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The Teddy Bear Clinic

An Impact Evaluation of the Teddy Bear Clinic's Support Programme for Abuse Reactive Children (SPARC)

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Final report to:
The Teddy Bear Clinic

**AN IMPACT EVALUATION OF THE TEDDY BEAR CLINIC'S SUPPORT PROGRAMME
FOR ABUSE REACTIVE CHILDREN (SPARC)**

Report to: Teddy Bear Clinic

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ACRONYMS

CBT	Cognitive Behavioural Therapy
CPU	Child Protection Unit
DOCS	Department of Correctional Services
DOJ	Department of Justice
DSD	Department of Social Development
ERASOR	Estimate of Risk of Adolescent Sexual Offense Recidivism
NGO	Non-governmental organisation
NICRO	National Institute for Crime Prevention and the Reintegration of Offenders
SPARC	Support Programme for Abuse Reactive Children
TTBC	The Teddy Bear Clinic

EXECUTIVE SUMMARY

Existing research shows that approximately 42% of child sexual assaults are committed by children¹ and that this number is rising². Although there is relatively low sexual offence recidivism (between 7% and 13%), young sexual offenders who do not have access to treatment programmes are twice as likely to re-offend³, and within the first year. Unfortunately, statistics for South Africa during the 2009/10 period show that the majority of children who were arrested for sexual crimes did not enter a diversion programme⁴, which places them at a higher risk for re-offence.

SPARC (Support Programme for Abuse Reactive Children) is a diversion programme established by the Teddy Bear Clinic in Johannesburg, South Africa. It was designed to divert young sex offenders away from the criminal justice system and into a therapeutic environment. The programme aims to encourage low to medium risk child sexual offenders to understand the consequences of their behaviour by equipping them with psychosocial resources, thereby reducing recidivism.

The programme employs a multi-dimensional approach. It is mainly based on a cognitive-behavioural theory of change, but also draws from principles of psycho-educational and other behaviour treatment models. The treatment themes in SPARC include: social skills training, cognitive restructuring, empathy training, impulse control, conflict resolution, acknowledging behaviour, acknowledging positives, relapse prevention, and progress evaluation. Role-playing is used extensively in all the sessions⁵. In terms of activities, the programme uses a combination of individual therapy, alternative (boxing, music and art) therapy, group and family treatment. Group therapy is considered central to SPARC.

The evaluation aimed to determine the impact of SPARC on changing gender-related attitudes and related risk and prevention behaviours regarding potential recidivism of child sexual offenders. The primary evaluation question was: ***Does the SPARC diversion programme reduce recidivism of child sexual offenders who have graduated from the programme between January 2009 and December 2011?***

¹ Van Niekerk, 2003

² Repath, 2003

³ Reitzel and Carbonell, 2006

⁴ National Prosecutor Authority, 2010

⁵ Omar, 2003

Secondary evaluation questions were:

- In what ways does the programme work? (changes in clients' gender related attitudes; changes in clients' sex and sexuality related knowledge and awareness; changes in clients' risk and prevention behaviours).
- Why is the programme successful?

A mixed methods evaluation design was applied. This included primary document review, programme records analysis, development of a quantitative database of clients' case histories, a telephonic survey to caregivers, and qualitative focus groups and interviews.

Findings show that SPARC is highly effective in reducing recidivism of child sexual offenders who have graduated from the programme within the evaluation period. Quantitative data revealed that 95% of participants did not commit further sexual offences one to two years after the programme had ended. Since the validity of the quantitative data was low, these findings were verified by triangulating qualitative data, and a wide range of stakeholders expressed confidence that SPARC is indeed effective in terms of reducing recidivism of participants.

Clients experience an array of outcomes through their participation in the programme. Children who have committed sexual offences have been motivated to take responsibility for their actions and work towards changing their attitudes and behaviours for a more positive life. Once they accept their crime and take responsibility for it, they express a desire to change. This leads them to change dysfunctional and anti-social attitudes and their negative behaviours begin to change too. Some of the changes include: improved self-esteem, better anger management skills, better problem solving skills, and increased victim empathy. Such behaviour and attitude changes position clients to effect further positive changes in their lives, which included changing their peer groups, changing their activity choices for the better, and engaging in more positive, constructive behaviours.

SPARC participants, who are inclined to struggle with social interactions, exhibited improved prosocial behaviours and enhanced skills to cope in social situations. As a result they have better relationships with others, particularly with their caregivers. Although clients were enthusiastic about how they changed because of SPARC, many require some support after they exit the programme to ensure that positive changes are maintained and to help them effectively reintegrate into society.

The multi-dimensional, integrated, child-centred, holistic approach of the SPARC programme has been effective and is recommended as good practice. The model demonstrates the value of using knowledgeable, caring facilitators with specialised diversion skills as a vehicle for programme delivery. This is an essential design element for programmes hoping to effect change in child sex offenders. Other successful elements of the programme model included early intervention, the creation of a safe space, the provision of positive male role models for clients, the provision of an effective counselling service, utilising group therapy, and combining alternative therapies with conventional approaches. Follow-up of clients after they have exited the programme is also a key success factor and even greater attention to follow-up from the programme team would be appropriate.

Recommendations have been drafted in a participatory way, with a view to ensuring that the SPARC programme's successes are maintained, so that outcomes and impact are maximised in the future. Recommendations include:

- Expanding SPARC to make it more accessible to qualifying children and families
- Improving client follow-up processes
- Sustaining changes in clients after they have exited the programme
- Enhancing the holistic approach and improving caregiver access to SPARC
- Marketing of the programme and education to improve referral systems
- More strategic allocation of participants to groups
- Developing or gaining access to a child offender tracking system
- Enhancing SPARC staff's special skills
- Developing a formal monitoring and evaluation system
- Evaluating pilots for replication or roll-out of the programme.

The SPARC programme is highly successful in achieving its impact goal of reducing recidivism of child sexual offenders who participated in the programme. While programme refinements might benefit the model, the SPARC programme has largely been a success and this has provided several principles of good practice. The design and implementation of a programme which effectively addresses one of South Africa's major social problems is a great achievement. The implementation of recommendations from this study would ensure the continued high quality and impact of SPARC.

1. CONTEXT

1.1 CHILD SEXUAL OFFENDERS IN SOUTH AFRICA

Child sexual offenders refer to anyone who commits a sexual crime at the age of 18 years or younger⁶.

1.1.1 Extent of child sexual offences

The extent of child sexual offences in South Africa is difficult to demonstrate because of low reporting levels and a lack of empirical research on child offenders and child sexual recidivism. However, existing research suggests that 42% of child sexual assaults are committed by juveniles⁷. The East Metropolitan Child Protection Unit (CPU) reported that between 2000 and 2002; 23% of rape arrestees were children⁸. These statistics are in line with international figures⁹. Redpath (2003) demonstrated a trend that the number of children committing sexual crimes against other children is rising, while the number of children sentenced for crimes is decreasing (see

Figure_1 below). However, juvenile sexual offenders still make up a minority of all child offenders; of the children who were arrested in 2001, 2.3% were arrested for sexual offence¹⁰.

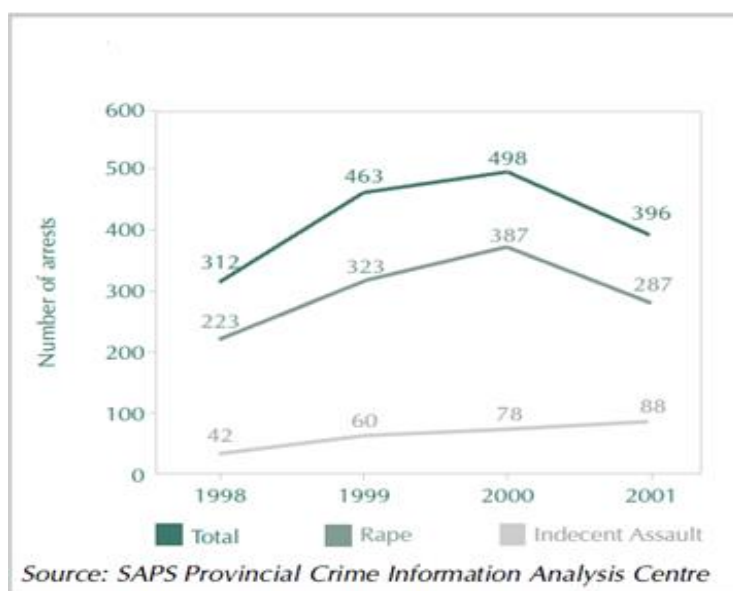


Figure 1: Children arrested for sexual offences in the Western Cape 1998- 2001

⁶ Gallinetti, 2009

⁷ Van Niekerk, 2003

⁸ Redpath, 2003

⁹ Centre for Sex Offender Management, 2000 and www.childjustice.org.za

¹⁰ Redpath, 2002

1.1.2 Reasons for child sexual offences

It is thought that children who abuse their peers have themselves been abused in some way; sexually, emotionally or physically; however, there is still inconclusive evidence to support this¹¹. Relevant literature suggests that there are a number of motivations for juveniles who sexually offend. These include:

- sexual curiosity
- longstanding patterns of violating the rights of others
- links to serious mental health problems
- compulsive behaviour.

However, more often, motivations appear to be impulsive or reflect poor judgment¹². Major psychological theories to explain such behaviour include learning theory and cognitive behavioural theory, which focus on cognitive distortions that enforce a-social thoughts and behaviour. Culturally, it has been demonstrated that males are socialised into patriarchal notions of masculinity from the age of two onwards, which promotes and legitimises unequal power relations¹³. Exposure to community and domestic violence has also been identified as a major environmental contributing factor. This is worrying in the local context, since in South Africa 68% of children have witnessed violence in their community, and 21.8% of children have witnessed domestic violence in their homes¹⁴. Negative peer influences and the modelling of violence against girls in communities also contribute to a-social sexual actions¹⁵.

1.1.3 Characteristics of child sexual offenders

The table below demonstrates some key factors associated with juvenile sexual offenders:

Characteristic	Description
Gender	The majority of sexual abusers are male ¹⁶
Age	People between the ages of 15 and 20 are most likely to abuse children. The second most likely age group is between 10 and 15 ¹⁷ .

¹¹ Lovell, 2002

¹² Finkelhor, Ormrod, and Chaffin, 2009

¹³ Petersen, Bhana, McKayc, 2005

¹⁴ Burton, Miller and Shill, 2006

¹⁵ Petersen, Bhana, McKayc, 2005

¹⁶ Petersen, Bhana, McKayc, 2005

¹⁷ Redpath, 2004

Psychological and behavioural characteristics	The majority of adolescent sex offenders had a history of consenting sexual interactions, had committed a non-sexual offence and experienced behavioural problems ¹⁸ .
Environmental characteristics	Exposure to domestic and community violence, and regular sexual activity ¹⁹ . Home environment is often characterised by overcrowding, alcohol abuse and domestic violence. A significant male relative was likely to have committed a criminal offence and there is often a lack of adequate and positive father figure role models ²⁰ .
Social characteristics	Offender is usually a scholar, although school attendance is often infrequent with likelihood of having failed one or more years. Offenders tend to be either socially isolated and socially anxious or alternatively reported having a number of friends and appeared to have adequate social skills ²¹ .
Risk factors	Maltreatment experiences, exposure to pornography, substance abuse, and exposure to aggressive role models ²²

Table 1: Selected characteristics and risk factors of juvenile sex offenders

As the above table highlights, children who sexually abuse other children are likely to have psychological or behavioural problems that contribute to inappropriate or harmful behaviour. Identifying the profile of a child who sexually abuses others is extremely difficult as each case tends to be unique in terms of the factors that contribute to the behaviour of the child. Interventions should thus target the root of the young offender’s own problems, as well as dealing with the behaviour it has caused.

1.1.4 What happens to child sexual offenders?

The processes following the arrest of a child offender are illustrated in Figure 2 below. Processes are clearly time consuming and bureaucratic, and the number of unsentenced youths has constantly been higher than the number of sentenced youths in prison since 1999²³.

18 Wood, Welman, Netto, 2000
19 Wood, Welman, Netto, 2000
20 Petersen, Bhana, McKayc, 2005
21 Wood, Welman, Netto, 2000
22 Hunter, 2000
23 Workshop with Service Providers for Child Sex offenders, 2002

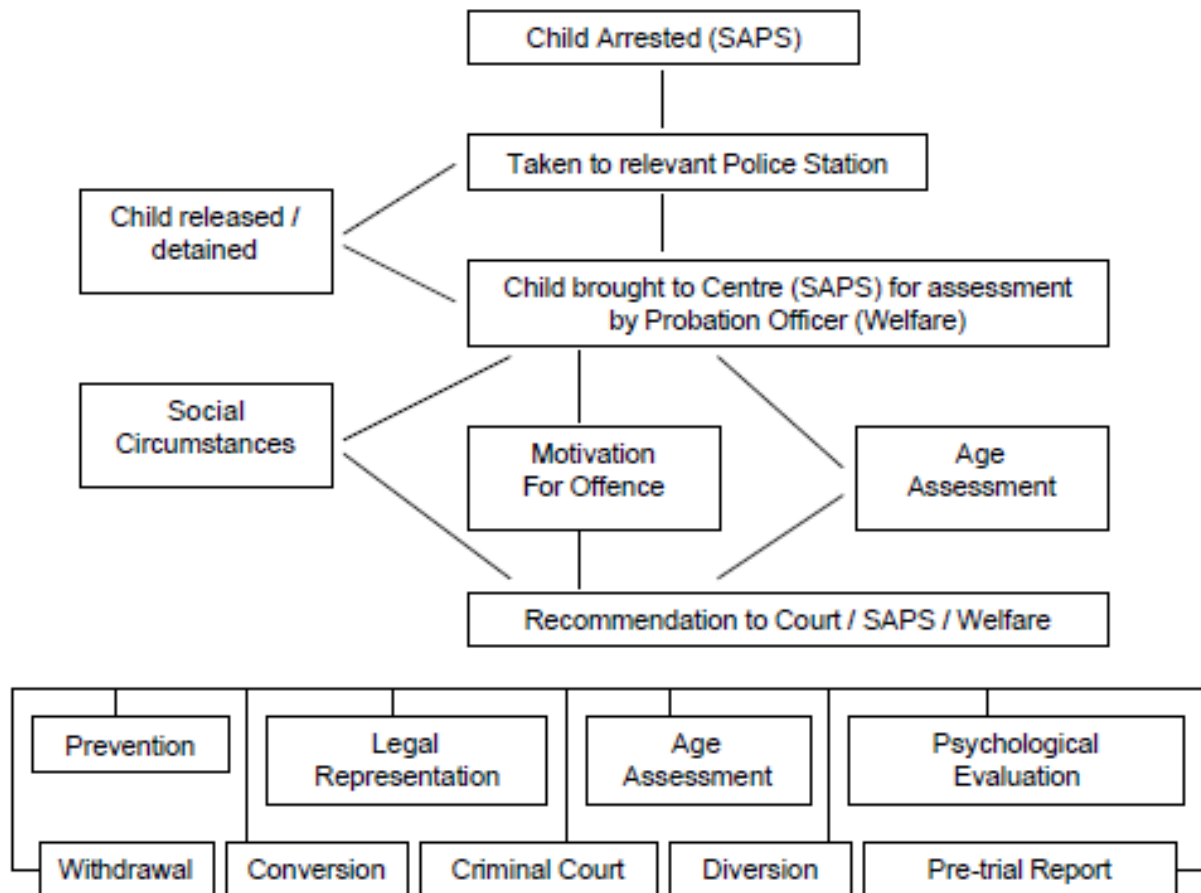


Figure 2: Main processes after arrest of child offender²⁴

Statistics regarding what happened to children in South Africa after they were arrested show that most juvenile sex offenders from the 2009/10 period were not diverted - of the 427 344 finalised cases in district courts in 2009/2010, 3.7% represented child diversions. This figure was lower in regional courts, where 0.6% of the 40 962 finalised cases involved diversion of minors²⁵. Some detention facilities do have youth sexual offender programmes such as Dyambu, where children are empowered with a two week life-skills course, following which they can take part in other educational courses²⁶.

²⁴ Workshop with Service Providers for Child Sex offenders, 2002

²⁵ NPA, 2010

²⁶ Nieman, 2002

1.2 RECIDIVISM

1.2.1 Prevalence of re-offence

Research indicates that, generally, young people who commit sex crimes are less likely to continue to do so as they get older²⁷; however, there is evidence that they will offend in other criminal capacities, and are most likely to reoffend during their first year outside of intervention programmes²⁸. Juveniles who participate in treatment programmes have sexual recidivism rates that range between 7% and 13% over follow-up periods of two to five years, while recidivism for nonsexual offenses is much higher; ranging from 25–50%²⁹.

1.2.2 Risk factors regarding recidivism

Research shows that offenders who have a low risk for reoffending:

- were generally older youths
- accepted responsibility for their actions
- were less likely to have had school or behavioural issues
- were less likely to have been sexually abused or have a sibling who was sexually abused³⁰.

The Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) is a widely-used empirically-guided tool to assist clinicians to estimate the short-term risk for youth aged 12-18 to sexually re-offend³¹. The ERASOR provides objective coding of 25 risk factors that fall under the following five headings:

1. Sexual Interests Attitudes, and Behaviours
2. Historical Sexual Assaults
3. Psychosocial Functioning
4. Family/Environmental Functioning
5. Treatment.

Risk factors include static and dynamic factors, and are coded as either: Present, Possibly/Partially Present, Not Present, or Unknown. The ERASOR has shown to be significantly predictive of violent (including sexual) reoffending in some studies³²; however, it has been criticised for its lack of cultural and gender sensitivity³³.

27 Tolan and Gorman-Smith. 1998

28 Rowe, 1991

29 Hunter, 2000

³⁰ Rowe, 1991

³¹ <http://www.erasor.org/>

32 Worling, 2004

33 Miccio-Fonseca, Rasmussen, 2011

1.2.3 Interventions to reduce recidivism

Regardless of relatively low sexual recidivism, professionals believe that legal and mental health intervention is important in deterring a continuation of such behaviour³⁴. This belief is supported by international empirical research, demonstrating that those young sexual offenders who did not have access to treatment programmes were twice as likely to re-offend³⁵. Rowe (1991) found that children who were institutionalised were far more likely to reoffend within their first year than children who had undergone treatment in their community³⁶, which points to the value of parental and community support for juvenile offenders.

Multi-systematic interventions have been found to be most beneficial in rehabilitating children who sexually abuse. Interventions where parents/families, schools, and social services are involved have the most significant impact³⁷. Family involvement also helps to prevent relapse. Other factors contributing to the success of an intervention include ongoing support, an understanding and non-judgemental peer group and realistic expectations³⁸. An individual development plan is important. Collective learning reinforces lessons, but individual responsibility is important. Younger children benefit from experiential activities³⁹.

Some best practices to follow when designing an intervention are identified by Eliasov (2003):

- Have both male and female co-facilitators
- Make sure the programme is activity-based and interactive
- Emphasise respect for self and others, and help participants to create a vision for the future
- Help children to establish a healthy identity and mutual respect towards the opposite sex
- Correct distorted beliefs and promote healthy sexuality through sex education
- Deal with impulse control and anger management, which are key problem areas in sexually abusive children
- Instruct on assertiveness and conflict resolution.

34 Hunter, 2000

35 Reitzel and Carbonell 2006

36 Rowe, 1991

37 Nisbet et al, 2005

38 Eliasov, 2003

39 Eliasov, 2003

1.3 DIVERSION PROGRAMMES

Diversion programmes are interventions that aim to divert first time juvenile offenders away from criminal proceedings⁴⁰. Since the establishment of diversion programmes in the early 1990s in South Africa with the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO)⁴¹, strategies have diversified, as demonstrated in Table 2. **Error! Reference source not found.** below. Strategies generally aim to encourage pro-social thinking, behaviour, and encourage personal responsibility in the child. These programmes have become an important part of the national youth strategy to address juvenile offence in South Africa. This is expressed in the Child Justice Bill (2002), which promotes the expanded use of diversion, and in the numerous public and NGO diversion programmes established nation-wide. The role of family and community is imperative when considering diversion programmes as an appropriate action.

Initially, diversion programmes were based in institutions, but criticisms of stigmatism and dehumanisation have encouraged a community-based approach instead⁴². A lack of parental support can be a barrier to the effectiveness of any diversion strategy, and community support is required because of stigmas attached to youth offenders.

Various strategies are described below:

Strategy	Summary
Developmental life skills and life centre models	Programmes in this category include a wide range of life skills education, covering topics such as personal awareness and growth, communication skills, conflict resolution, sexuality, crime awareness, gender sensitivity, leadership development, family life and many more.
Peer/youth mentorship	These programmes make use of peers, youth and adult mentors from the community. Mentors are assigned to a child or a young person and they develop a unique relationship with them.
Wilderness/adventure therapy	These programmes offer education, leadership and even therapeutic support through outdoor experiential learning.

⁴⁰ Steyn, 2005

⁴¹ Wood, 2011

⁴² Wood, 2011

Vocational skills training and entrepreneurial programmes	These programmes offer vocational training in activities and are usually targeted at school leavers.
Restorative justice programmes	These programmes include family group conferencing (FGC) and victim-offender mediation (VOM) activities.
Counselling and therapeutic programmes	These include intensive counselling to change a-social beliefs and behaviour.
Family-based programmes	Often 'treating' children in isolation from their families is like treating the symptom rather than the cause. These programmes offer the whole family intensive support, guidance and even treatment.
Creative arts programmes	Creative arts such as music, dance, drama, painting, storytelling, etc are used to teach positive skills, to modify behaviour.
Combination programmes	These programmes combine a range of elements, such as life skills training, FGC, mentorships, vocational skills training, family support for children and adventure therapy.

Table 2: Types of existing diversion strategies⁴³

1.3.1 Examples of child sexual offender diversion programmes

1.3.1.1 The New South Wales Pre-Trial Diversion of Offenders Programme

This diversion programme allows for certain categories of child sexual assault offenders to be diverted into a two year treatment programme. During the two years, the offender is bound by the conditions of the treatment programme. If the offender breaches these conditions, he will be returned to the criminal justice system for sentencing. If the offender completes the programme successfully, no further action will take place against them.

Objectives of the programme are:

- to help child victims and their families resolve the emotional and psychological trauma they have suffered
- to help other members of the offender's family to avoid blaming themselves for the offender's actions and to change the power balance within their family so that the offender is less able to repeat the sexual assault
- to stop child sexual assault offenders from repeating their offences.

⁴³ Mbabo, 2005

The programme employs group treatment, family therapy and individual therapy⁴⁴.

1.3.1.2 SAYSTOP

The SAYSTOP programme is a South African programme designed for first time offenders aged 12-16, who have been charged with committing their first sexual offence, with few aggravating factors. The programme is currently offered as a formal diversion option, or additional sentence and takes referrals from criminal and non-criminal justice agencies. The structured programme consists of an assessment phase and ten structured sessions, and has a psychosocial life skills development and educational focus. Each structured session is two hours long and they are held one afternoon per week over a period of ten weeks. The group is normally run once a week for ten weeks⁴⁵. The topics covered in the SAYSTOP diversion programme include: crime awareness, self-esteem, sexuality, socialisation and gender myths, victim empathy, anger management, relapse prevention and preparing for the way forward⁴⁶.

The programme also trains state-appointed probation officers who provide direct services to young sex offenders and their families. The training is four days long, after which the probation officers are mentored while they set up and run diversion programmes⁴⁷. The child's parent(s) or an appropriate adult attend both the first and last sessions. The central aim of the programme is to encourage the child to take responsibility for his actions and to develop insight regarding the impact of his behaviour on the victim.

1.3.1.3 Support Programme for Abuse Reactive Children (SPARC)

SPARC (Support Programme for Abuse Reactive Children) is a diversion programme established by the Teddy Bear Clinic in Johannesburg, South Africa. It was designed to divert young sex offenders away from the criminal justice system and into a therapeutic environment. The programme aims to encourage low to medium risk child sexual offenders to understand the consequences of their behaviour by equipping them with psychosocial resources. The programme is described in more detail below.

⁴⁴ <http://www.wsahs.nsw.gov.au/services/cedarcottage/index.htm>

⁴⁵ Wood, 2011

⁴⁶ Wood, 2011

⁴⁷ Meerkotter, 2003

2. THE SUPPORT PROGRAMME FOR ABUSE REACTIVE CHILDREN (SPARC)

2.1 PROGRAMME BACKGROUND

SPARC is a diversion programme established by the Teddy Bear Clinic in Johannesburg, South Africa. The programme works with children from 6 to 18 years and aims to empower low to medium risk juvenile sex offenders to understand the consequences of their behaviour and equip them with skills to change their behaviour and to prevent further child abuse.

The programme operates from three TTBC branches in Johannesburg (Parktown, Krugersdorp and Soweto) and works with children who have been diverted through legal proceedings (involuntary cases), as well as those that have been enrolled by their care givers (voluntary cases).

2.2 PROGRAMME THEORY

SPARC draws from theory and research which outlines factors that contribute to a child becoming a sex offender, popular treatment models of child sexual offence, and incidence and prevalence studies of child on child abuse. These are described in the TTBC Facilitator Training Manual.

The programme is mainly based on a cognitive-behavioural theory of change which assumes that faulty or dysfunctional thinking regarding sex and sexuality leads to inappropriate and harmful behaviour. Thoughts, emotions and behaviour are closely linked and mutually reinforced by contributing factors, such as historical, precipitating and perpetuating factors and social norms. It is widely recognised that sexual offenses are often closely related to masculinities, norms about manhood and male sexuality, and that dynamics between these elements result in sex offenses being committed by young children⁴⁸. Cognitive behavioural therapy is based on the premise that that way we think determines how we react to our environment, and that by changing the way of thinking, behaviours will change⁴⁹. Associated programmes typically use cognitive restructuring to reduce the intensity of pro-sexual offending beliefs and increase pro-social attitudes⁵⁰.

⁴⁸ Petersen, Bhana and McKay, 2005

⁴⁹ González-Prendes and Resko, 2012

⁵⁰ Latessa ,2006

While this is the core underlying theory, SPARC employs a multi-dimensional approach which also draws from principles of psycho-educational and other relevant behaviour treatment models, as shown in Table 3 below:

Model	Processes
Behavioural-cognitive treatment model	Training in pro-social skills
Relapse prevention model	<ul style="list-style-type: none"> • Develop self-management skills • Improved supervision by caretakers • Empower child with knowledge to recognize and interrupt the chain of events leading to relapse
Psychosocial-educational model	<ul style="list-style-type: none"> • Age appropriate sex education • Developing social skills, anger management skills and empathy for victims. • Accepting responsibility for one's actions
Psycho therapeutic model	History of the offender's sexual abuse, possible childhood trauma
Family systems model	Strong support system in the family to prevent relapse
Psycho analytic model	Offender must understand the psychodynamics of sexual offending
Multi systemic therapy model	Therapy in combination of individual, family or community
Abuse cycle model	Implement prevention towards the abuse cycle.

Table 3: Treatment models and corresponding processes utilized by SPARC

In terms of activities, the programme uses a combination of individual, alternative (boxing, music and art therapy), group and family treatment. Group therapy is considered central to SPARC.

2.3 PROGRAMME OBJECTIVES

The programme aims to:

1. Have a positive impact on the psychosocial factors that contribute towards the child's offending behaviour (e.g. sexual knowledge, past trauma, family stability, impulse control, interpersonal skills, empathy and self-esteem)

2. Divert low to medium risk children away from the criminal justice system and prevent any future re-offending.

Treatment goals with the child sex offenders include:

- Dealing with trauma
- Focusing on personal needs
- Addressing dysfunction in the family
- Developing realistic expectations/cognitive distortions
- Developing empathy
- Teaching positive sex education
- Developing impulse control, anger management and social skills
- Learning about relapse prevention
- Learning to accept responsibility
- Developing hope for the future
- Unlearning deviant pattern and re-learning acceptable patterns of behaviour.

The objectives of SPARC are in accordance with the Child Justice Act 75 of 2008 and the programme has been accredited at all three sites by the DSD.

2.4 PROGRAMME IMPLEMENTATION

The treatment themes in SPARC include: social skills training, cognitive restructuring, empathy training, impulse control, conflict resolution, acknowledging behaviour, acknowledging positives, relapse prevention, and progress evaluation. Role-play is used extensively in all the sessions⁵¹.

2.4.1 Programme facilitators

The success of the programme relies heavily on the insight of the therapists/facilitators to facilitate deeper insight, awareness, and understanding of the clients and their caregivers. All SPARC facilitators are qualified social workers, and co-facilitators are either qualified social workers or qualified social auxiliary workers. In addition, they all undertake a one week training course on *'The Diversion of Child Sexual Offenders'* from TTBC. They also undergo personal therapy to ensure that they are not bringing forth their own transference and counter-transference issues.

⁵¹ Omar, 2003

2.4.2 Programme components and processes

The steps of SPARC are shown in Figure 3 below.

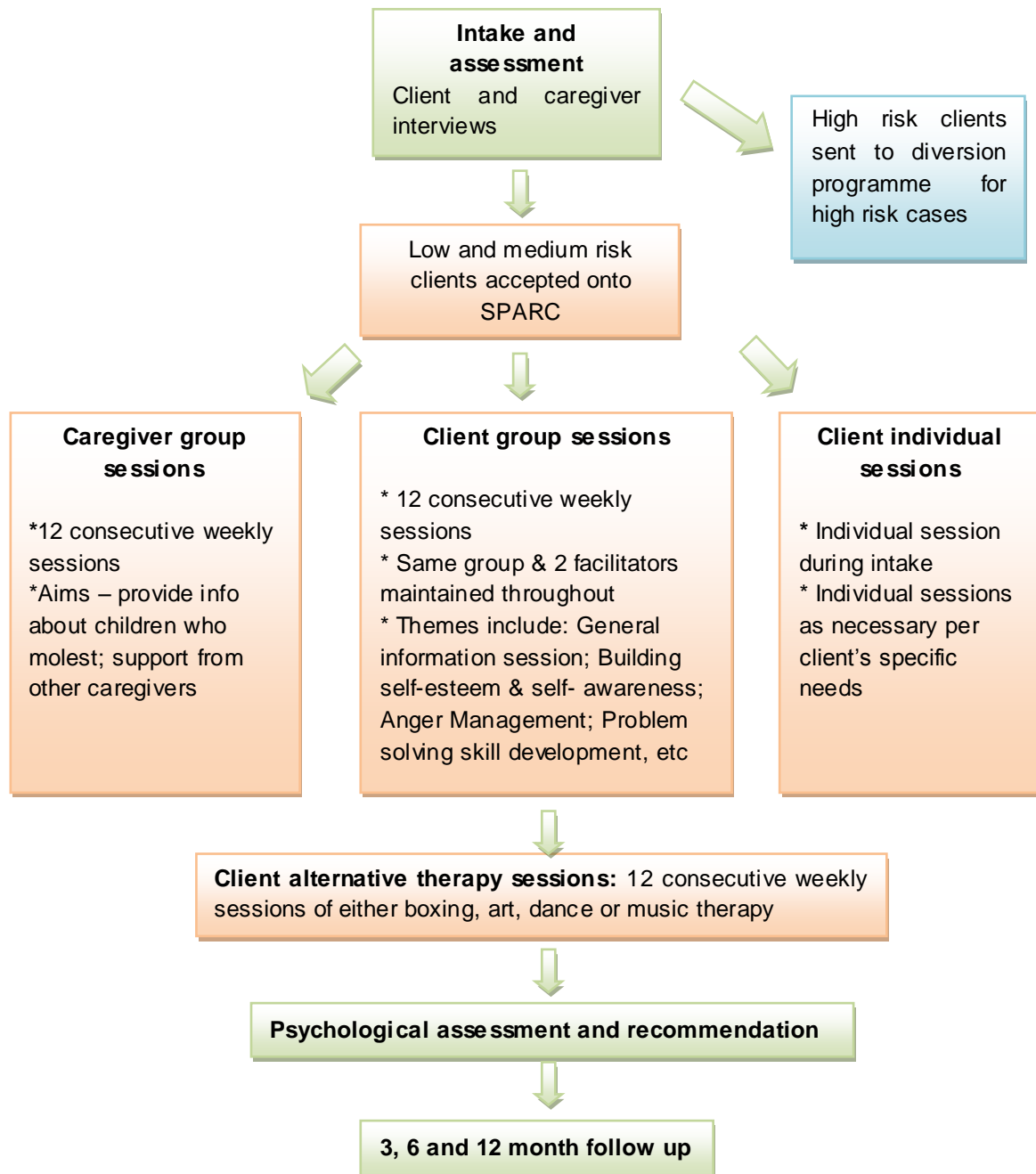


Figure 3: SPARC programme process

2.4.2.1 Intake and assessment

An initial intake and assessment interview and completion of an assessment form with the child and the parents leads to the classification of the child as a high, low or medium risk offender. The assessment aims to determine the risk that the child poses to society, and to formulate an appropriate treatment plan. Cases which are classified as low and medium risk qualify for the SPARC diversion programme. High risk cases are referred to a diversion programme which specifically deals with these children.

2.4.2.2 Client individual therapy

Individual therapy takes place primarily in preliminary assessment sessions, and thereafter if special circumstances require additional sessions, for example with special needs children. The primary goals of individual therapy are:

- to establish a working therapeutic relationship
- to assess the client's readiness, and prepare for group therapy
- to obtain specificity about problem sexual behaviours and risk factors
- to assess a history of victimisation or other relevant issues
- to understand clients' perceptions of family dynamics.

2.4.2.3 Client group therapy

In clinical practice group therapy has been found to be a challenging and effective format for the child offenders⁵². Each client is seen as a co-therapist who supports and challenges the others. Group therapy is also particularly useful with regard to the issue of stigmatisation and isolation that is found in the domain of sexual offence⁵³.

SPARC consists of 12 consecutive weekly sessions which are each 90 minutes long. Clients are divided into groups according to their age, sex, and developmental and emotional level to more easily control the dynamics of victim and victimiser. Homogeneous groups of the same sex consisting of four to six clients are preferred. The same group is maintained throughout the programme, with the same two facilitators for the group. Activities and themes in the group sessions include games and metaphorical stories with which the clients can identify.

The principles and primary focus of the group therapy are:

- Behaviour management
- Frequent positive reinforcement for the desired behaviour
- The therapy is specific and focused on sexual issues.

⁵² TTBC, 2012

⁵³ TTBC, 2012

The 12 group work sessions include the following topics:

- General information session
- Group norms and relationship building
- Building self-esteem and self-awareness
- Anger management/conflict resolution
- Problem solving skill development
- Social skills and conflict management
- Empathy
- Sex and sexuality/evaluation.

2.4.2.4 Alternative therapies

Weekly alternative therapies sessions run for 12 concurrent weeks. Ideally, the first session of the arts-based therapy group includes the client and their caregiver, which provides an opportunity for the facilitators to meet the client's caregiver, and involve them in the contractual agreements of the programme.

The alternative therapies take SPARC beyond the limitations of conventional therapies. They allow the client to work through the non-verbal components of their behaviour and emotions, facilitating healing and personal growth on different levels. Alternative therapies work to:

- **Improve self-esteem** through the opportunity to learn something new – and through the support, encouragement and acknowledgment in the process
- **Facilitate social skills and conflict management** by giving the clients an alternative means of expression and of resolving and processing their emotions
- **Develop victim empathy** through the environment of shared experience
- **Address sex and sexuality** by providing a space where issues can arise naturally and immediately tackled by the facilitator.

2.4.2.5 Caregiver therapy

Family therapy sessions, including the intake assessment session, must be attended by both the caregiver and the client concerned, even if they do not live together. The family therapy involves applying techniques that will enable the facilitator to establish rapport with the family as a whole.

Caregiver group sessions run weekly over twelve consecutive weeks. Sessions take place at the same time as the client sessions and are 60 minutes long. The primary intent of these

psycho-educational groups is to provide clear and specific information about children who molest. A secondary purpose is to allow the caregivers an opportunity to meet, understand and support each other.

The primary goals of caregiver group therapy include the following:

- providing caregivers with relevant information
- providing caregiver clarity on their participation in their child's therapy
- creating caregiver understanding
- recognising and correcting any patterns that contribute to sexualisation of the family environment
- processing caregiver clarity about their thoughts, feelings and reactions to the child who molests, the child-victim, and other family members
- decreasing dysfunctional patterns of interaction
- increasing the ability to anticipate problems and cope with stress.

2.4.3 Monitoring and evaluation (M&E)

To monitor the progress of SPARC participants, the programme staff are supposed to conduct the following M&E activities:

- Demographic and general data is captured in an **intake form** and **assessment form**.
- Clients complete a questionnaire to demonstrate their attitudes regarding their self-image, emotional state and perceptions of sex and sexuality. They complete the same survey after the completion of SPARC to reveal a change in their attitudes (**pre- and post-test**).
- Weekly assessments of group sessions are conducted by the facilitator. Each client's individual progress is recorded from session to session with a **Progress Evaluation and Treatment Needs form**.
- **Follow-up evaluation** is conducted by facilitators. Caregivers and clients are interviewed where possible to establish whether the client has refrained from reoffending, and what they have gained from the process.
- A report is compiled with the client's response to the treatment themes. For those clients who have been referred via the formal process of the justice system a **Diversion Court Report** is completed. Recommendations are made for future sentencing and follow up interventions to the court.
- Following the completion of SPARC, a **one year follow-up** is done to ascertain whether the client has reoffended.

3. EVALUATION OVERVIEW

3.1 EVALUATION AIM AND QUESTIONS

The evaluation aimed to determine the impact of the SPARC diversion programme on changing gender-related attitudes and related risk and prevention behaviours regarding potential recidivism of child sexual offenders. The primary evaluation question was: ***Does the SPARC diversion programme reduce recidivism of child sexual offenders who have graduated from the programme between January 2009 and December 2011?***

Secondary evaluation questions were:

- In what ways does the programme work? (changes in clients' gender related attitudes; changes in clients' sex and sexuality related knowledge and awareness; changes in clients' risk and prevention behaviours).
- Why is the programme successful?

3.2 EVALUATION DESIGN

A mixed methods design was applied. This is illustrated in Figure 4 below:

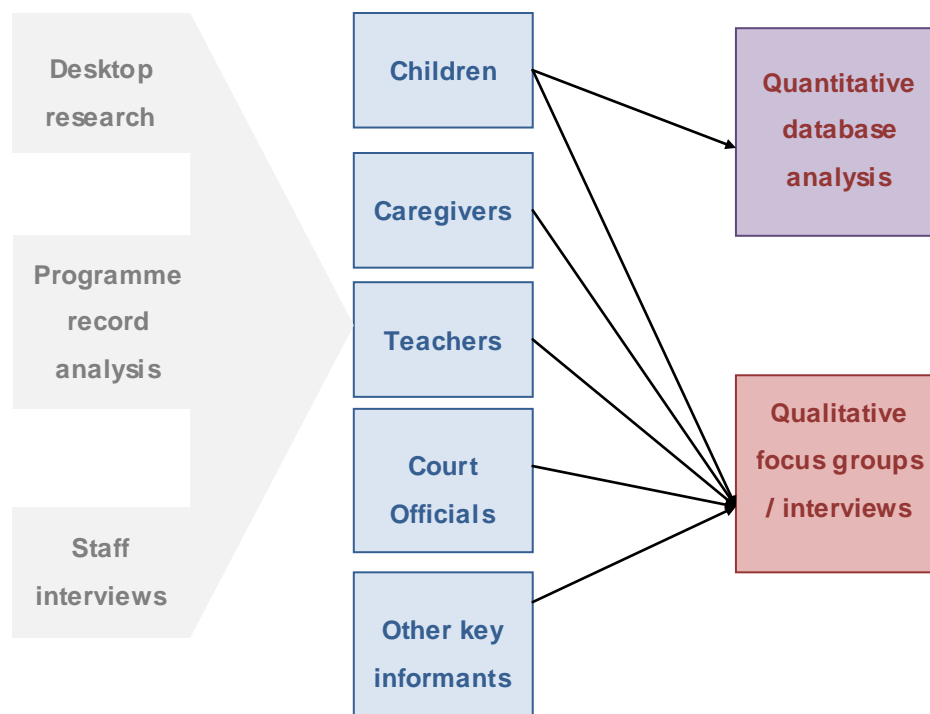


Figure 4: Evaluation design

3.3 DATA SOURCES

The study made use of both quantitative and qualitative data sources to answer the evaluation questions.

3.3.1 Quantitative data sources

Quantitative data sources included forms of participants' case histories (intake forms, pre-test, post-test and follow up forms) which were captured into a database that was designed by Impact Consulting. The intention of the evaluation team was to use this data to determine the level of recidivism within the evaluation population and to analyse relationships between relevant variables.

However, it was not possible to use the existing programme records to adequately answer the evaluation questions as the data had very large gaps. To obtain this vital information, a telephonic survey was conducted to ask the caregivers of each client whether their child had sexually re-offended since the programme had ended. The database records were coded to indicate the nature, intensity and aggression of the clients' offence and these variables were used to determine the groups who participated in the qualitative component of the evaluation.

3.3.2 Qualitative data sources and sampling

Qualitative data sources included SPARC client focus groups, caregiver focus groups, SPARC staff interviews, and key informant interviews.

3.4 EVALUATION PARTICIPANTS

Respondents included:

- programme participants (clients and their parents)
- SPARC facilitators and TTBC staff
- court and police officials
- NGOs working in closely related fields
- government stakeholders working in closely related fields.

3.4.1 Participants involved in primary data collection

Follow-up phone calls were made to 494 caregivers and 316 were reached. An additional 98 people were consulted face to face during the study (46 clients, 37 caregivers, 5 SPARC staff, 3 SPARC alternative therapy facilitators and 7 key informants), as outlined in Table 4:

Evaluation activity	Organisation / role	# participants
Client focus groups	TTBC branches - Parktown, Soweto, Krugersdorp	46
Care giver focus groups	TTBC branches - Parktown, Soweto, Krugersdorp	37
Staff interviews	TTBC SPARC programme staff	5
SPARC alternative therapist interviews	Art, Music, Boxing, Dance facilitators	3
Key informant interviews	Probation Services	2
	Magistrate	1
	Provincial Diversion Services	1
	Other NGOs	3
Total		98

Table 4: Number of participants per data collection activity

Therefore, in total, there were 418 evaluation participants.

3.4.2 Client (and caregiver) focus groups

Clients (and their caregivers) were purposively selected for eight focus groups, using the following variables:

- Age
- Aggression level of offence – consensual or non-consensual
- Nature of offence - atypical and spontaneous or premeditation and manipulation
- Intensity of offence – non-penetration or penetration.

The table below provides the breakdown of clients and caregivers who attended the different focus groups. A few groups had low turn-out rates (non-consensual groups 2, 3, and 4) and therefore an additional two focus groups were held with a mixed selection of clients who fell into these categories. It should be noted that although there was a focus group category for clients who had sexually reoffended, during the interview it was established that the client had reoffended in another criminal capacity but not sexually.

Focus group	Relevant variables	# of clients	# of caregivers
9-13 years	Clients between the age of 9-13 years	10	10
13 years +: Consensual (1)	Consensual; penetration	6	6
13 years +: Consensual (2)	Consensual; no penetration	4	6
13 years +: Non-consensual (1)	Non-consensual; no penetration; atypical	9	8

13 years +: Non-consensual (2)	Non-consensual; no penetration; premeditation	2	2
13 years +: Non-consensual (3)	Non-consensual; penetration; atypical	2	2
13 years +: Non-consensual (4)	Non-consensual; penetration; premeditation	2	2
Reoffender	Clients who have sexually reoffended	1	1
13 years +: Additional (non-consensual groups 2, 3, and 4)		5	
13 years +: Additional (non-consensual groups 2, 3, and 4)		5	
TOTAL		46	37

Table 5: Client focus group categories and number participants

Client and caregiver focus groups were conducted concurrently at the TTBC Parktown branch by two experienced evaluation facilitators. The focus groups were conducted in participants' vernacular language and facilitators explained ethical considerations and consent to each caregiver focus group before the group began. Caregivers then signed consent forms for themselves and their child prior to participation. Ethical considerations and consent were also explained at the beginning of the client focus groups in such a way that participants could fully understand these concepts.

Due to the sensitive subject matter of the focus groups facilitators ensured that participants were at ease and felt comfortable to engage in discussions. Ice-breakers, participatory techniques, and debriefing time were incorporated into focus groups for this purpose. The discussions centred on the outcomes of the SPARC programme, and the questions were structured to encourage rich dialogues in an open and honest environment. The focus group schedules (Appendix 1) provide the specific questions used.

3.5 EVALUATION CHALLENGES AND LIMITATIONS

The use of SPARC quantitative data was not as effective as initially hoped. Unfortunately major gaps were found in the data, and there is no government or other formal tracking system of child sexual offenders. The primary data collection methods had low validity and evaluators were unable to independently (quantitatively) verify the rate of sexual recidivism. However, qualitative data were used as a verification tool.

4. FINDINGS

4.1 EVALUATION QUESTION 1: DOES SPARC REDUCE RECIDIVISM OF CHILD SEXUAL OFFENDERS WHO HAVE GRADUATED FROM THE PROGRAMME BETWEEN JANUARY 2009 AND DECEMBER 2011?

Major conclusions

The SPARC programme is highly successful at reducing recidivism of child sex offenders who participate in the programme.

Quantitative data showed that 95% of participants did not commit further sexual offences one to two years after the programme. Since the validity of the quantitative data was low these findings were verified by triangulating qualitative data, where a wide range of stakeholders expressed confidence that SPARC is effective in terms of reducing recidivism of participants.

Quantitative and qualitative data show that SPARC is highly effective in reducing recidivism of child sexual offenders who have graduated from the programme within the evaluation period. Unfortunately, the quantitative data has low validity (as described below), and so these findings were verified by triangulating qualitative data.

4.1.1 Quantitative results

Quantitative data showed that 95% of participants did not commit further sexual offences one to two years after the programme.

Initially, it was planned that programme records would act as the source of quantitative data, specifically:

- Intake forms (providing general, demographic and offence information)
- Pre and post attitudinal tests (surveys designed to test attitudes to sex, sexuality, emotional behaviour and personal image)
- Follow-up forms (follow up on re-offence or progress post-SPARC).

However, an initial data audit of the data, captured from these documents into the integrated database that was created for the study, revealed major gaps in the data. In fact, there were only five cases with a complete set of data out of the 497 children in the sample. Further information can be found in Appendix 2.

Unfortunately, as staff in the Department of Correctional Services reported, “there is no formal government tracking system in place at present to follow children who have been referred for diversion. We only know if a child has reoffended if there is an additional court case/trial”⁵⁴. The Department of Social Development is currently developing a system to track all children who have been referred for diversion, but this is not currently operational and no factual data was able to be gathered from either department.

Consequently, in order to be able to answer the primary evaluation question, a telephonic survey with caregivers was conducted to investigate whether participating children had demonstrated sexually deviant behaviour since their participation in SPARC. Of the 494 caregivers who were called, 64% (316) were successfully reached, which constitutes a representative sample. Of those successfully contacted, 95% indicated that there had been no recidivism. Even with the 5% of caregivers who noted that there was some deviant behaviour with their children, none of the children had been charged with or caught committing another sexual offence. This is illustrated in Figure 5 below:

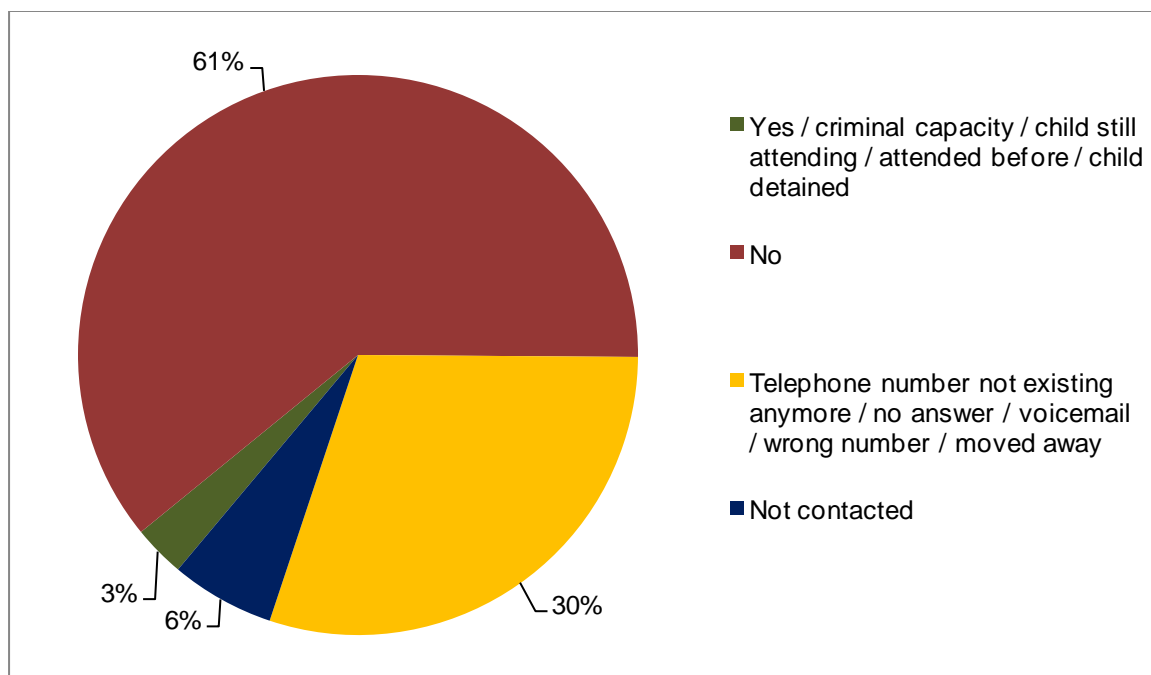


Figure 5: Results of follow-up telephonic interviews

It must be noted that these results have low validity for the following reasons:

- For ethical reasons, caregivers in the research sample could only be contacted by SPARC staff. This meant that the research team was not able to control how

⁵⁴ Key informant interview, Provincial Diversion Services

questions were asked or to verify that the information given by the participants was that which was captured by the staff.

- The data was collected through a self-report method, which has low validity. Respondents may have not wanted to share re-offence information for a number of reasons, or may not have wanted to let SPARC staff, in particular, know.
- Telephone calls were made during weekdays only. Respondents may not have been in private settings where they could divulge such confidential and personal information.
- Programme staff noted that caregivers who are more available are usually the ones who are more stable. Therefore, the group who could not be reached may have children who are more likely to have re-offended.

4.1.2 Verifying the numbers with qualitative data

A wide range of stakeholders expressed confidence that SPARC is effective in terms of reducing recidivism of participants.

During focus groups, children noted that the process allows them to heal, and that *“almost all of us do not want to go back and live that kind of life again. The clinic is making a huge impact in our lives”*⁵⁵. Some parents who participated in focus groups reported that all of their child’s sexual behaviour (*“chasing after girls”*⁵⁶, *“incestuous sex”*⁵⁷) had stopped since he attended SPARC, even for those who had been very sexually active before: *“He was always sexually active, but he is very disciplined now and chooses to abstain”*⁵⁸. There were also reports that other deviant behaviour, such as stealing, had also stopped.

TTBC staff report *“a very low re-offending rate”*⁵⁹. They mentioned that *“Parents sometimes phone us to say thanks for what we have done with their children. They say that the child’s behaviour has changed... that the child is no longer sexually offending”*⁶⁰. They also receive letters of gratitude from parents and grateful feedback during follow-up sessions about positive changes in their child⁶¹.

Although the Department of Correctional Services does not have independent data regarding recidivism, staff in the probation services unit noted during interviews that they believe that the recidivism rate is low. *“I don’t think they do reoffend – diversion is scary for children & the TTBC*

⁵⁵ Client non-consensual (1) FG

⁵⁶ Caregiver consensual (1) FG

⁵⁷ Caregiver (9-13 years) FG

⁵⁸ Caregiver consensual (1) FG

⁵⁹ Programme facilitator

⁶⁰ Programme facilitator

⁶¹ Staff group interview

*programme is effective. The whole family is exposed – there is a lot of shame and guilt involved. Children seldom want to talk about it afterwards or to go through it again*⁶². Staff who are directly involved with offending children who have been referred to SPARC state that they see a positive behaviour change in most instances and that *“children now show appropriate sexual behaviour”*⁶³. In the few cases where children do re-offend, probation services staff believe it may be due to the child not taking responsibility for their crime or not realising the consequences of their actions.

4.1.3 Need for SPARC

Respondents from the departments of social services and correctional services strongly expressed a need for SPARC. *“There is an increasing need in the community for diversion programmes – now more so than ever before. Especially with the growth of Lollipop Lounges (strip clubs) and child trafficking... sexual abuse is so high at this stage... it’s not containable... it is overwhelming for the Department [of Correctional Services] at this stage”*⁶⁴. A magistrate talked about the importance of diversion programmes, which prevent children from being incarcerated. He notes that *“the country as a whole lacks mechanisms to address sexual offenders”*⁶⁵, but there is an even bigger gap in terms of addressing the needs of young sexual offenders.

As the government does not have the capacity to provide diversion services⁶⁶, this is only provided by NGOs. One NGO offering diversion services has had to close its office due to subsidy cuts and the only other one with diversion services *“only deals with Level 3 sexual offenses. But there are not enough programmes to cater for the needs of children who have committed Level 1 and 2 offences”*⁶⁷. As one of the probation staff noted, *“they [TTBC] are the only NGO who has the skills and capacity to deal with both victims and perpetrators of sexual offenses”*⁶⁸.

Along with offering the diversion programme, probation services staff felt that it would be valuable if TTBC could also provide outreach education and awareness raising about child sexual offenses.

⁶² Key informant interview, Provincial Diversion Services

⁶³ Key informant interview, Probation Services

⁶⁴ Key informant interview, Provincial Diversion Services

⁶⁵ Key informant interview, Magistrate

⁶⁶ Key informant interview, Provincial Diversion Services

⁶⁷ Key informant interview, Magistrate

⁶⁸ Key informant interview, Probation Services

4.2 EVALUATION QUESTION 2: IN WHAT WAYS DOES SPARC WORK?

Major conclusions

The wellbeing of clients enrolled in the SPARC programme has improved. Children who have committed sexual offences have been motivated to take responsibility for their actions and work towards changing their attitudes and behaviours for a more positive life, which they believe they can have.

Clients experience a progression of change. Their dysfunctional thinking and behaviours are gradually corrected, resulting in improved self-esteem, better anger management skills, better problem solving skills, and victim empathy. Such behaviour and attitude changes position clients to effect further positive changes in their lives which included changing their activity choices for the better and engaging in more positive, constructive behaviours.

These children, who are inclined to struggle with social interactions, exhibited improved prosocial behaviours and enhanced skills to cope in social situations. As a result they have better relationships with others, particularly with their caregivers.

Caregivers who participate in SPARC improve their parenting skills and their relationships with their children.

Although clients were enthusiastic about how they changed because of SPARC, the majority continue to require support after they exit the programme so as to maintain these positive changes and help them reintegrate back into society.

The evaluation revealed that SPARC has a vast number of outcomes for participants and their parents. The outcomes are congruent with the programme theory, showing that the model itself is sound. Figure 6 below shows a typical progression of outcomes for a participating child. Typically, a child arrives with fear and anxiety, often in a state of denial of having committed the crime. After gaining some knowledge about the diversion process, SPARC, sexual conduct, criminality, and victim empathy, they begin to accept that they have committed a crime and take responsibility for it, and then become hopeful that they can actually have a positive life despite this event. It is usually at this point that they realise that they want to change and to have a positive life and this prompts attitudinal and behaviour changes, and changes in the way that they relate to others.

Caregivers who participate in SPARC improve their parenting skills and their relationships with their children. These outcomes are described in further detail in the section below.

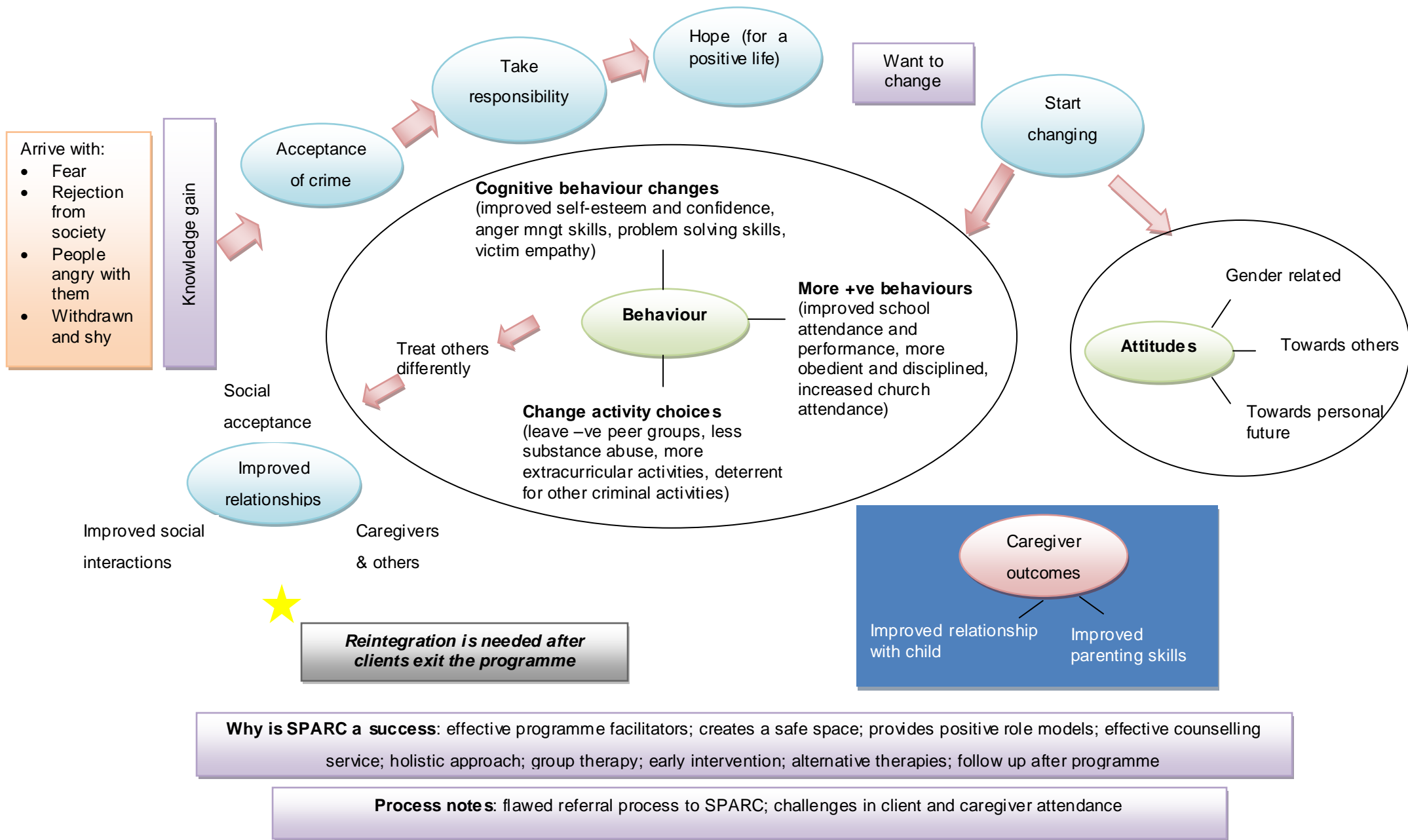


Figure 6: SPARC progression of outcomes

4.2.1. Arriving at SPARC: a fearful and anxious child

The study found that SPARC clients generally arrive to begin the programme with varying degrees of trauma. Clients usually arrive in a state of fear. They have been caught engaging in inappropriate sexual behaviour and are afraid of the consequences. As one client explained, *“The day I was brought to court, accused of rape, I was scared that I was going to be sentenced and rot in jail”*⁶⁹. A number of caregivers described their child’s fear:

*“He was very scared when he first came to TTBC because he thought he was going to prison”*⁷⁰.

*“He was very scared during this time”*⁷¹

Clients described how they had been rejected by others as a result of their actions, which led to them feeling isolated and helpless. In some cases, this even led them to having suicidal thoughts:

*“There was also a time when I wanted to commit suicide. My life was miserable and I had no hope to change and live a better life”*⁷²

*“People look at me as if I am not normal. I felt I should commit suicide since there was no peace. At Teddy Bear they revived my spirit and gave me courage for challenges ahead of me”*⁷³

Other negative feelings experienced by clients after being caught include anxiety and confusion: *“When I came here I was confused, it was as if I will go mad”*⁷⁴

Caregivers and SPARC staff explained that, at the start of the programme, the children are often withdrawn and shy: *“The incident affected him badly. He stayed indoors, kept to himself because other children didn’t want to play with him. He became very withdrawn”*⁷⁵. *“When the children first arrive they are embarrassed and withdrawn”*⁷⁶.

4.2.2 Gaining knowledge about sex and sexuality

As promoted by the Child Justice Act, the objective of diversion is the channelling of children away from the formal court system into programmes that make them accountable for their

⁶⁹ Client non-consensual (2) FG

⁷⁰ Caregiver consensual (2) FG

⁷¹ Caregiver consensual (1) FG

⁷² Client consensual (1) FG

⁷³ Client additional 2 FG

⁷⁴ Client consensual (1) FG

⁷⁵ Caregiver non-consensual (1) FG

⁷⁶ Staff interview 4

actions and giving juvenile sex offenders an opportunity to repair the damage within themselves that has been caused by their crime⁷⁷.

According to the TTBC training manual, in order to be accountable for their actions, it is first necessary for clients to have the requisite knowledge to understand what they have done is a crime⁷⁸. At the start of SPARC, most clients have limited knowledge about sex and sexuality⁷⁹ and, consequently, are usually unaware that they have done something wrong:

"I abused girls a lot. During that time I did know that I was doing a wrong thing... There was nothing wrong to forcefully demand sex with a girl - to us it was part of life and a sign of growth"⁸⁰.

"He admitted to having sex with the girl, saying he never saw it as rape because they had done it before"⁸¹.

"There is lots of denial at the start and it is difficult to get what you are looking for from the children because they don't even know they did something wrong"⁸².

This study, and other research⁸³, found that one reason for this lack of knowledge is that parents do not engage in discussions about sex and sexuality with their children:

"Parents don't talk about sex and sexuality – thus children go out and experiment. It is often a lack of understanding about what is appropriate behaviour at a certain age"⁸⁴

"These children are socialised to believe wrong things. Their parents don't talk to them about sex and appropriate behaviour... they also have misconceptions around sexuality and HIV and AIDS"⁸⁵.

Other factors, such as overcrowding and gender stereotyping, also contribute to clients' misunderstanding and incorrect beliefs about sex and sexuality:

"I did not know that it was wrong to have sex with someone. The fact is that we sleep in one room in a shack with our parents and during the night we could hear what they are doing. Therefore, during the day it becomes our turn when they are at work"⁸⁶.

⁷⁷ Child Justice Act (75 of 2008)

⁷⁸ TTBC, 2012

⁷⁹ Staff interview 3

⁸⁰ Client consensual (1) FG

⁸¹ Caregiver (9-13 years) FG

⁸² Staff group interview

⁸³ Omar, 2010

⁸⁴ Key informant interview, Magistrate

⁸⁵ Key informant interview, NGO 3

⁸⁶ Client non-consensual (3) FG

“It looked fashionable to us and sometimes we will share a girl in groups. This used to happen often and we saw nothing wrong with what we were doing”⁸⁷.

Therefore, the sex education component of SPARC is vital. Providing clients with information and an opportunity to discuss these matters can assist in disrupting and possibly breaking the cycle of abuse, and preventing a relapse in inappropriate sexual behaviour⁸⁸. SPARC teaches positive sex education, values clarification and gender identity. These are essential elements of a child’s education, and for children who act out sexually it is even more crucial that issues concerning sexuality be thoroughly explored⁸⁹. Indeed, the inclusion of sex education in diversion programmes is specified as a requirement in the *Diversion Norms and Standards*⁹⁰. As emphasised by a regional magistrate, the programme must also “*allow the child to understand appropriate sexual behaviour and the consequences of inappropriate sexual behaviour*”⁹¹. Findings show that SPARC is successful in this regard:

“At the clinic things started to change for the better. We started looking at things different. We were taught about sexual abuse and the importance of respecting someone’s decision”⁹²

“Even though schools have Life Orientation, but it’s still very edited. But TTBC counsellors tells it like it is. The children are empowered to deal with situations, they are even taught about masturbation”⁹³

4.2.3 Acceptance of and taking responsibility for their crime

According to research, young offenders only begin to acknowledge responsibility for their actions during the diversion programme process⁹⁴. SPARC’s work in assisting clients to accept they have committed a crime and take responsibility for their actions is in line with the Child Justice Act, which stipulates one of the diversion objectives as: “*to encourage the child to be accountable for the harm caused by him or her*”⁹⁵. SPARC staff described this initial phase of acceptance:

“The first sessions are very difficult. In a typical group, three children will acknowledge their actions but six will not... and they will take a lot longer to acknowledge”⁹⁶

⁸⁷ Client consensual (1) FG

⁸⁸ Omar, 2010

⁸⁹ TTBC, 2012

⁹⁰ Diversion Norms and Standards

⁹¹ Key informant interview, Magistrate

⁹² Client consensual (1) FG

⁹³ Caregiver consensual (1) FG

⁹⁴ Omar, 2010

⁹⁵ Child Justice Act (75 of 2008)

⁹⁶ Staff interview 4

“We need to build trust and to help them acknowledge what they have done – but it takes a while ... on the first day they don’t acknowledge what they have done”⁹⁷

SPARC provides the client with the opportunity to address his difficulties in the least restrictive and most empowering environment. Drawing on elements from the psychosocial-educational model⁹⁸, clients are held accountable for their actions and they begin to understand that every action has a reaction: *“It makes them understand consequences of their actions without judging or punishing them”⁹⁹*. This theme is reinforced over the different sessions: through simulation role plays, completion of work sheets, and creative mediums of expressions, e.g. movement, music or boxing¹⁰⁰, in keeping with the diversion policy which aims to give the child a second chance without having a criminal record.

Clients explained how the programme helped them to accept and take responsibility for their actions:

“We are taken through a second chance programme that makes us realise the mistakes that we committed”¹⁰¹

“I was taken through the process step by step at the centre and I am now feeling better. I gradually accept what I did”¹⁰²

“At Teddy Bear Clinic they made me realise my mistakes and the danger of engaging in sex at that age”¹⁰³

4.2.4 Restoring hope for a positive future and igniting a desire to change

Dealing with clients’ trauma and developing their hope for the future are two treatment goals that SPARC successfully achieves. Clients are taken through a process of recognising that there is life after the crime they have committed and that this life can be a positive one. Focus groups and interviews revealed that clients feel that, during the process, they move from a state of hopelessness to feeling rejuvenated and having an appreciation for life again:

“If you committed mistakes, the clinic empowers you with the spirit of hope. You have to hope of doing better this time”¹⁰⁴

⁹⁷ Staff interview 1

⁹⁸ TTBC, 2012

⁹⁹ Caregiver (9-13 years) FG

¹⁰⁰ Staff interview 3

¹⁰¹ Client non-consensual (2) FG

¹⁰² Client (9-13 years) FG

¹⁰³ Client non-consensual (3) FG

¹⁰⁴ Client consensual (1) FG

"I am happy to be at Teddy Bear because I was counselled and introduced to many activities that gave me hope in life"¹⁰⁵

"Looking at the centre I see 'don't do it again'. This is a place where we are revived"¹⁰⁶.

Caregivers and key informants also noticed that clients begin to display enhanced hope for the future and demonstrated the desire to change their behaviour. Clients describe how: *"My life changed to the better. I became very positive about life and eager to learn"¹⁰⁷* and *"I feel much better because I have accepted what I have done and I am prepared to change"¹⁰⁸*.

4.2.5 Attitudinal changes

As clients progress through the programme, their attitudes towards others, gender-related attitudes, and attitudes towards their personal future improve, and these attitudinal changes become applied in clients' everyday lives.

4.2.5.1 Change in attitude towards others

In SPARC's group therapy setting, clients are facilitated so that they mimic a microcosm of society. Within this group setting, elements that are reinforced include *"respect for one another, listening to others, allowing everyone to have a say and take part, etc"¹⁰⁹*. Behaviour management is therefore a vital part of the therapeutic process and one of the first group activities is the establishment of group rules, developed with the clients' participation and agreement¹¹⁰. In this way, clients are provided with an opportunity to develop respect for group members in a safe and controlled environment and to practice pro-social behaviours. In focus group discussions, clients noted that SPARC had helped them to change their attitudes towards fellow group members:

"At Teddy Bear I was taken through the process of respecting individuals and what I will get afterwards. We work in groups and that also assist us in respecting each other's views and properties"¹¹¹

"Teddy Bear programme was about respect. We do not fight and shout at each other at the centre. We always put all put differences aside. We were taught the importance of respecting adults, teachers and people in general"¹¹²

¹⁰⁵ Client (9-13 years) FG

¹⁰⁶ Client consensual (1) FG

¹⁰⁷ Client non-consensual (2) FG

¹⁰⁸ Client additional 1 FG

¹⁰⁹ Staff interview 3

¹¹⁰ TTBC, 2012

¹¹¹ Client consensual (1) FG

¹¹² Client non-consensual (1) FG

Caregivers and key informants have noticed that clients apply these positive attitudes outside the programme. One client explained this change, *“People who know me before are surprised of the respect that I give to people”*¹¹³ and *“I did not respect people in the past, but the centre has made me understand and respect other people. My parents are now proud of me”*¹¹⁴

4.2.5.2 Change in gender-related attitudes

Through the programme, clients are taken through the process of challenging their negative gender-related attitudes and developing healthier ones. One caregiver described her child’s attitude change: *“he still has a girlfriend, he now knows that she must be respected”*¹¹⁵.

SPARC clients’ commented on their attitude change:

*“We were...taught to respect girls and not to harass them”*¹¹⁶

*“The most important thing is that I am no longer after girls. I respect them like any other human being. It has been very hard to change my behaviour, but social workers at the clinic advised us properly and have shown me the importance of looking after myself and respecting others”*¹¹⁷

*“The thing that changed is that I used to beat girls a lot but I am no longer beating them. Since I attend lessons at the clinic I learnt to respect them”*¹¹⁸

Other NGOs working with abuse-reactive children also note success with their diversion programmes in terms of promoting healthy gender-related attitudes in clients¹¹⁹.

4.2.5.3 Change in attitude towards one’s future

Clients’ attitude towards their future improved during the programme. They explained how the programme had restored their hope and helped them to focus on achieving their goals:

*“I was taught many things at the clinic and I am now serious about my life. I want to be a pop star in future and the centre is giving me the necessary support to achieve my dream”*¹²⁰

*“This made me have a new look on life and became goal directed. I am now hoping to complete my matriculation and get tertiary qualifications”*¹²¹

¹¹³ Client non-consensual (3) FG

¹¹⁴ Client consensual (1) FG

¹¹⁵ Caregiver consensual (1) FG

¹¹⁶ Client non-consensual (1) FG

¹¹⁷ Client consensual (2) FG

¹¹⁸ Client consensual (1) FG

¹¹⁹ Key informant interview, NGOs 2 and 3

¹²⁰ Client non-consensual (3) FG

¹²¹ Client non-consensual (2) FG

4.2.6 Behaviour changes

4.2.6.1 Cognitive behaviour changes

SPARC utilises elements of cognitive behavioural therapy (CBT). The underlying principle of CBT is that emotions influence thoughts; and ultimately behaviour. CBT for juvenile offenders is designed to correct dysfunctional thinking and behaviours associated with delinquency, crime, and violence¹²². There is clear evidence that many juvenile sexual offenders suffer from low self-esteem, aggression and anger, lack empathy for their victims, and have distorted perceptions and thoughts about their offences¹²³. CBT is a goal-driven, direct form of treatment and aims to give individuals power over repetitive dysfunctional thought patterns, and replace negative with positive behaviour¹²⁴. Therefore, CBT for juvenile sex offenders concentrates on building self-esteem and empathy, anger management, and establishing well-adjusted perceptions and thoughts regarding offences. Theoretically, correcting thoughts and emotions should change the behaviour of offenders. Studies reflect empirical evidence that CBT is associated with significant and positive changes in young sex offenders¹²⁵.

These outcomes are evident for clients of SPARC, and they show:

- Improved self-esteem and confidence
- Improved anger management skills
- Increased problem solving skills (impulse control and peer pressure)
- Increased victim empathy

Improved self-esteem and confidence

Abuse-reactive children generally have negative self-images and low self-esteem. Their lack of impulse control often leaves them feeling powerless and guilty. As they become increasingly self-critical, their sense of self-worth diminishes and their anxiety increases. To address this, SPARC incorporates activities that are specifically geared towards developing a 'positive self-esteem' that pertains to abuse-reactive children¹²⁶.

In client focus groups, children revealed that they felt more secure and competent because of the programme: *"... if I need assistance with homework I am not shy to approach my sisters for help. I used to keep quiet, afraid to expose my little knowledge"*¹²⁷ and they are also more accepting of themselves: *"At the clinic they taught me to accept who I am and to*

122 <http://www.ojdp.gov/mpg/progTypesCognitivePrev.aspx>

123 Marshall et al, 2009 and Nisbet et al, 2005

124 <http://www.ojdp.gov/mpg/progTypesCognitivePrev.aspx>

125 Landenberger and Lipsey, 2005; Hunter and Santos, 1991 and Nisbet et al, 2005

¹²⁶ TTBC, 2012

¹²⁷ Client additional 1 FG

*be happy with what I have. I have learnt to accept me as I am and that everyone moves according to their pace*¹²⁸.

Both clients and caregivers reported an increase in clients' confidence, for example children are talking more openly and are not as shy as they were before SPARC. Clients felt that their level of confidence had 'soared' because of the programme, and one client used the example of engaging in school debates to illustrate his increased confidence: "*I used to be shy in debates at school, but now I am no longer shy and they have just made me a chairperson of the school debate committee*"¹²⁹.

Improved anger management skills

A number of clients noted that when they arrived at SPARC, they felt angry but they did not understand the source of their anger: "*I grew up with anger that I did not know where it comes from*"¹³⁰. Anger problems are common in abuse-reactive children for a number of reasons. For instance, these children often use anger as a way to block out feelings of fear, pain, or sadness. In addition, they often believe they were victimised because they are bad, and therefore they act in ways that elicit negative reactions and/or punishment. Whatever the underlying reasons for their anger, one of the ways in which abuse-reactive children express anger is to sexually molest other children¹³¹.

Anger management is therefore an essential theme in SPARC, and results from focus groups and interviews show that the programme has been successful in helping clients to address anger problems while equipping them with anger management skills: "*I suspected he had anger issues and TTBC really helped him in this regard*"¹³²

Clients are taken through a process that helps them to get in touch with feelings and events that they may have repressed. They are taught a range of positive non-victimising ways to express anger. Clients shared how SPARC has helped them to manage their anger:

*"... They recommended that I should take part in sport and other indoor games to socialise and work with other children in groups. Gradually my behaviour changed"*¹³³

*"While he was at TTBC, they tried to address his anger problems. He took part in boxing to learn to channel his anger"*¹³⁴

¹²⁸ Client (9-13 years) FG

¹²⁹ Client consensual (1) FG

¹³⁰ Client consensual (2) FG

¹³¹ TTBC, 2012

¹³² Caregiver consensual (2) FG

¹³³ Client consensual (2) FG

Increased problem solving skills (Impulse control and peer pressure)

It is necessary for children to have good decision-making skills and problem solving abilities so that they are able to effectively function in society. These skills are often lacking in abuse-reactive children, and their anger and lack of impulse control contribute to their tendency to react aggressively or physically to problems rather than thinking things through¹³⁵.

The SPARC therapeutic process equips clients with these necessary decision-making and problem-solving skills. SPARC staff feel that one of the reasons that the programme is effective is because the therapeutic process “*deals with the core issues that these children are facing, such as problem solving*”¹³⁶ and equips them with necessary decision-making and problem-solving skills that can reduce their aggressive behaviour, raise their level of impulse control, and increase their social skills and self-esteem¹³⁷. This is in line with the *Diversion Norms and Standards* which state that a diversion programme should “*address the child’s ability to regulate his/her behaviour, specifically impulse control*”¹³⁸. It is reported that SPARC is successful in imparting these skills to clients – caregivers explain that their children act with more caution and “*they are taught on consequences of some behaviours. This discourages them from even considering getting into those situations*”¹³⁹. Clients note that SPARC has helped them to act less impulsively and to rather think before they act:

*“I am now very cautious of what I do. I was taught to think before committing myself into something”*¹⁴⁰

*“I used to propose love to any girl I come across. I thought I was clever. At Teddy Bear they helped me to see things differently. I was taught to be rational and always think before doing things. My future action has to be led by reason. I feel much better now with much hope for the future”*¹⁴¹

Clients also report that they cope better with negative peer pressure due to better decision-making, new-found awareness that actions have consequences and a healthier self-esteem. A probation officer noted that SPARC has “*equipped clients with skills – how to deal with peer pressure, how to deal with problems*”¹⁴². Clients report that they try to stay away from peers who are a bad influence: “*I used to go with a bad company. They nearly put me in*

¹³⁴ Caregiver non-consensual (1) FG

¹³⁵ TTBC, 2012

¹³⁶ Staff group interview

¹³⁷ TTBC, 2012

¹³⁸ Diversion Norms and Standards

¹³⁹ Caregiver consensual (1) FG

¹⁴⁰ Client additional 1 FG

¹⁴¹ Client non-consensual (2) FG

¹⁴² Key informant interview, Probation Services

*trouble... I am trying my best to change and be accepted by my parents again*¹⁴³. They now realise the importance of making independent decisions: *"The programme changed my outlook. I lived largely under the influence from other children and I now realise it is important to have your own standpoint"*¹⁴⁴.

Victim empathy

An important outcome of SPARC, as well as a requirement specified in the *Diversion Norms and Standards*, is that the programme effectively develops clients' ability to empathise with others¹⁴⁵. The relationship between a lack of empathy and aggressive antisocial behaviour has been well investigated and is empirically supported. Abuse-reactive children are inclined to be deficient in the ability to understand how their coercive behaviour harms others as well as themselves. In order to stop the abuse cycle, SPARC clients must be able to put themselves in others' shoes and understand how their behaviour hurts their victims¹⁴⁶.

SPARC staff have witnessed clients begin to show remorse through the course of the programme, and some of them *"request reconciliation with the victim"*¹⁴⁷. The programme successfully assists clients to deal with the emotional aspects of their sexual behaviour and *"opens their [clients] eyes and you can see they start to have victim empathy"*¹⁴⁸. Caregivers and staff from another NGO working with abuse reactive children agree that clients develop the ability to empathise, and one caregiver added: *"My son showed genuine remorse. He worked hard to change"*¹⁴⁹. During focus group, clients showed interest in victims' wellbeing by suggesting that victims should also be given the opportunity to attend and benefit from a TTBC programme.

4.2.6.2 Clients make different choices regarding their activities, and are less likely to engage in criminal activity

The healthier attitudes and more positive behaviours that the CBT allows SPARC clients places them in a position where they can effect further positive changes in their lives. It was found that they clients are now able to choose healthier activities to engage in, for example:

- they opt out of negative peer groups
- they reduce their abuse of substances
- they increase their involvement in constructive extracurricular activities

All of these choices contribute towards deterring clients from criminal activities.

¹⁴³ Client consensual (1) FG

¹⁴⁴ Client consensual (1) FG

¹⁴⁵ Diversion Norms and Standards

¹⁴⁶ TTBC, 2012

¹⁴⁷ Staff group interview

¹⁴⁸ Staff interview 2

¹⁴⁹ Caregiver non-consensual (1) FG

Opting out of negative peer groups

Some clients shared how they no longer associate with friends who are a bad influence on them. However, they do face challenges with regards to changing their social group: *“Getting out of a wrong company is not easy. My friends will visit me daily at home to do drugs”*¹⁵⁰ Many clients feel that they now have the requisite skills to be able to choose not to socialise with peers who engage in negative behaviours. Some clients struggle to do this completely, but they still experience some change: *“I have changed a bit. I am still going out with my gang in the township, but not all the time”*¹⁵¹. Caregivers confirm that children no longer associate with troublesome friends, and many of them believe that this is a major reason for their improved behaviour: *“Since he started with SPARC, his behaviour has changed for the better. He no longer plays with those friends”*¹⁵².

Reducing abuse of substances

A number of clients communicated how the programme has helped them to stop abusing alcohol and drugs. SPARC staff added that they often witness *“[clients] start the programme on drugs and by the end of the programme have stopped taking drugs”*¹⁵³. Caregivers also notice: *“I was pleasantly surprised when they came back and most of his friends were drinking, but he didn’t drink”*¹⁵⁴.

More involved in extracurricular activities

Clients are introduced to a range of extracurricular activities as part of the programme and are encouraged to try these new activities and continue to engage in those that they enjoy. Most clients mentioned that they now participate in activities such as sport, arts and drama and explain that these have helped them tremendously:

*“I was introduced to chess here at the clinic. It keeps me busy the whole day and I forget the past”*¹⁵⁵

*“I was introduced to boxing and I am now in love with this sport. Always I am in the boxing room practicing. This kind of an exercise makes me forget about many things and be goal directed”*¹⁵⁶

¹⁵⁰ Client consensual (2) FG

¹⁵¹ Client consensual (1) FG

¹⁵² Caregiver (9-13 years) FG

¹⁵³ Staff interview 2

¹⁵⁴ Caregiver non-consensual (1) FG

¹⁵⁵ Client non-consensual (3) FG

¹⁵⁶ Client non-consensual (1) FG

Less likely to engage in criminal activities

By staying away from negative peer groups, reducing substance abuse and increasing their involvement in constructive extracurricular activities, SPARC clients are deterred from engaging in criminal activity. SPARC also teaches them that they must obey the law and the Head of Probation Services points out: *“The programme is also a deterrent against other criminal activities. Children realise there is a law out there, but given a second chance”*¹⁵⁷. The children also realise this:

*“The programme keeps us off the street and introduces us to various activities that exercise the mind and the body”*¹⁵⁸

*“Soccer is the sport I like most. It has kept me busy and I do not have time to do bad things in the township. I am always at the sports field”*¹⁵⁹

4.2.6.3 Clients engage in more positive behaviours

SPARC has been successful in increasing clients’ positive behaviours. Findings show that clients have improved their school attendance, they are more obedient and disciplined and some are going to church.

Improved school attendance and performance

The majority of clients told how they are attending school more regularly and doing their homework:

*“I used to be late at school and sometimes not attending classes regularly, but now I have improved”*¹⁶⁰

*“At Teddy Bear things started to shape for the better. I became highly motivated and pay attention to my schoolwork”*¹⁶¹

Better attendance has improved their school performance, which in turn has allowed them to be proud of themselves and receive approval from their parents and teachers. Caregivers agree that they are pleased with the better school attendance and observe improvements in their child’s school performance since they participated in SPARC: *“I regularly speak to his teachers and all I’ve been getting is good feedback”*¹⁶².

¹⁵⁷ Key informant interview, Probation Services

¹⁵⁸ Client consensual (2) FG

¹⁵⁹ Client consensual (1) FG

¹⁶⁰ Client additional 1 FG

¹⁶¹ Client non-consensual (2) FG

¹⁶² Caregiver (9-13 years) FG

Most clients are pleased with this kind of approval and, during focus groups, they talked about the change in the way their parents and teachers respond to them regarding school:

*“My parents were not happy with my school report... I am now proud that I am doing well at school. My parents are happy with my performance and this has helped our relationship”*¹⁶³

*“I am now a changed person and I am doing well at school. I am happy with my performance and my parents are proud of me”*¹⁶⁴

*“My life has changed a lot and I have improved in class. My teachers are proud of me and they give me support”*¹⁶⁵

Clients are more obedient and disciplined

In general, SPARC clients become more obedient and disciplined during the process of the programme. This change was also observed by another NGO who works with abuse-reactive children: *“At the beginning they are unruly... then they become more disciplined. Even very difficult children change!”*¹⁶⁶. This change was also discussed extensively in the caregiver focus groups. Caregivers noted that their children are more obedient, helpful, disciplined and accountable:

*“He refused to do chores and errands but this has changed”*¹⁶⁷.

*“He helped out more in the house – cleaning, cooking, and so on”*¹⁶⁸.

*“He was more disciplined. He became accountable and I knew where he was at all times”*¹⁶⁹.

Increased church attendance

Although SPARC has no religious orientation, one of the outcomes that was stated often was that some clients had started to attend church. Caregivers spoke of their children *“growing spiritually”*¹⁷⁰ and one caregiver added: *“He now loves attending church with me”*¹⁷¹. Clients explained this change and the positive effect it has had on them:

¹⁶³ Client (9-13 years) FG

¹⁶⁴ Client consensual (2) FG

¹⁶⁵ Client non-consensual (4) FG

¹⁶⁶ Key informant interview, NGO 2

¹⁶⁷ Caregiver additional 1 FG

¹⁶⁸ Caregiver non-consensual (1) FG

¹⁶⁹ Caregiver non-consensual (1) FG

¹⁷⁰ Caregiver non-consensual (4) FG

¹⁷¹ Caregiver consensual (1) FG

“I am now attending church every Sunday. My behaviour has changed and I have started respecting elders and other children at school”¹⁷².

“Some of us were lost... I used to steal, cheat and beat other kids, but Christianity taught me how to live in harmony with others”¹⁷³

“I am happy that I go to church on Sunday”¹⁷⁴.

Church is obviously one of the external support structures which is valuable in reducing recidivism of clients.

4.2.6.4 Clients treat others better

An important outcome of SPARC is that clients display increased prosocial behaviour towards others. Clients communicated that they no longer physically hurt others and that they have learnt to treat others well and with respect, especially with reference to females:

“Most of the girls at school were afraid of me... I am now a changed person and most of the people can't believe that I am such a good person. I learnt a lot from Teddy Bear and I respect teachers and my parents”¹⁷⁵

“My life is changing gradually. People who know me before are surprised of the respect I give to people”¹⁷⁶

During the focus groups, two clients shared that they are still sexually active (most clients choose to abstain after the programme); however, they explained that the sex is consensual and they now treat girls with more respect than they did prior to attending SPARC:

“I like girls and I am still going out with them. The only thing that has changed is that I am no longer beating them... since I attend lessons at the clinic and I learnt to respect them”¹⁷⁷.

“My attitude has changed. I also use to beat girls and take their belongings. Now I talk to them nicely and peacefully. I still have sex with a number of girls, but it is consensual”¹⁷⁸

Because of the changes in the way that they treat others, clients experience a major change in their relationships with others.

¹⁷² Client consensual (1) FG

¹⁷³ Client non-consensual (2) FG

¹⁷⁴ Client non-consensual (3) FG

¹⁷⁵ Client consensual (1) FG

¹⁷⁶ Client non-consensual (3) FG

¹⁷⁷ Client consensual (1) FG

¹⁷⁸ Client consensual (1) FG

4.2.7 Improved relationships with others

4.2.7.1 Improved relationships with caregivers

SPARC clients expressed that their relationships with others have improved, particularly between clients and caregivers: *“Initially children are remote and there is a distant relationship between children and their parents. But over time their interaction becomes more connected – not so distant or remote. There is a deeper relationship that was not there before”*¹⁷⁹. A number of caregivers also spoke about this:

*“We bonded a lot during this crisis and while he was attending SPARC. We’ve continued being close and he recently asked that I come him when he went for his circumcision at hospital”*¹⁸⁰

*“My relationship with my son has greatly improved; we have become closer, talk about everything”*¹⁸¹

Clients also noted that they have closer relationships with teachers, other family members and peers.

4.2.7.2 Improved social interactions

SPARC has assisted clients to improve their social interactions by equipping them with skills that allow them to function appropriately in social situations.

*“I like playing [chess] and I am able to chat with other children and understand them... I am able to interact with people that I did not know before”*¹⁸²

*“Now I am able to share with other people and respect their opinion”*¹⁸³

*“I was taught how to respect other people and their properties at Teddy Bear Clinic. This has helped the way I behave and relate to other people”*¹⁸⁴

The ability to communicate is key to healthy social interactions: *“They [clients] learn to express themselves – they are given a voice - even the very shy, passive, submissive ones start to talk to each other and to interact with the facilitator. The sessions and the programme give them a vote of confidence - they learn to engage with others”*¹⁸⁵. Caregivers also noticed their children’s ability to communicate better, noting that they are now more open and able to

¹⁷⁹ Staff interview 3

¹⁸⁰ Caregiver consensual (1) FG

¹⁸¹ Caregiver consensual (1) FG

¹⁸² Client non-consensual (3) FG

¹⁸³ Client additional 1 FG

¹⁸⁴ Client additional 1 FG

¹⁸⁵ Staff interview 3

talk about what they are feeling: *“He is open and talks about his problems”*¹⁸⁶ and *“Our communication improved a lot because he has become more open”*¹⁸⁷

4.2.7.3 Clients are more socially accepted

Many clients experience stigma and discrimination because of their sexually inappropriate behaviour and many express feeling isolated after the crime. The programme has helped clients to become more included in society by helping them to be able to function better in society:

*“I learnt respect and to be loyal and obedient. This has changed my life and I am most liked in the classroom and at home”*¹⁸⁸

*“I am happy that I respect other people and I feel accepted by the family and the community at large”*¹⁸⁹

*“We have changed and people admire our behaviour”*¹⁹⁰.

4.2.8 Changes in caregivers

Participating caregivers experienced improved parenting skills and better relationships with their children.

Interestingly, the majority of caregivers in the focus groups articulated their child’s innocence, most often stating that the child had been wrongly accused. However, this sentiment was not echoed by their children in the client focus groups. This may be because the caregivers have not undergone the same therapeutic process as the clients and, consequently, they continue to find it difficult to accept that their child has acted sexually inappropriately. This finding suggests that SPARC may need to work more with caregivers, or attempt to have more of them participate in the parent programme.

4.2.8.1 Improved parenting skills

Caregivers who participated in the programme acquired skills to better parent their child: *“We teach parents to be more careful, to not leaving adult material lying around...We also have a parents’ groups – to teach parenting skills, better supervision/ and discipline... the child must*

¹⁸⁶ Caregiver consensual (1) FG

¹⁸⁷ Caregiver non-consensual (1) FG

¹⁸⁸ Client additional 1 FG

¹⁸⁹ Client additional 1 FG

¹⁹⁰ Client non-consensual (4) FG

*respect parent and the parent must respect the child*¹⁹¹ A SPARC staff member added, *“We get good feedback from parents after the sessions”*¹⁹².

Caregivers agreed that they learnt a lot from the programme and that their new parenting techniques have been successful. One of the significant changes is their newfound ability to communicate with their child about sex and sexuality issues:

*I have learnt so much from TTBC – like how parents must talk to their children about sensitive issues that I regarded as taboo before*¹⁹³

*“While attending TTBC I also learnt that as parents we should not be scared to talk to our children. I learnt that there’s no one better than me as a parent who can guide my child. I was reluctant to talk to my son about sexuality issues... It was easier for him to open up to me but even that would not have happened if it were not for TTBC”*¹⁹⁴

4.2.8.2 Improved relationships between caregivers and their children

Participating caregivers report a more open and trusting relationship with their child since the programme: *“We became closer and shared our experiences after each [SPARC] session”*¹⁹⁵. Another caregiver shared how she was able to repair the trust in her relationship with her child: *“My relationship with him improved and I learnt to trust him again”*¹⁹⁶.

Caregivers become more involved in their child’s life because of the programme: *“I now do homework from TTBC with him”*¹⁹⁷ and *“I took him back from my brother because I wanted to monitor his behaviour”*¹⁹⁸.

4.2.9 Unintended negative outcome: isolation of children who have undergone many changes

A number of caregivers stressed that after completing SPARC their children spend a lot of their time alone. They socialise less and are quite isolated:

*“He’d rather stay home alone all day when I’m at work, than to go back to his wayward friends”*¹⁹⁹

¹⁹¹ Staff interview 4

¹⁹² Staff interview 4

¹⁹³ Caregiver non-consensual (2) FG

¹⁹⁴ Caregiver non-consensual (1) FG

¹⁹⁵ Caregiver non-consensual (1) FG

¹⁹⁶ Caregiver non-consensual (1) FG

¹⁹⁷ Caregiver consensual (1) FG

¹⁹⁸ Caregiver consensual (2) FG

¹⁹⁹ Caregiver consensual (1) FG

*"He now stays indoors a lot and sometimes doesn't want to see his friends. I think this affects him badly"*²⁰⁰

*"It is a bit disturbing though to see how he's always at home, watching TV. He's too quiet and sometimes I'm scared he might commit suicide or something"*²⁰¹

Some caregivers mentioned that, although they saw major changes in their child after the programme, as time passed so their child began to regress. According to caregivers, clients have not sexually reoffended, but their general behaviour was similar to patterns prior to the programme: *"Since he finished SPARC I can see his behaviour deteriorating again and this is a great concern for me. You can see that being without TTBC guidance, he's starting to slip"*²⁰² and another *"However since his programme ended, he's gone back to his old ways – stays out late, drinks a lot, keeps bad company"*²⁰³.

It is clear that more care and support after the programme would be valuable –to help clients maintain positive changes by assisting them with reintegrating back into society. For example, they need a new positive group to belong to that is supportive of their new constructive attitudes and behaviours.

²⁰⁰ Caregiver consensual (2) FG

²⁰¹ Caregiver consensual (1) FG

²⁰² Caregiver non-consensual (1) FG

²⁰³ Caregiver non-consensual (1) FG

4.3 EVALUATION QUESTION 3: WHY IS SPARC SUCCESSFUL?

Major conclusions

The multi-dimensional, integrated, child-centred, holistic approach of the SPARC programme has been effective and is recommended as good practice. The model demonstrates the value of using knowledgeable, caring facilitators with specialised diversion skills as a vehicle for programme delivery. This is an essential design element for programmes hoping to effect change in child sex offenders.

Other success elements of the programme model included early intervention; creation of a safe space; provision of positive male role models for clients; provision of an effective counselling service; utilising group therapy; and combining alternative therapies with conventional approaches.

Follow up of clients after they have exited the programme is also a key success factor and even greater attention to follow up would be appropriate.

In this section, we identify and describe the factors and components of SPARC that make it successful. These are:

- early intervention
- holistic approach and inclusion of family members
- effective programme facilitators
- creation of a safe space
- provision of positive male role models for clients
- provision of an effective counselling service
- group therapy
- alternative therapies
- post-programme follow up

4.3.1 Early intervention

To meet its primary aim of reducing sexual offence recidivism, SPARC works specifically with children aged six to eighteen years old. The reasoning for this is that by *“identifying and treating children in the early stages of repetitive sexual acting-out, we may deter the likelihood and /or minimise the development of compulsive/addictive sexual behaviour before it becomes intractable”*²⁰⁴.

²⁰⁴ TTBC, 2012

The Child Justice Act encourages early intervention services for children. Interviews with key informants, including a magistrate and social worker, yielded additional insight into the usefulness of SPARC targeting children:

“Adult triggers [regarding sexual offenses] are very much entrenched in personality – there is very little you can do to eradicate these triggers unless you have access to dedicated forensic psychiatrists. But with children it is beneficial to start at an early stage... Diversion programmes assist youth to understand what the triggers could be, this prevents them developing into adults, who never having addressed these problems”²⁰⁵

“We hope that children are identified early enough & behaviour can be corrected early in order to prevent problems in future... This is the value of the SPARC diversion programme”²⁰⁶.

4.3.2 Holistic approach and inclusion of family in the programme

SPARC takes into account clients’ background information, and also includes caregivers in the programme to ensure that the client is not dealt with in isolation. Such an approach is necessary to bring about lasting change in clients, especially since the clients’ history and their caregivers both play pivotal roles in influencing risk and protective factors associated with offending behaviour²⁰⁷: *“SPARC is a holistic programme – it does not deal with the child in isolation, the programme involves the parents as well as children, addresses the home environment... these are all key contributing factors to sexual offenses that are addressed by the programme”²⁰⁸*

A SPARC staff member explained that including caregivers provides added value to the programme²⁰⁹. This point is backed up by experiences from other NGOs working with abuse reactive children: *“From experience we have realised that you have to involve the family too – the role of family and significant others is usually closely related to the reasons why the child committed an offense. So the programme also includes sessions with the family”²¹⁰* and *“they [caregivers] have to be part of the process in order to speak the same language as their children”²¹¹*. Indeed, SPARC staff have had similar experiences as one staff member noted, *“If parents are not supportive it is difficult to work with the child, we are only with the child one hour a week, if the programme is not followed through at home it is difficult”²¹²*.

²⁰⁵ Key informant interview, Magistrate

²⁰⁶ Key informant interview, Provincial Diversion Services

²⁰⁷ Omar, 2010

²⁰⁸ Key informant interview, Provincial Diversion Services

²⁰⁹ Staff interview 3

²¹⁰ Key informant interview, NGO 3

²¹¹ Key informant interview, NGO 2

²¹² Staff group interview

A probation officer suggested that it may also be necessary for TTBC to include other family members, as well as the clients' caregivers, in order to further enhance the impact of the programme²¹³. Another suggestion from a SPARC staff member was that the community also be included in the intervention: *"A challenge we face is that often these children relocate as a result of being stigmatised by their community. It would help if the community realised a young offender deserves a second chance"*²¹⁴. In fact, research has demonstrated that intervention needs to occur at all levels, including the community level, if the impact is to be lasting and effective²¹⁵.

4.3.3 Effective programme facilitators

The facilitator is a vital component of the programme because, in line with psycho-therapeutic principles, the client needs to be able to develop a trusting relationship with him/her in order for healing to take place. It was found that the SPARC facilitators are not only appropriately knowledgeable and skilled; they are also able to employ a caring and accessible approach which is necessary and which is well received by clients and caregivers.

4.3.3.1 Knowledgeable facilitators with specialised skills

SPARC facilitators are well trained with a sound knowledge base and specialised diversion skills. The programme utilises a multi-disciplinary team and all staff have experience working with child sex offenders. This is a vital enabling factor for success, as identified by key informants from diversion and probation services and in the literature, and is an important asset to the programme:

*"TTBC staffs are very knowledgeable – they have the skills and expertise. They are masters of their specialised focus"*²¹⁶

*"They [TTBC] have a multi-disciplinary team of staff – with professional qualifications and the skills and experience to deal with children"*²¹⁷

Furthermore, staff are enthusiastic and exhibit a love for children. This results in the child's best interests always being put first, in accordance with the Child Justice Act²¹⁸. A probation officer underlined this point: *"Staff is dedicated – they are trained to work with children, they*

²¹³ Key informant interview, Probation services

²¹⁴ Staff group interview

²¹⁵ Omar, 2010

²¹⁶ Key informant interview, Probation services

²¹⁷ Key informant interview, Provincial diversion services

²¹⁸ Child Justice Act (75 of 2008)

*develop rapport – it's not just ticking boxes and focusing on outputs. The children are central to the process and they work according to where the child is*²¹⁹

Some of the SPARC staff pointed out that the number of special needs clients being referred to the programme has increased. In order to work effectively with these clients, staff suggested that their skills be developed in this area²²⁰.

4.3.3.2 Facilitators employ a caring and accessible approach

It was reported that the SPARC facilitators engage with clients in a caring way that makes them approachable. They are careful not to discriminate against clients and they treat them with care and respect, which allows clients to feel accepted and loved:

*"It means a second home for me. Staff members at the centre treat us as if we are their own children. They do not discriminate us – we are treated the same"*²²¹

*"I was ashamed of what I have done and no one seemed to be sympathising with me. At Teddy Bear I met people who were open and willing to talk to me. I was accepted and embraced"*²²²

*"They treat us with respect and are always kind to us. I like their attitude. They do not discriminate us"*²²³.

Such an approach is in line with the diversion principle of **responsivity**, which advocates that staff should use a warm, flexible and enthusiastic interpersonal style, and a firm but fair approach²²⁴. Furthermore, engaging with clients in this way enables a trusting relationship to develop and clients become comfortable to share their experiences and feelings with the facilitators. Research shows that it can be challenging to establish such a relationship within a compulsory programme because clients are there mostly on an involuntary basis, and social workers (in this case SPARC facilitators) can be perceived as a threat rather than a resource. Consequently, much effort must be put in by the social worker to create an effective therapeutic alliance – an undertaking that SPARC successfully achieves²²⁵ by allowing clients to *"share, express themselves, and interact more"*²²⁶.

²¹⁹ Key informant interview, Probation services

²²⁰ Staff group interview and staff interview 3

²²¹ Client non-consensual (3) FG

²²² Client additional 2 FG

²²³ Client (9-13 years) FG

²²⁴ DSD, nd

²²⁵ Omar, 2010

²²⁶ Staff group interview

4.3.4 Creation of a safe space

Clients and caregivers alike valued the safe space that the programme and the clinic provided for them. Many of these clients noted that they do not have a quiet place where they can relax and feel secure. They were appreciative for the chance to be in a protected environment which made them feel at ease and peaceful.

*"Teddy Bear to me is a peaceful centre where we get comfort"*²²⁷

"I stay in a township and the streets are busy and there is a lot of noise from the shebeen. At the centre I feel refreshed. The environment is peaceful and good for learning"

Caregivers agreed with this: *"It became a great place of comfort for both of us during my son's rape case"*²²⁸ and another, *"It provided a safe space where children felt comfortable to be themselves"*²²⁹.

4.3.5 Provision of positive male role models for clients

Research shows that abuse reactive children often come from a home environment with poor or no role models²³⁰. Research further suggests that anti-social behaviour and child conduct problems, such as sexual offending, are more likely to occur in the absence of a father figure²³¹. Key informants, programme staff and caregivers all noted the benefit of SPARC exposing clients to a variety of facilitators, and specifically those who act as positive male role models.

*"TTBC plays the role where there are no fathers in our children's lives. Even when the father's are there, they are absent or don't communicate / reach out to their children"*²³²

*"The programme really helps in children who don't have a male figure in the home"*²³³

4.3.6 Provision of an effective counselling service

A number of clients noted the benefit of having an adult (counsellor) to talk to: *"When I have problems there are people to talk to and people who are willing to help me"*²³⁴.

Not only does the SPARC programme provide a caring adult who is available for clients to talk to, but this person also has the skills to provide a professional counselling service.

²²⁷ Client non-consensual (4) FG

²²⁸ Caregiver non-consensual (4) FG

²²⁹ Caregiver non-consensual (4) FG

²³⁰ Omar, 2010

²³¹ Omar, 2010

²³² Caregiver consensual (1) FG

²³³ Caregiver (9-13 years) FG

²³⁴ Client reoffender FG

Caregivers appreciated that their children received professional counselling, and clients noted that counselling helped them to change their behaviour, with some feeling it was the most valuable component of the programme:

“Counselling is the most part of the programme I benefited from. It has changed my behaviour”²³⁵

“We have professional people who counsel us and make sure that we do not repeat the same crimes again”²³⁶

“Counselling has changed my life. I like the way I was encouraged and not to give up on life”²³⁷.

4.3.7 Group therapy

In clinical practice it has been found that children who abuse other children often feel victimised, but a group environment provides a safe therapeutic climate and helps the child to not feel alone in their situation²³⁸. Group therapy can be more effective than individual therapy, because each member of the group is seen as a co-therapist who supports and challenges the other²³⁹. SPARC successfully utilises the benefits of group therapy and clients appreciated this element of the programme.

“This is a place where we [clients] meet with other children and share our experiences. We [clients] discuss with other kids and this helps a lot as we are able to talk of our bad behaviour and where possible discuss options”²⁴⁰

“This is a place where we [clients] are able to express our ideas without anyone being intimidated... We [clients] share ideas and work together”²⁴¹

SPARC also uses the group setting to mimic a microcosm of society and create the opportunity for clients to make friends with peers who have similar interests. Caregivers' comments showed that clients learnt as a result of interacting with their peers and that they also made friends with other clients – some have stayed in contact with each other after the programme. This is an important outcome as children often feel isolated when they leave the programme and need a new positive peer group to belong to.

²³⁵ Client consensual (1) FG

²³⁶ Client (9-13) FG

²³⁷ Client consensual (1) FG

²³⁸ TTBC, 2012

²³⁹ TTBC, 2012

²⁴⁰ Client consensual (1) FG

²⁴¹ Client consensual (2) FG

4.3.8 Alternative therapies

SPARC uses a combination of conventional and alternative therapies, with the rationale that alternative therapies takes the programme beyond the limitations of conventional therapies²⁴². According to Dr Bessel van der Kolk's (2006) research, these alternatives to talking therapy allow children to access and work through the non-verbal components of their behaviour and emotions, facilitating healing and personal growth to a much larger extent²⁴³. Results from interviews and focus groups revealed that the alternative therapies have a number of benefits for clients and is a valuable component of SPARC.

Clients enjoyed the sessions; for many of them it was the part of the programme that they liked best. The alternative therapy sessions have been effective in terms providing validation for the children and allowing them to have a positive experience despite the fact that they (the children) were part of the criminal justice system. As one of the alternative therapists explained, *"The programme recognises them as kids – so we can have fun and laugh"*²⁴⁴. Caregivers also commented on the enjoyment that their children experienced in these sessions:

*"I could see the enthusiasm with which he showed up to the sessions"*²⁴⁵

*"He enjoyed attending SPARC and looked forward to the Tuesdays"*²⁴⁶.

The alternative therapy sessions complement and build on the themes that are addressed in the group therapy sessions. They also successfully deal with psychosocial needs on a non-verbal level and provide alternative (constructive) ways in which trauma can be processed, energy can be channelled and emotions can be expressed and resolved²⁴⁷: *"These mediums enhance children's wellbeing...They also help to channel aggression and give children an opportunity to develop themselves"*²⁴⁸. An alternative therapist explained: *"Music is a healthy way to release aggression and emotion in a very safe, controlled setting. They go away with a skill for releasing emotions healthily and effectively"*²⁴⁹

Clients themselves felt the benefits of these sessions:

*"I like sports and I am interested in playing soccer at the centre. When I play soccer I forget everything. I get refreshed and recharged"*²⁵⁰

²⁴² TTBC, 2012

²⁴³ TTBC, 2012

²⁴⁴ Alternative therapist interview 2

²⁴⁵ Caregiver consensual (1) FG

²⁴⁶ Caregiver consensual (2) FG

²⁴⁷ Interviews with SPARC staff and alternative therapists

²⁴⁸ Staff interview 3

²⁴⁹ Alternative therapist interview 3

²⁵⁰ Client non-consensual (2) FG

“When I play boxing I forget about the crime I committed and feel like a new person on earth. I normally come out of the boxing ring feel better and encouraged about life. I like boxing very much”²⁵¹

“When I play soccer I feel at home... I forget about what I have done and I feel I am a new person”²⁵².

4.3.9 Post-programme follow-up

Follow-up of clients after they have exited the programme is an essential element of SPARC. It provides evidence of programme impact as well as lessons for further programme development: *“When they pick up other problems during the post assessment – they adapt the programme accordingly”²⁵³.*

The study found that SPARC processes involve conducting follow ups with all clients at 6, 12, and 18 months after clients have exited the programme²⁵⁴: *“We do a lot of follow up, for example if the child is on a sports team we contact the coach and find out how the child is doing and let them know how to handle the child”²⁵⁵.* A quantitative analysis of programme records, however, found major gaps in follow up records – from a sample of 494 cases, 81% had no follow up data. A SPARC staff member suggested that follow ups should be an open-ended interview with both caregivers and clients, as opposed to the current closed-ended questionnaire which is administered to caregivers only. In addition, he felt that “reoffence” should be expanded from the current focus on sexual reoffence to all types of offences²⁵⁶. It would be interesting to check on sexual re-offence specifically and other offences generally. If it is found that SPARC clients are being diverted from other criminal activities as well, and therefore diverted from criminal activity and the criminal justice system in general, this is a huge impact that the programme is making and this has implications for the types of funding that TTBC could be able to access. Participants also suggested some changes to the follow up processes and alternative therapists requested feedback from the follow ups so that they know how their clients are doing post-programme²⁵⁷. It is therefore suggested that the follow up monitoring processes are urgently reviewed as it is this data that allows TTBC to know and show its impact.

Clients also noted a strong interest in continuing with the alternative therapy sessions after they had finished the formal programme.

²⁵¹ Client non-consensual (3) FG

²⁵² Client (9-13 years) FG

²⁵³ Key informant interview, Probation services

²⁵⁴ Staff interview 3

²⁵⁵ Staff group interview

²⁵⁶ Staff interview 2

²⁵⁷ Alternative therapist interviews 1, 2, 3

4.4 NOTES ON DIVERSION PROCESSES

Although the evaluation study was undertaken to answer the three core evaluation questions around recidivism and programme success factors, we include here a discussion about programme and general diversion processes – specifically around the referral processes that lead children to SPARC and issues with client and caregiver attendance – as these issues were raised by many of the evaluation participants.

4.4.1 Challenges with the referral process that leads children to SPARC

Findings from this study show that SPARC is extremely successful with those children who participate in the programme. However, there are major challenges with the process that leads children onto the programme, and consequently there are many children who qualify for the programme but are not offered the opportunity to participate.

Clients are referred to SPARC in two ways:

1. through the court system (involuntary clients)
2. by a parent, school, children's home who is seeking early intervention for a child who has committed an offence, but who has not been criminally charged (voluntary clients).

4.4.1.1 Involuntary cases

With involuntary cases, the following problems were identified by evaluation participants:

- The courts are not aware of the programme. A social worker explained, *"I don't think many children get referred to the programme from the Courts... We are pushing to fund TTBC so that the courts will get to know about them and use them more to provide diversion services"*²⁵⁸.
- Children under the age of 10 years cannot be held criminally liable. They pose a challenge to the criminal justice system as police do not want to take on these cases that require more work, or the police are not properly trained in the correct procedures to deal with these children. Consequently, police may inflate the child's age or refuse to take the case²⁵⁹.
- Clients who are referred by courts do not receive adequate follow up. A key informant from another NGO working with abuse reactive children pointed out *"...But whose job is it to see that the children are referred properly? This is where things start to fall apart! There is*

²⁵⁸ Key informant interview, Provincial diversion services

²⁵⁹ Key informant interviews, Probation services and NGO 2

*no monitoring of the children for example by probation officers to see if they get enrolled in a programme ... and there is no follow up by probation officers*²⁶⁰

For TTBC to expand its reach to other children who need the services of the SPARC, effort would need to be made to improve the referral process. Some suggestions from key informants to improve awareness of SPARC and close current gaps in the referral system²⁶¹ include:

- creating closer relationships with probation officers and police
- sharing information
- possibly providing training for relevant officials on the provisions of the Child Justice Act
- increasing interaction with other stakeholders, especially government, to improve communication and enable a more effective working relationship²⁶².

4.4.1.2 Voluntary cases

With the referral of voluntary cases, there is a general lack of awareness about diversion programmes. Thus, early intervention for child sexual offenders is not provided because caregivers, schools and relevant community members do not know about diversion options. Clients, caregivers and key informants recommended that SPARC build more programme awareness in communities. One client pointed out that *“Most people in the township do not know about the clinic and there are lot of children who are involved in similar crimes. I will advise them to go all out and tell people about the clinic”*²⁶³.

Caregivers offered similar observations and suggestions:

*“Not a lot of people know about TTBC”*²⁶⁴

*“I think they are too hidden. Spread the word about TTBC services. Every community needs a TTBC”*²⁶⁵.

To increase the number of voluntary referrals, TTBC must increase the profile of SPARC in Gauteng and educate community members about the programme’s value and impact.

²⁶⁰ Key informant interview, NGO 2

²⁶¹ Key informant interviews, Provincial diversion services and Probation services

²⁶² Key informant interview, Probation services

²⁶³ Client (9-13 years) FG

²⁶⁴ Caregiver consensual (2) FG

²⁶⁵ Caregiver non-consensual (4) FG

4.4.2 Challenges with client and caregiver attendance

4.4.2.1 Client attendance

SPARC staff and alternative therapists noted that there are some challenges with programme attendance, particularly with voluntary cases. Facilitators estimated that 80% of clients complete all sessions of the programme, and two alternative therapists estimated a completion rate of 10% and 60% respectively²⁶⁶. Attempts were made by the evaluation team to gain accurate statistics by analysing programme attendance records; however, these records are incomplete. It is suggested that programme facilitators be trained to systematically capture attendance and that these data are captured into the programme's electronic database.

Qualitative findings suggest that clients who are voluntary cases have a higher dropout rate than those referred by the courts: *"There are also high dropout rates among the voluntary diversion cases – because no one is pushing to complete all the sessions. But with the court referrals there are no problems"*²⁶⁷. A key informant from an organisation that works with high risk abuse-reactive children has witnessed that children who drop out of the diversion programmes for low and medium risk children are prone to reoffending: *"Many children we see have been in diversion before, but did not comply or complete the programme. Then, when they commit a serious offense they are sent to us... to a residential facility when they are not allowed to leave"*²⁶⁸.

4.4.2.2 Caregiver attendance

It is challenging for caregivers to attend all the programme sessions; SPARC staff estimate that attendance ranges from 30% to 50%²⁶⁹. Some of the reasons for low attendance are:

- caregivers do not understand the necessity or value of their participation in SPARC²⁷⁰
- caregivers find it difficult to attend because of more practical reasons such as work responsibilities and transport times and costs.

It is necessary for SPARC to make the programme more accessible to caregivers. Some suggestions from evaluation participants in this regard included moving caregiver sessions to the weekend (with fewer but longer sessions) and considering a mobile service so that sessions could be held closer to participants' homes.

²⁶⁶ Staff interview 3, Alternative therapist interviews 2, 3

²⁶⁷ Staff interview 4

²⁶⁸ Key informant interview, NGO 3

²⁶⁹ Staff interviews 3, 4

²⁷⁰ Staff group interview

5. RECOMMENDATIONS

Overall, the SPARC programme was very well received by clients. Evaluation participants across all categories perceived the programme to be valuable and successful and felt that other qualifying children would benefit from it.

The following recommendations have been drafted with a view to ensuring that the SPARC programme's successes are maintained and challenges overcome, so that outcomes and impact are maximised in the future. Recommendations were drafted from the study findings and then a workshop was held with various SPARC staff and stakeholders to further discuss and refine these, and to ensure that the recommendations are practical, feasible and in line with TTBC's strategy. The recommendations below reflect the discussions from the workshop.

5.1 EXPANSION OF SPARC TO MAKE IT MORE ACCESSIBLE

Many SPARC participants (clients and caregivers) face the challenge of long travelling times and high transport costs. One possible way to make the programme more accessible to clients and to expand it to other necessary clients, is to offer a mobile service – where facilitators take the programme to the areas that the children live in. TTBC would need to raise funds for appropriate vehicles to make this a reality. An anticipated challenge is finding a safe space to conduct the programme within communities, particularly as one of the success factors of the programme is the safe and confidential space that the clinic offers. A suggestion is that the programme makes use of existing community structures such as recreational centres, which are generally under-used. This would require the establishment of relationships with municipal officials in the target areas.

Another way to extend the accessibility of the programme would be to offer caregiver sessions on weekends – this would probably involve longer sessions over fewer weeks.

5.2 IMPROVE CLIENT FOLLOW-UP PROCESSES

Follow-up of clients after the programme is essential to ensure that the programme has been successful and impactful (i.e. reducing recidivism). Currently, the SPARC programme aims to conduct follow-ups at 3, 6, and 12 months after the formal programme has ended. This follow-up is not consistently conducted, however, and the follow-up methods and questions are not as effective as they could be. Tools should include a semi-structured interview with the client and caregivers, which specifically checks whether clients have committed any sexual or other criminal offences since they exited the programme. It is important that this follow-up data are captured and continuously analysed to inform the programme going forward.

5.3 SUSTAINING CHANGES IN CLIENTS AFTER THEY HAVE EXITED THE PROGRAMME

Findings show that some clients struggle to integrate back into their daily lives after exiting the programme due to the immense personal changes that they undergo during the programme. The literature shows that risk of re-offence is highest in the first year after the crime and, therefore, it is strongly recommended that SPARC develops a reintegration, after-care and support programme which is offered to clients for at least a year after they have exited the formal programme. Walk-in assistance, which is currently available, and possibly access to alternative therapies, could continue after the first year, with attention being given to not creating dependency. Some possible strategies to include in the aftercare programme are:

- a clearly communicated open door policy regarding support that is available at the centre
- an effective referral system to other resources in the clients' communities, such as extracurricular activities, other NGOs working in the area, churches and activities offered at existing structures in the community (such as recreational centres and gyms)
- continuation of the alternative therapies.

Regular follow-ups with clients is an important part of the after-care programme, and information from follow-ups can help to guide participants into other components of the support programme as necessary.

5.4 ENHANCE HOLISTIC APPROACH AND IMPROVE CAREGIVER ACCESS TO SPARC

SPARC's holistic approach towards the offending child is a key success factor of the programme, and the literature also shows that the home environment is one of the main factors that contributes to child on child abuse. Therefore, it is important to ensure that caregivers and other family and possibly community members support SPARC and can easily access the programme. Some ideas for expanding access are outlined in section 5.1. SPARC staff should have a planning session with all diversion facilitators to finalise a strategy to address this issue.

5.5 MARKETING AND EDUCATION TO IMPROVE REFERRAL SYSTEMS

To increase the reach of the programme, SPARC needs to work with government and community stakeholders to raise awareness about the programme (so that relevant stakeholders know to refer qualifying children) and to rectify certain faults in the referral system (so that officials actually do refer as they are supposed to).

Some marketing ideas include:

- conducting community mapping to identify where to market the programme
- distributing a newsletter with specific information on SPARC to government and other stakeholders, for example at the Child Justice Forum
- linking to the Safe Schools Programme to offer an outreach component of SPARC at identified schools
- communicating the importance of community members' participation in solving the problem, encouraging community leaders to get involved and demonstrating how they can add value
- advocating in the media.

While more discussion, thinking and engagement is needed to identify ways to improve government referral systems, some suggested strategies include:

- TTBC to share their expert advice with probation officers and police
- TTBC to offer some type of specialised diversion training to relevant groups, possibly at existing forums
- TTBC to help improve interaction between stakeholders so as to enable open communication and more effective systems.

5.6 MORE STRATEGIC ALLOCATION OF PARTICIPANTS TO GROUPS

Clients are currently allocated into groups as they arrive. An area for further discussion from TTBC is whether clients should be separated based on the nature of their crime and level of intensity – the thinking being that those who committed non-consensual sexual acts (and particularly those that were pre-meditated) may require a more intensive programme than those with “lighter” crimes.

Another idea for allocating clients to groups more strategically, which may also address the relatively high dropout rate of voluntary cases, may be for TTBC to separate voluntary clients from those referred by the courts (involuntary) and to offer a lighter version of the programme to voluntary clients. This would mean less disruption in groups due to client non-attendance. However, this may reduce the overall effectiveness of the programme as voluntary clients are often strongly influenced to change their ways from hearing the experiences of those who have been in the criminal justice system – this in itself is a major reason for them to not re-offend as they do not want to be in the position of their peers.

5.7 DEVELOP OR GAIN ACCESS TO A CHILD OFFENDER TRACKING SYSTEM

There is currently no system that tracks child sexual offenders. Although the Child Justice Act calls for one²⁷¹, neither DSD nor DoJ nor DOCS have such a system. It is recommended that TTBC convene a stakeholder meeting to discuss the development or enhancement of such a system. There may be an opportunity to manage such a project on behalf of the government, or if such a project is already underway, it is important that TTBC has access to it so that they are able to continuously monitor their impact.

5.8 ENHANCE SPARC STAFF’S SPECIAL SKILLS

The study found that the SPARC facilitators are highly effective and well trained; however, one area that they require further specialised training in is working with special needs children. They find that increasing numbers of these children are presenting at the clinic and it would be beneficial to have the requisite skills to work with them more effectively.

²⁷¹ Child Justice Act (75 of 2008)

5.9 DEVELOP A FORMAL MONITORING AND EVALUATION SYSTEM

While the programme's monitoring and evaluation is reported to have greatly improved since 2011 (the evaluators were working with 2009-2011 records), it would still be beneficial for the programme to develop a formal monitoring and evaluation system. There is a need to review what data are necessary to collect (in line with the programme theory), simplify and align all document capturing templates, provide comprehensive training on how to collect and capture programme data for relevant staff, and ensure data is stored in the programme's electronic database. Data management and collection should be continuous and should be a task that is monitored by the project manager. It is also vital that data analysis, and more learning and reflective processes, are built into the M&E system.

It suggested that the Director of Operations write up an M&E plan and have it expertly reviewed. This should then be rolled out to SPARC staff at all branches.

5.10 EVALUATION OF ANY PILOTS FOR REPLICATION OR ROLL-OUT OF THE PROGRAMME

There are discussions about TTBC rolling out the programme in different settings. It is highly recommended that any such replication efforts are piloted first in small settings with careful evaluation of the processes and outcomes to ensure that the programme's success and high quality is maintained.

6. CONCLUSION

The SPARC programme is highly successful in achieving its impact goal of reducing recidivism of child sexual offenders who participate in the programme. SPARC clients go through a progression of change which leads to an array of positive personal and behavioural outcomes.

While small programme refinements might benefit the model, the SPARC programme has largely been a success and this has provided several principles of good practice. The design and implementation of a programme which effectively addresses one of South Africa's major social problems is a great achievement. The recommendations should be implemented to ensure the continued high quality and impact of SPARC.

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APPENDICES

APPENDIX 1: FOCUS GROUP SCHEDULES

CHILD FOCUS GROUP SCHEDULE

For group categories: **Consensual; penetration**
 Consensual; non-penetration
 Non-consensual; penetration; atypical
 Non-consensual; non-penetration; atypical
 Non-consensual; penetration; premeditated
 Non-consensual; non-penetration; premeditated

Introductions

Facilitator introduction (to include explanation of why the children are here and ethical considerations).

Ice breaker

Children introductions – name, age, what did you do and why did you have to come onto the SPARC programme? *(each child to introduce themselves in turn)*

Questions

1. Can you tell me what the SPARC programme was about? *(General question to the group: children answer at own initiative)*
2. Describe what the SPARC programme meant to you?
3. What was the most important part of the programme for you? *(Give children 2 post its to write on. After having time to write read out each child's post its and stick onto flip chart)*
4. In what ways did you change because of the programme *(Again children write on post its – after post its are stuck up, Mpapa then clusters the post its into categories eg, sexuality, attitude, family, etc)*
5. Hold discussion around the category clusters *(probe, allow each child to talk, get rich info)*
6. Do you think other children who get in trouble with the law should go on the programme? Why/why not *(General question to the group: children answer at own initiative)*
7. What should be different about the programme?

DEBRIEF

CHILD FOCUS GROUP SCHEDULE

For group categories: **Age 9-13**

Introductions

Facilitator introduction (to include explanation of why the children are here and ethical considerations).

Ice breaker

Children introductions – name, age, what did you do and why did you have to come onto the SPARC programme? *(each child to introduce themselves in turn)*

Questions

1. Can you tell me what the SPARC programme was about? *(General question to the group: children answer at own initiative)*
2. Please do a drawing about what the programme meant to you *(Hand out paper and crayons and allow time to draw)*
Each child to explain their drawing.
3. Split group into 2 with an older child in each group
 - Facilitator asks Group 1: How did being in the programme change you? *(Each child answers individually. Probe: why did you choose this? Why was it important?)*
 - At the same time Group 2 discusses: What was the best part of the programme for you? What was the worst part of the programme for you? What would you change about the programme?
 - Swop groups
4. Rejoin into one group and hold a general discussion about what the groups discussed as the best and worst part of the programme and suggestions for the programme.

DEBRIEF

CHILD FOCUS GROUP SCHEDULE

For group categories: **Reoffenders**

Introductions

Facilitator introduction (to include explanation of why the children are here and ethical considerations).

Ice breaker

Children introductions – name, age, what did you do and why did you have to come onto the SPARC programme? *(each child to introduce themselves in turn)*

Questions

1. Can you tell me what the SPARC programme was about? *(General question to the group: children answer at own initiative)*
2. Describe what the SPARC programme meant to you?
3. After the programme you got into trouble with the law again. Can you tell us what happened? *(Ask who wants to start and each child talks individually)*
8. Even though you still got into trouble with the law do you feel like there were any ways you changed because of the programme? *(Children write on post its – after post its are stuck up, Mpapa then clusters the post its into categories eg, sexuality, attitude, family, etc)*
4. What can the programme do for other children to help stop them from getting into trouble again? *(Should the programme be different?)*

DEBRIEF

CAREGIVER FOCUS GROUP SCHEDULE

Introductions

Facilitator introduction (to include explanation of why the caregivers and children are here and ethical considerations).

Ice breaker

Parent Introduction: Name, what did your child do to get onto the programme and did you participate? (If you don't want to divulge you don't have to)

Questions

1. Describe what the SPARC programme meant to you?
2. Do you feel like your child changed because of the programme and in what way?
3. Do you feel like you changed because of the programme and in what way? *(Give caregivers post its to write the changes on. Then stick the post its up on the flip chart and cluster into categories eg, sexuality, attitude, family, etc)*
4. Hold discussion around the category clusters *(probe, allow each caregiver to talk, get rich info)*
5. Do you think other children who get in trouble with the law should go on the programme? Why/why not
6. Do you have any suggestions or recommendations for the programme?

DEBRIEF

APPENDIX 2: DATA AUDIT OF SPARC PROGRAMME RECORDS

“Intake form” in database?	“Pre-test form” in database?	“Post-test form” in database?	“Follow-up” form in database?	Got appropriate response during telephonic follow-up?*
Yes (494)	Yes (77)	Yes (14)	Yes (5)	Yes (5)
			No (9)	No --
		Yes (12)	Yes (7)	
		No (51)	No (2)	
		Yes (12)	Yes (9)	
		No (63)	No (2)	
	No (417)	Yes (21)	Yes (6)	Yes (9)
			No (15)	No (2)
			Not phoned (1)	Not phoned (1)
		Yes (21)	Yes (38)	
		No (15)	No (13)	
		Yes (21)	Yes (4)	
		No (15)	No (1)	
		Not phoned (1)	Not phoned (1)	
		Yes (21)	Yes (8)	
		No (15)	No (7)	
		Not phoned (1)	Not phoned (1)	
		No (3)	Yes (2)	Yes (0)
No (0)	No --			
Yes (0)	Yes --			
No (0)	No --			
Yes (0)	Yes --			
No (2)	No --			
No (1)	Yes (0)		Yes (0)	Yes --
			No (0)	No --
	Yes (0)		Yes --	
	No (0)		No --	
	Yes (0)		Yes --	
	No (0)		No --	

		No (1)	Yes (1)	Yes --
				No --
			Not phoned (1)	
		No (0)	Yes --	
				No --

Initial quantitative sample profile