of services provided such as individual or group counselling which requires the highest level of alertness and maximum concentration. Long working hours are also emotionally draining, frustrating and consumes a lot of the professional's energy.

A guidance and counselling teacher from a local senior secondary school observed in relation to the above concerns that;

The number of child survivors attended on daily basis is overwhelming. Many children need both material and psychosocial support. Regrettably schools are allocated only one (1) guidance and counselling teacher who cannot cope with large number of reported cases.

The above notwithstanding, the social workers and the psychiatric nurse pointed out that, while there are challenges in the referral system, they are satisfied with the level of understanding displayed by service providers who always make sure that child survivors are referred to available and appropriate services without delay.

4.2.1 An Undeveloped Referral System

Service providers also expressed the concern that, in referring children to social workers, it is evident that most service providers are not aware of other organisations that they can refer child survivors to other than the social workers. This is because of an undeveloped referral system. Some service providers, in particular, local NGOs

were of the view that, though inadequate, a network of undeveloped referral system of services exists in the community to assist. For example, in Mochudi, various government departments such as the police, district council, schools, DHMT, hospital and clinics provide limited services to assist child survivors of IF. Outside government, NGOs have partnered with others to augment services provided by government departments listed above. Although the system is not well developed and is poorly coordinated, it has worked relatively well and some child survivors have been duly assisted.

4.3 Trauma Counselling

In-depth interviews identified counselling as the most readily available service to assist child survivors. While there seem to be some misunderstanding on what counselling actually entails, most service providers believe they provide counselling. They underscored the importance of providing both psychological and trauma counselling. Interestingly, they acknowledged lack of knowledge, skills and competencies in providing professional counselling. However, they indicated that they do the best they could under the circumstances.

Some of the practical challenges they often experience was clearly articulated by a social worker:

If we had counselling rooms, it would have been better. Counselling rooms provide privacy and reduce disruptions such as people walking in and out and answering phones during counselling session. Disturbances affect the way the child is assisted and is totally unprofessional.

The above experiences were common among all service providers. Lack of counselling rooms grossly undermine provision of effective counselling services. It compromises service delivery and has the effect of worsening the already traumatic situation.

In Botswana, factors identified during trauma counselling have been used to determine a package to assist child survivors. Regrettably, the focus has been on provision of food baskets dispensed monthly by a social worker. This falls short of addressing unique psychosocial needs experienced by child survivors (Maundeni, 2009).

These and other major gaps identified during the study are briefly discussed below:

4.3.1 No Specific Interventions in Place for Child Survivors

The service providers expressed concern about the absence of home grown interventions designed specifically to assist child survivors. Available interventions are only targeted to assist child survivors with material needs regardless of their unique situations. A service provider from Steppingstones International (SSI), a local NGO shared her experience thus;

Stepping Stone runs a leadership program for unemployed and out of school youth that assist all children reporting a variety of social issues including IF. There are different departments that provide both material and psychosocial support to addresses emotional challenges faced by child survivors. Children receive counselling and emotional support but there is no specific intervention that target child survivors of GBV and IF.

Similarly, guidance and counselling teacher from a senior secondary school in Mochudi pointed out that:

Yes, I do psychosocial support and provide counselling to all children who report family problems but there is no specific intervention that targets child survivors of IF. Since I am not a professional counsellor, I provide lay or basic counselling and support. I assist in anyway possible to enable them to settle and cope with their academic work. This is followed by referral to Social Workers.

Similar sentiments were expressed by a police officer thus:

Basically, we don't have any programmes set aside to address child survivor emotional and psychological needs. Since we are not professional counsellors, we just talk to the children nicely to address some of the obvious issues, and refer them to professionals.

The above sentiments were confirmed in an in-depth interview with social workers who receive almost all the referrals. One of the social workers interviewed stated that:

The Department does not have specific programmes or a program targeting child survivors of IF, we have a generic programme for all children experiencing emotional and psychological trauma. All children programmes falls under the general social welfare called child protection

4.3.2 Local NGOs and Referrals of the Child Survivor

Another major gap identified is that local NGOs lack requisite resources to provide counselling. As a result, they provide basic support services to the child survivors, followed by referrals to more competent professionals for

further assistance. A service provider at one of the NGOs, *Bakgatla Bolokang Matshelo* (BBM), said:

Since we do not have the expertise to deal with complex psychological cases, we start by doing basic assessment to determine the extent of emotional scaring and depending on the outcome of the assessment, we provide basic support, mainly material support and do the necessary preparation for referral to social workers whom we believe are professionally trained to deal with such matters.

Though referrals are commonly done, service providers were concerned about the absence of a formal referral system to provide guidance, counselling and referrals. Most organizations stated that they do not have referral forms to use when referring the child to an external organisation. Only the psychiatric nurse and the guidance and counselling teacher at the senior secondary school were able to produce a referral form. In terms of follow-ups following referrals, almost all service providers indicated that referrals made to other organizations are rarely followed up because they are already handled elsewhere by other competent professionals.

4.3.3 Lack of Skills and Qualified Professionals

Service providers had a common ask for additional training to acquire professional skills that will enable them to provide psychological and trauma counselling to child survivors. Currently, they lack requisite skills and competencies to assist a child who has undergone a severe traumatic episode. This was aptly captured by a social worker who worked for the District Health Management Team (DHMT), thus:

I would say most social workers are generalists, we do not have specific skills to assist child survivors of IF. We are unable to go deeper to assist in trauma cases. We are just going to leave them hurting like that.

The reality is that government departments do not have enough qualified social work professionals with requisite competencies to provide trauma counselling, but only officers who can provide basic counselling.

A police officer shared similar views on inadequate training:

When it comes to counselling, I have a limitation on what I can do, when and how to do it. I do not have counselling skills, especially to talk to and assist children in traumatic situations. So I always send them to someone whose job it is to do counselling.

The social workers, though professionally trained to assist children who have experienced trauma, stated that they lack documented case materials to inform and guide themselves in similar cases is a challenge. Often, they are forced to rely on their notes acquired from the University of Botswana as a resource material to assist. However, this may not be appropriate due to the passage of time and cultural differences.

4.3.4 Lack of Family Interest and Awareness of Organization and Services Provided

Another challenge reported was lack of family interest in the services that are offered. All service providers stated that often the child is assisted in the absence of family members. It is important that child survivors of IF are accompanied to the service centres by a family member or a significant other. There is lack of family support. The reason for lack of family support was attributed to not having enough information on relevant service providers to child survivors of IF in Mochudi. Some service providers admitted that they are not aware of a network of organizations that provide services to child survivors in and around Mochudi.

5. Discussions: Implications for Research, Practice and Policy

It is clear from the foregoing discussion that IF has a devastating emotional, psychological and traumatic effects on child survivors. Clearly, child survivors cannot cope on their own and need to be assisted, not only by the immediate family but by people professionally trained to intervene in such matters. From the findings, it is clear that both government and NGOs are involved, albeit in a limited way in provision of services to assist child survivors of IF. In Mochudi, government departments and professionals involved, include; social workers, teachers, police officers, NGOs coordinators, and District Health Medical Teams (DHMT). Unfortunately, most of these officers are not professionally trained to provide such services save for a few social workers with requisite qualifications and competencies in trauma and related counselling. In terms of research, practice and policy implications, this study may inform the stakeholders and influence interventions to assist child survivors. Further, the results of the study may assist public and private service providers to formulate evidence-based policies and programmes and enhance political action on such matters.

The Department of Social Development (2011) observed that interventions for child survivors need to be designed such that they target the specific needs of the children. Such interventions should be age appropriate, culturally sensitive and take into consideration the composition of the family. Primarily such interventions should assist the child to deal with psychological and emotional trauma, guide them to participate in the criminal

justice process, help them obtain reparation and to cope with the problems associated with victimization and stigmatisation.

Research evidence abounds to suggest that the timing of interventions affect the recovery process of child survivors. According to O'Connor, (2000), what happens in the two months following the murder of a parent will determine the pattern of further disruption of the child's life for the rest of their childhood. Such interventions reduce the costs that are linked to managing trauma in the long run for both the victims and the society at large (Harris et al., 2006).

Major gaps, barriers and challenges that undermine effective provision of services to child survivors of IF were identified. These are briefly discussed below.

5.1 Lack of Professionally Trained Personnel

The reality is that most service providers are not professionally trained to provide professional counselling and other support services to child survivors. This was confirmed by police officers who are the first point of call when IF occurs. They indicated that they do not have requisite skills and competencies to deal with such matters. Other services providers such as social workers, nurses and teachers also lack skills and competencies to develop context specific interventions to assist child survivors. What is evident that most service providers referred to above, save for social workers, are not adequately trained and capacitated to provide services to child survivors. In the main, child survivors are assisted by lay counsellors and some social workers who have received generalist training in social work and therefore provide only basic counselling services before referring complex cases to professionals with relevant expertise. Basic interventions provided by social workers and other lay professionals are mainly in the areas of; emotional, psychological, behavioural, educational, and family support to the child survivors. This has the effect of undermining the quality and effectiveness of services provided with negative implications on child recovery. According to Zenah and Burke (1984) counselling is used to identify and provide a supportive post-traumatic environment for the child to strengthen their coping capacity and ensure that the child go through the process of healing and can survive in a very stressful environment. This observation is very critical because it calls for the use of trained service providers with requisite qualifications and experience to provide professional counselling to child survivors to assist them deal effectively with post-traumatic stressful episodes.

5.2 Inadequate Support at School and Home

Available evidence suggests that child survivors spend a considerable amount of time in schools and at home. In this regard, it is imperative for the school to be adequately resourced to respond to the needs of child survivors enrolled in the school, in particular, child survivors who are going through traumatic situations and need urgent attention. To this end, Little & Akin-Little, (2013) observed and underscored the importance of the school setting as an ideal environment for the implementation of a variety of different treatment modalities to assist child survivors of IF.

The family is equally important in meeting the social, economic, physiological, emotional, and psychological needs of the child. A child survivor who has been deprived of such basic survival needs remain in the family and therefore family members must step in and assist. According to Searles (2006), support of the child by the family has the potential to mitigate symptoms of PTSD. Further, a study by Auman (2007) has shown that the family of the child needs to be knowledgeable on the complex grieving process that the child will go through and what they would need and assist accordingly. Child survivors are traumatized and need family support to cope with their situation. Failure to proffer relevant interventions and family support could lead to the child encountering future problems such as truancy, alcohol and substance dependency, and depression (Salloum, 2008).

5.3 Material Support vis-à-vis Psychosocial Support

Another concern gleaned from the study is a tendency for service providers to focus more on provision of material needs of child survivors as opposed to psychosocial support. According to Maundeni (2009), in Botswana, the focus tends to be on material assistance (food, clothing, payment of school fees and uniform) more than on medical, emotional, and psychosocial support. Such an omission is not in *the best interest of the child* and has implications on the social, cognitive and emotional development of child survivors of IF (Ministry of Local Government and Lands, 2019).

Taken together, research and practice in this area will further assist policy makers make resolutions on suitable interventions and professional requirements to assist child survivors in the Botswana context. At policy level, government and other stakeholders will have the necessary research evidence to launch programmes, and facilitate collaborative efforts among stakeholders with a view to address all the challenges referred to above.

6. Conclusion

This study sought to explore the gaps, barriers, and challenges to the implementation of interventions for survivors of IF. In-depth interviews were held with key informants in government, NGOs, and other stakeholders. The study concluded that legislation, policies, and programmes were in place to assist child survivors of IF. In addition, several interventions exist to assist child survivors of IF.

Several challenges that undermine effective provision of service to child survivors were identified, including, among others; inadequate training, and incompetence of service providers. Given lack of knowledge, skills, and competencies on child welfare, psychosocial as well as mental issues, services provided to child survivors were grossly compromised. The current crop of service providers could only provide rudimentary lay services tangential to the *“best interest of the child”*. In addition to lack of training, evidence adduced from the study is that government departments and NGOs do not have adequate resources to assist child survivors of IF. From the evidence, most service providers were unaware of the services that other organizations within the district provide and as such most referrals were made to social workers. Collaboration and coordination of services is not practiced, and most service providers have admitted to not knowing the services that are provided by other organizations to assist child survivors.

7. Recommendations

In the light of the above finding and conclusions, the study major recommendations are:

- That it is imperative for service providers to be aware of the existence of laws, policies, guidelines, and programmes in the country meant to assist and protect child survivors of IF.
- Similarly, service providers should be provided with requisite training, skills and knowledge on trauma counselling, psychosocial support, and mental health so that they can competently assist child survivors of IF.
- There is evidence to support a call for the design of context-specific interventions that are sensitive to the social, economic and cultural context of child survivors of IF in the country. Such interventions must respond effectively to the social, spiritual, psychological, emotional, and physical needs of child survivors. Further, in the design of interventions, policy makers should avoid a “one size fits all” approach but should target specific needs of individuals, their circumstances and the environment within which they exist, including family, school, peers, and community (Malchiodi, 2008; Monteiro et al., 2013).

Finally, it is important to point out that though inferences can be drawn to Botswana, most of the available literature and interventions on child survivors of IF are based on European case studies and lack Afrocentric content and as such may not be relevant to the Botswana context. For the interventions to be appropriate, they must consider the social, economic, and cultural context and/or factors unique to Botswana. In terms of remedy, legal frameworks, policies, and programmes to protect women exists but there are challenges in enforcement, tracking, accountability, and resources at both national and community levels.

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