



HOLDING ESTHER

Pilot Project Evaluation and Report

Abstract

Holding Esther implemented a narrative design for instructional communication leading to transformational learning among high orality reliant caregivers of orphans in Zambia, Africa. This pilot project captured evidence from both quantitative and qualitative data that demonstrated a high impact for oral instruction using narrative/radio drama in a participatory communication environment.

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Holding Esther: Narrative Design for Instructional Communication Leading to Transformative Learning for Oral Tradition Caretakers of Exploited Children in Zambia, Africa

Introduction

This pilot study tested the oral training methodology produced by TWR/RiverCross entitled *Holding Esther* among caregivers, staff members and volunteers working with orphaned and/or exploited children. This evaluation looks at the learning impact of the oral training method using radio drama/Entertainment-Education (E.E.) in a workshop environment. The training for caregivers of exploited children was conducted February 3-5, 2016 in Lusaka, Zambia in a three-day workshop model that concluded with final quantitative and qualitative data collection. The participants listen to each episode and discuss what they heard through guiding questions associated with the learning goals and objectives. This evaluation attempts only to evaluate the immediate impact of interacting with the oral instructional communication methodology of *Holding Esther*. While additional statistical analysis may shed light on the specific learning objectives, variables of age, education, role and gender, that remains outside the scope of this report.

Executive Summary

The current state of training for orality reliant caregivers of orphans and traumatized children lags far behind the efforts to rescue the victims of human trafficking. So, while there are many exemplary programs to police, prosecute and inhibit the crime, there are few programs that exclusively target the frontline caregivers of these children. This study evaluates the pilot testing of *Holding Esther* among 111 Zambian workshop participants during the week of February 2-5, 2016. Prior to the workshop fifteen facilitators received 14 hours of orientation for leading discussion groups interacting on the content of the 7 episodes of *Holding Esther*, how to assist with quantitative data collection, and the discussion techniques for focus groups at the conclusion of the training.

The findings of this evaluation indicate that orality framed instructional communication in general, and the *Holding Esther* program specifically, lead to transformational learning at all levels – knowledge, values and behaviors/practices. In the end, the program produced a 38% overall increase in orphan care literacy as well as a significant indication of future behavioral change.

Background

The Birth of a Program. Susan Vonolszewski, originally working with Gospel Recording Network (GRN), discovered a niche approach to improving the plight of orphaned, abused and exploited children around the world. The initial idea came through the GRN bible stories played for children by means of their Wild Life stuffed animals with an embedded MegaVoice player. While this strategy could bring truth and comfort to affected children, it could not bring help where needed most critically – training for direct caregivers. Susan attended a ION conference that addressed the training needs among oral tradition cultures, and determined to create a tool that captured the essentials of ministering to these vulnerable and severely damaged children.

Two critical issues emerged. First, the emotional, physical and spiritual traumatization of these children placed them at an extremely high risk of never trusting adults, and never capable of trusting in a God revealed to them as a father – or any other kind of man.¹ Her

¹ Crawford, C. (. *Finding Our Way through the Traffick: Exploring the Complexities of a Christian Response to Sexual Exploitation and Sex Trafficking.* Rockville, MD: Asha Forum Publication Group in cooperation with International Christian Alliance on Prostitution and Fuller Theological Seminary.

Crawford, C. An interview with Charles Madinger. January 23, 2014.

research among experts in the field further revealed an 80% probability that after two years of escaping a world of abuse that an exploited child would never find Jesus as savior and Lord. If real help would come to the children, it had to come from the incarnational experience of gentle caregivers that learned to model the love and grace of Jesus.

Second, it was instantly obvious that caregivers live predominantly in high orality reliant contexts, and that the needed training was virtually non-existent for anyone that did not read to learn. The terms *High Orality Reliance*, oral preference learners and an orality framework all boil down to this: it is a reliance on oral ways and means of communication to receive, process, remember and pass on important truths and information. Those with a high orality reliance rarely read to learn or learn in ways that reading and textual literacy reconstruct thought and thought processes.

The Project. Mrs. Vonolszewski proceeded with the work by founding *RiverCross* to address the training needs of caregivers through the use of Entertainment-Education, primarily in radio-drama². The social impact of an E-E strategy is well established in the field of behavior change communication, but is often limited by broadcasting programs without intentionally soliciting guided community interaction in each episode.

The Scope of the Problem grows exponentially even with recent movements to stop human trafficking that normally elicit images of the global sex industry. The problems that the *Holding Esther* kind of program can impact go beyond the travesties of trafficking, but to the global epidemic of exploitation and abuse. Child forced labor, soldiering, drug running, and sex-slavery are just the tip of the iceberg. Orphans who escape the former or are released from those evils often find themselves with the majority of orphaned children who get turned over to surviving family members – aunts, uncles, etc. These are “homes” where children are hidden to do menial labor with little food or clothing, exploited by “selling their services to neighbors,” and given no education through which they might escape. The scope of this reality? There are more exploited children in the world today, than *all the children living in the day of Jesus*.

The Design and Development of the radio drama came through the tenacity of Mrs. Vonolszewski recruiting the best known Christian experts in the field of orphan trauma, exploitation and abuse. We first took a survey of 15 organizations using Qualtrics software through the University of Kentucky which revealed that while several agencies used active learning activities in workshops and seminars (20%), none reported an instructional design based on an orality framework. Excellent programs like *Healing Life's Traumas* (ABS) could be used for caregivers, but not designed with them specifically in mind as most publications and generalized programs must do to meet a wide audience.

Next, after determining the elementary core-principles that care-givers needed to learn, Vonolszewski managed to engage Focus on the Family to script and produce the first 3 episodes of *Holding Esther*, and then played it before two audiences of caregivers in Africa (Kenya/Uganda & Zambia). The responses were identical in that the audiences demonstrated enthusiasm for the program, but the learning goals, objectives and outcomes were unclear in the first iteration, and the second lacked validity in measuring learning outcomes due to translation issues with the survey instruments and how answers to similar questions failed to load properly.

The Workshop in Lusaka, Zambia featured all 7 episodes including the final four episodes of *Holding Esther* produced through the grant from the Emmaus Fund. The last 4 modules provided needed reinforcement for the learning goals and objectives that were introduced in

Grant, B & Hudlin, C. (Eds.) (2007). *Hands that Heal: International Curriculum to Train Caregivers of Trafficking Survivors*. Springfield, MO: Life Publishers.

² Rogers, E., Singhal, A., Cody, M., & Sabido, M. (Eds) 2004. *Entertainment-Education and Social Change*. London, Lawrence Erlbaum Associates.

the first episodes. Every Orphan's Hope (EOH), the organizations that hosted the first pilot study for their own staff and volunteers in 2014, could no longer sponsor the event, but provided support for local arrangements. Mrs. Martha Cameron, EOH founder and board member, and Mrs. Cindy Finley managed the two-day facilitator orientation, and 3-day workshop as well as logistics for the total of 111 participants.

Conceptual Foundation for Transformational Oral Learning

Orality Reliant Communicators.

Orality, classically defined, is simply a preference for oral communication. More recently practitioners and scholars affiliated with the International Orality Network have moved further to clarify that we are talking about a communication phenomenon wherein some people developmentally learn to rely on orality characteristics innate in all humans. We are made in the image of an oral communicating God. High orality reliant people receive, process, remember and pass on information in ways and means than do those with a lower orality reliance (more textual or other literacies oriented). *Holding Esther* intentionally designed and developed its 7 episodes using the *7 Descriptive Disciplines of Orality* that make learning easier for high orality reliant people.

Narrative Theory and the Transportation Imagery Model.

Narrative theory says that stories are the primary mode of human interaction (Hinyard and Kreutner, *Behavior Change*). We all have a story to tell, and we make meaning of life through those stories. Likewise, some cultures and individuals rely more heavily on narrative to communicate and pass on their cultures from generation to generation. Such is the case especially in oral tradition cultures.

The *Transportation Imagery Model* of Melanie Green validates the assumption that most of us have, that when we read or hear a story we sometimes get "transported" into that story and begin identifying personally with an event or person. She also found that when a person experiences this transportation that they tend to change beliefs, values and behaviors with less effort and time.

Transformative Learning.

Mezirow's 10 dimensions of learning⁴ says that the process of "perspective transformation" has three dimensions: psychological (changes in understanding of the self), convictional (revision of belief systems), and behavioral (changes in lifestyle (1978, 1991, 2000). *Holding Esther* looks to establish that when instruction is designed and developed for high orality reliant people, it has a transformational impact.

Behavioral Change Theory.

Albert Bandura's *Theory of Planned Behavior* is normally cast in partnership with Azien's *Theory of Reasoned Action*. In tandem, these theories assert that one can predict the possibility (and probability) of changes in behavior. Beliefs, values and what people believe to be "normal" when combined with conviction that change can happen lead to actual behavioral change. If someone answers "behavioral indicator" type questions in a direction that points to change, it is highly likely that the person can and may change. If those same questions are answered negatively, change is almost impossible. So, what we are looking for in this pilot study is to find whether or not H.E. workshop participants answer survey questions (quantitative and qualitative) that may predict behavior change.

³ Lovejoy, G.

⁴ Madinger, C. (2013). *A Literate's Guide to the Oral Galaxy*.

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=8&ved=0ahUKEwj47e9nYbNAhUOSVIKHdfwBhsQFghQMAc&url=https%3A%2F%2Fwww.iup.edu%2FWorkArea%2FDownloadAsset.aspx%3Fid%3D18335&usq=AFQjCNEVB2BOe4AI-xEPznNxoJyOMgyodA&sig2=KDei7jqmJF8goclqAw4_2w&cad=rja

Methodology

Mixed Methods Study Design.

This pilot study investigates the impact of orality framed training and its potential for transformative learning among a group of 50+ orality reliant caretakers, staff and volunteers during a three-day training event in Lusaka, Zambia. The study will use a mixed methods approach. First, the researcher conducted a quasi-experiment to determine the cognitive and affective learning impacts of workshop on participants using a paired pre and post-test quantitative survey, and a post-test only for a control group geographically distant, but culturally and vocationally similar (See Appendix A). For the workshop participants the matched surveys were recorded into an Excel spreadsheet with the use of number (rather than name) identification, and the control group used no names at all. The raw data was then transferred into a social statistics program (SPSS) for analysis.

The qualitative data was gathered from 5 focus group interviews of 6-10 participants using the questions in Appendix B. These groups were audio recorded to learn the participant's opinions, beliefs and attitudes toward Holding Esther and orality based training. Additional individual interviews were conducted to determine the consistency of answers among all three data collecting methodologies.

Finally, to determine the depth of connection with the narrative, 49 participants completed the Transportation Model Survey designed by Melody Green. If the listeners began to sense that they were transported into the drama, and identified strongly with a character or event, the likelihood of behavior change increases dramatically.

Description of the Intervention.

The 15 facilitators listened to all 7 episodes of H.E., and answered the discussion questions as a model for the full workshop experience. Facilitators were also briefed on how to lead a discussion to maximize the input from all the group members, and how to positively assist those who tend to dominate a conversation to become better listeners. All facilitators completed the pre-test and post-test surveys prior to the full workshop so that they could provide technical direction to the larger group on marking answers (not content advice).

The full workshop began uncharacteristically on time with registration and introduction to the process. Martha Cameron administered paired pre-test survey in English and Bimba with two assistants insuring the translation was accurate. Then, for the next 2 days participants listened to each episode two times back-to-back with guided discussion questions to facilitate a participatory learning experience. The discussion questions did not beg the question for any learning goals, objectives or outcomes, and allowed for group interaction and learning that could be shared with the whole assembly.

Description of the Participants.

The sample includes no less than 50 individuals ranging in age of 20-65, with approximately 50% male and 50% female, all of Zambian background. They were currently caregivers or candidates, staff, volunteers, area religious leaders or education/media specialists. All the participants had high orality reliance for communication and learning. The dates of recruitment/enrollment opened January 1, 2016 and close on January 27, 2016.

Overall Project Assessment

Quantitative Analysis.

The following table represents the percentage of respondents that answered the survey questions correctly according to the learning objectives. Focus group percentage is based on the collective response as to correct or incorrect according to the learning objectives.

Questions	Pretest	Post test	Focus Group	Control Group
Good Care				
Gentle Correction	60	85	100	60
Provides Safe Environment	75	90	100	72
Teach Children Scripture	85	92	100	80
Express Thanks to God	83	91	100	85
Characteristics of Bad Care	55	86	100	65
Characteristics of Sexual Abuser	40	95	100	40
Identify What the Children Lost	40	60	100	25
Identify Behavior Patterns	45	80	100	30
Differentiate Sexual Abuse & Exploitation	15	85	100	20
Lies of Abused Children	25	75	100	20
Intention to Refute the Lies	45	80	100	45
Reasons Children Do Not Disclose	40	85	100	50
Identify Potential Perpetuators	50	95	100	40
Identify the Grooming Process	15	90	100	10
Articulate the Steps to Stop Abuse	25	85	100	0
Practices “Breathe deep and count backwards”	10	100	100	0

Post-Test Only comparison of treatment and control group.

The control group answers generally mirror the treatment group in terms of percentage of correct answers according to the learning objectives. In questions where the treatment group pre-test answers reflect a higher percentage, it should be noted that several workshop participants had previously attended a Holding Esther event that included the first three episodes. The most obvious conclusion is that the control group is woefully unprepared and unequipped to address the needs of abused and/or exploited children.

Difference between Pre and Post Surveys and the TPB.

The overall caregiver literacy increased by an average of 38.8%. Three sets of questions that tend to predict future behavior (Intention to refute lies, Articulate the steps to abuse, and Breathe deep and count backwards) found an increase of 62%. Interacting with the Holding Esther series made a clear and demonstrative impact, and those questions related to the Theory of Planned Behavior (TPB) indicate a high probability that practices and behaviors will move in the same direction (positive) as did the cognitive (knowledge and information) and affective (emotions, values, etc.) shift from the pre-intervention levels to the post intervention/treatment levels.

Qualitative Analysis

Focus Group Statements (See Appendix D: A Sampling of Focus Group Answers)

Transportation Imagery Model (TIM) Results: All participants scored extremely high in their sense of transportation into the H.E. story and character association (6.8/7.0)

Scope of Management

- RiverCross/TWR Team
 - Susan Vonolszewski: relentlessly pursued excellence at all levels:
 - Found the global experts to provide the core content regarding the issues of child exploitation and abuse as well as the plight of orphans;
 - Insured the inclusion of learning goals/objectives in each episode;
 - Recruited script writer with FOF, and interacted on a face-to-face level to guide the process;

- Established a partnership with Every Orphan’s Hope that made it possible to work directly with high orality reliant caregivers, volunteers and other professionals;
- Well documented the process with professional videographer;
- Open to counsel and advice and a willingness to hold the project with an open hand;
- Cindy Finley: Program manager with good attention to detail and execution;
 - Coordinated all communication efforts with teaming partners including roles, travel, local arrangements, etc.;
 - Handled delicate organizational conflicts with sensitivity and positive resolution. (EOH executive leadership going through seismic changes, and unable/unwilling to sustain a lead role in the training);
 - Adapted well to the dual nature of the event: training caregivers and measuring the impact of the training through the research;
 - Brought focus and direction to workshop activities;
 - Strong affinity with those primarily tasked with orphan care: women;
- Martha Cameron
 - Invaluable as one respected in the community and fluent in local language and cultures;
 - Demonstrated high content literacy as well as workshop facilitation;
 - Able to coordinate all local arrangements and logistics;
 - Understands the need for, value, and practices of applied research.

Key Accomplishments

- Personal interviews, focus groups and workshop discussion groups revealed that orphan abuse and exploitation is not an epidemic, but a pandemic;
- Trained a corps of 15 facilitators that can lead discussion groups with *Holding Esther* recordings in churches, schools and community gatherings. Humphray Simbeye, a former EOH employee and H.E. project assistant, could easily lead an entire workshop using the recordings;
- Immediate increase in cognitive understanding of principles and methods of interacting with orphans:
 - Could reiterate and explain the steps of dealing with potential exploiters
 - Integrated their learning by means of reenacting episodes with their own “community dramatization” of the audio version, forming a troupe to “dance an episode.” Everyone watching the dance could explain how the movements correlated with the storyline of an episode;
- Immediate impact on caregiver attitudes; Many participants verbalized that “we deal with children harshly. Our parents and adults did it to us. Therefore, we simply treat our children harshly since they should have to experience what we did. This is not right.”
- Immediate impact on behavior and practices:
 - Demonstrated competency in the use of breath deep and count backwards technique of de-escalating behavioral outbursts;
 - Repeated the words and hand motions of how to deal with a suspected abuser or exploiter;
- Validated the use of audio narrative and Entertainment-Education among leaders of churches, non-profits, NGOs and governmental leaders;
- Partnerships and alliances formed for future collaboration – not only with Holding Esther training, but also for tackling local and regional systemic issues;
- Participants literate in computer technology and social media formed two networks prior to leaving the workshop venue – Facebook and What’sApp. While this was an unsolicited response, it must be noted that they asked Mrs. Cameron to set up the

applications. Nonetheless, this kind of immediate behavioral response in using social media to continue the “good caregiver” development demonstrates the high level of impact seen in very few programs;

Lessons Learned

- Holding Esther as E-E engages participants at a high level of cognitive and emotional interaction. This seems consistent with the Elaboration Likelihood Model (ELM) of persuasion that uses a “peripheral route of processing” through the use of narrative while at the same time providing the facts and reasons by means of the “central route of processing” for embracing gentle caregiving attitudes and behaviors. In other words, stories do what pure logical arguments cannot;
- Workshop participants experienced what Arvind Singhal calls “para-social relationships” with the characters of H.E. They not only identify with a character, but at some level believe the character to be a real person and care about what happens to them;
- Listening/Discussion groups with carefully crafted questions led to not only to realizing the designed learning objectives and outcomes, but also provided permission to talk about things ordinarily avoided in casual conversation;
- The English version of H.E. and its hybrid sound (Western and African) is easily translatable among cultures with a common history through colonization. By “translatable” it is not only meant that the episodes could readily be translated into local languages, but more importantly, listeners can listen to a Western acted and produced program without experiencing high cultural strain. They may prefer it in another language, but they can still adequately receive and process the content;
- Many caregivers are recovering victims, but have been unable to talk about it until this kind of a venue afforded permission;

Indirect Impact

- Workshop participants left with an articulated conviction to live an incarnational life so that “their children” might come to know Jesus as the Good Shepherd, loving creator, and Lord & Savior;
- Church leaders connected the dots for oral instructional communication. Two churches asked to explore how to do similar methodologies to address difficult family life topics and moral issues (dating and male/female interaction; sexual abuse in extended family relations; parenting “seminars,” etc.);
- Holding Esther and Entertainment-Education programs like it are critical to turn the tide of the shame of orphan abuse and exploitation that permeate the societies of Africa and other Least Developed Nations. The undiscussed topic can only be given voice through community education;
- Our visit to an outlying community reinforced the need for H.E. to move into the grassroots regions. The local village chief (head man) met with the H.E. team to discuss the relevance of the program to his context. He quickly asked for the program to be translated into all the local dialects as soon as possible so that the taboo topic would rise to the surface. Police prosecute victims and whistleblowers rather than perpetrators; politicians do nothing to pass laws since the local law enforcement is a strong part of their support base – politically and financially. The chief indicated that if all were hearing the message in a public forum that the abuse would be curtailed for fear of reprisal. “It’s the only way to stop this crisis”;
- ZAMCOM offered not only to go the final mile with H.E. through equipping community radio programmers, but to offer oral instructional communication workshops/seminars in their curriculum for media professionals. If this strategy is used in mass mediated community radio throughout Zambia, even if it only reached ¼ of the 14.5 million people, the initial investment in one course (7 episodes) would **only cost \$.08 per person to sensitize a nation** to the practices of good caregiving for orphaned children;

- 3 requests for H.E. training workshops for teachers and other civil servants.

Significance of the Research for Instructional Communication

- The use of narrative in the design of orality framed instruction engages high orality reliant communicators;
- Narrative in E-E helps those with an oral framework to process topics normally avoided;
- Narrative serves as a catalyst for transformative learning;
- Instructional narratives can help shape knowledge, attitudes and the intent for behavioral change;
- Collective interaction promotes learning in oral tradition culture;
- Match instructional communication to the regionally contextual oral-tradition cultural and communication preferences rather than those of the program designers and developers;
- This project is the first to take the TIM of Melanie Green and apply it to an oral tradition culture among high orality reliant participants. Some work has been done with US television broadcasts of sitcoms and serial dramas, but not in a collective environment with high orality reliant participants only listening to (not viewing) the programs.

Limitations of the study

- Many of the participants attended a H.E. workshop in June, 2014. This accounts for part of the limited change in pre & post test results on some questions. They knew the correct answers which may have affected the outcome of the overall changes.
- The Transportation Imagery Model Survey needed to be an additional paired survey in order to harvest more useable data by matching names to the Pre & Post Tests.
- Focus group recordings need to be located away from large group noises;
- Western leaders need to be less visible.

Opportunities for Improvement

- A workshop facilitator's guide template could help accelerate the dissemination of the program. This would only be a template of effective workshop schedules, activities, discussion questions, etc.;
- London studios provided highly professional feel to the recordings. A challenge is to keep the listening experience as contextual as feasible, and as general as possible. The theme song kept the flavor of the series suited to Africans. The instrumental mixing and sound effects, on the other hand were, for some Zambians, mildly distracting;
- Broadcasting the episodes would be greatly enhanced if they include the opportunity for listeners to experience some form of discussion – whether recorded (panel discussion or acted focus group) or by questions repeated at the end of the program;
- Include more key leaders from the faith community to interact with the episodes. Some level of decision-making leader needs to see the workshop in progress, as was the case with ZAMCOM. Their Director is now advocating for disseminating the program through community radio at the advice of his program director who attended the workshop;
- Recruit mental health expert to attend each session to debrief any participant that may have been abused or exploited themselves;

Future Considerations

- Radio (national, regional & community) programming featuring one episode per session that previews the story & summarizes it at the conclusion. Other variations

may include panel type discussions, a recorded discussion group, experts or practitioners that draw out key principles and practices;

- Use the TIM Survey in future workshops to determine the impact of each scene of each episode;
- Convene a 2-day event with design and development teams for content. This group would include the field of content experts, instructional designer and script writers;
- Consider a simplified print/illustration companion for each episode. The Healing Life's Trauma workshop seems to reinforce this practice even among those with very low literacy skills.
- Multiple levels of training need to build on this introductory series.
- New courses built on the same learning goals, objectives and outcomes need to be designed and developed for Eastern European, Asian and Latin cultural contexts. These should be developed in the region by qualified trauma specialists, educators and media experts.

Best Practices

- Build radio drama sessions around learning goals, objectives and desired outcomes;
- Use actors and sound effects that closely reflect the context as much as possible;
- Measure learning goals, objective and outcomes through quantitative and qualitative instruments;
- Radio drama gains exponential potential for change when experienced collectively in a high orality reliant culture.
- Mixed-Methods data analysis needs multiple options in an oral tradition culture. The use of quantitative survey methods using a traditional Likert Scale can be confusing to a high-orality reliant audience due to its inherent abstract nature. It needs further verbal clarification for each question, linking their answers to the most accurate response possible. Symbols and picture responses may also help;
- Inform key leaders from the beginning. While many of these people may not be able to attend themselves, they can delegate participation to those within their organizations that could implement the training. The president of the Evangelical Fellowship of Zambia insured that others would participate, and in effect authenticate the program so that others would eventually use the training.

Conclusion:

Holding Esther demonstrated high impact among Zambian orphan caregivers, volunteers and related professionals. It evokes the very heart of God and his concern for widows and orphans, and could easily become a model for any ministry developing curricula for caregiving organizations. Multiple levels are needed to bridge the gap of training in this area. Few programs could show a similar return on investment if H.E. is released in all 3 forms of media: mass media (national to community), meso media (church, school and other public gatherings, and small media with close friends and relatives listening to downloads on smart phones or MP3 players.

Appendix A: Paired Pre & Post Treatment Survey

Name: _____
(#_____)

Age: _____ Sex: ___ M ___ F

Organization: _____ Location: ___ Urban ___ Rural

Level of Education: (check the furthest you have gone)

1. ___ Primary School
2. ___ Secondary School
3. ___ College
4. ___ University

Responsibility (select only one):

1. ___ Administration
2. ___ Caretaker
3. ___ Volunteer
4. ___ Pastor
5. ___ Educator
6. ___ NGO/Non-Profit

Years of experience working with orphans or exploited children

1. ___ No previous experience
2. ___ 1-2 years
3. ___ 3-5 years
4. ___ 5-10 years
5. ___ 10+ years

Answer the following questions by circling either "Yes" or "No."

1. Correction of children in our care often requires being stern to make sure they do what is expected. Yes No
2. The best way to get our children to change behavior is through gentle correction. Yes No
3. Adam refused to do his dishwashing duty. A good caregiver would first make sure he took his responsibility seriously to be fair to the other children. Yes No
4. If children who experienced abuse can just get away from those who mistreated them, they will eventually be just fine. Yes No
5. Many children throughout the country live without adequate food, and children in our care should expect the same. Yes No
6. Providing a safe environment may be the most important thing we do for these children. Yes No
7. The children need to see me studying the Bible. Yes No

8. As long as I *teII* the children to trust in God, that will give them enough spiritual encouragement. Yes No
9. Teaching children Scripture is really just the responsibility of the church or our daily devotional leader (supervisor). Yes No
10. Verbally expressing a caretaker's thanks to God *out-loud* is essential for good care. Yes No
11. I should not talk directly with a child about their abuse in order *to protect them from getting emotional*. Yes No
12. Non-staff people giving a gift to one of our children should raise some suspicion about possible abuse. Yes No
13. If a child says that their uncle made them go and *help a neighbor* go carry water from the river, I would suspect possible exploitation. Yes
No
14. An uncle taking care of orphans left as his responsibility has the right to hire out those children to others who need them. Yes No
15. When an orphaned child moves in with another close relative they are vulnerable for abuse at the hands of close family members. Yes
No
16. When a child loses a mother, the thoughts of their mother's cooking and meals is quickly overcome by the care and provision of an aunt. Yes No
17. Orphaned children *should not be expected* to talk openly about their losses, but move on to the new environment. Yes No
18. Orphans have a healthy belief that *they can and should* fix the problems that they face, since they really are on *their own*. Yes No
19. Abused children think others hate them because they are orphans.
20. Sexual abuse of an orphan child *begins* when someone has sexual relations with them. Yes No
21. Exploitation happens when a person takes advantage another for his own *personal* satisfaction. Yes No
22. An abused child is "spoilt" by sexual abuse, and cannot really never overcome it. Yes No
23. These children are correct to believe they can really trust no one. Yes No
24. Speaking what is good about the specific child for whom you care will remove the lies that child believes about themself. Yes No
25. The best way to confront the lies abused children believe about themselves is to put it out in the open during an open teaching time. Yes
No
26. The best way to overcome the lies abused children believe is simply to *tell them* that lie is not true. Yes No

27. Once in a safe home, children do not disclose what happened to them or things about the abuser, because they fear someone will send them away.
Yes No
28. When a child coming from abuse has anyone treating them kindly, they finally know whom they can trust. Yes No
29. People who do not follow the rules of the house should be seen as potential abusers. Yes No
30. Those who come into regular contact with the children could easily be potential abusers. Yes No
31. The grooming process builds false trust in someone. Yes
No
32. I should be alarmed when I hear a hired worker regularly giving compliments to a child. Yes No
33. **The first** thing to do in stopping abuse is to remove a suspected abuser from the property. Yes No
34. A man should be confronted in the presence of the child when suspected of abuse so that the child will recognize the danger. Yes No
35. Policies must be in place that allow for no interaction of outsiders with the children in our care. Yes No
36. When you see a worker or a regular visitor breaking the rules, that person should be immediately dismissed from all contact with the home and children.
Yes No
37. I have used the method of “breathe deep and count backwards” to help with the outbursts of a child who appears out of control. Yes No

Appendix B Focus Group Questions

1. In what ways did the Holding Esther audio program change the way you view exploitation of children?
2. How would you describe “good care” to children from what you learned in the program?
3. How do you think you might now think differently about the children in your care?
4. How might you feel differently about a specific child in your care? (be specific)
5. *When have you seen a co-worker (or yourself) unintentionally demonstrate “questionable care” (bad care) with a child? Describe the situation. How might you explain that kind of care to them now?*
6. What do you think makes for bad care?
7. What are some of the things you would look for if you were suspicious of someone that might be exploiting one of the children in your care? What should you do about it?
8. *Think of a child that showed signs of abuse that you previously did not recognize before this training. What did you see/experience? How might you react differently now?*
9. Name some of the common lies that abused children believe and an example of one or two of those from your experience in working with specific children.
10. *When have you witnessed a child that was probably acting out as a result of being triggered? Describe that scene and what you might do differently in the future.*
11. What can you do to model the methods of refuting the lies about abuse and exploitation?
12. Why do you think children do not talk about their abuse? Give some examples of how that might come about.
13. Who would you suspect as a potential abuser of a child?
14. Describe the “grooming process” and how you might intervene.
15. Give the steps for stopping abuse and why each step is important.
16. What is the primary self-control skill essential for children (or adults) who lose touch with reality. When is a time you might have used this in the past with a specific child?
17. Reflecting on the Holding Esther drama
 - a. How and why is this type of communication helpful or not?
 - b. How does this compare to reading a book or pamphlet on abuse and exploitation?
 - c. Would you prefer to encounter the issues of child exploitation with this kind of radio drama or through a presentation of a leader going over the same principles and facts via a seminar/workshop speech and workbook? Why or why not?
 - d. When listening to the drama, describe if, when or how you felt as if you were “living in the story.”
 - e. Describe your listening to the English used in H.E.. Was the dialogue and accent helpful to you? Does it need to be more “Zambian sounding?” What were some things that you did not clearly understand?
 - f. What would you add or take away to make this drama even more realistic?
 - g. In future episodes, what issues would you like to deal with that would help other caretakers, staff and volunteers give better care to the children?

Appendix C: Transport Narrative Questionnaire

Instrument Title: Transport Narrative

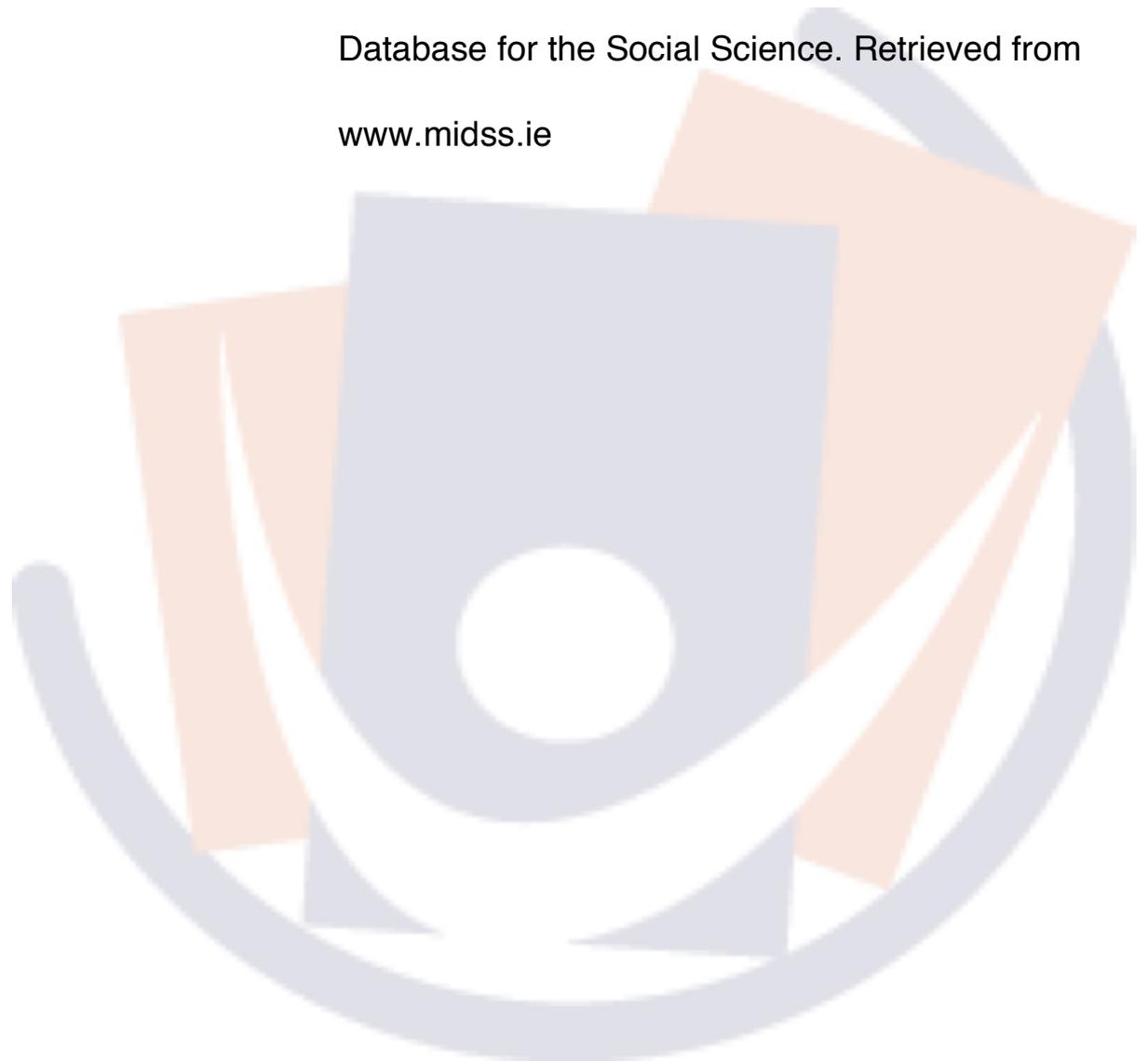
Questionnaire Instrument Author: Green, M.C., & Brock, T.C.

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Narrative Questionnaire . Measurement Instrument

Database for the Social Science. Retrieved from

www.midss.ie



Recording 1 (50% in Bimba)

- Exploitation is like forcing a child to do labor for others
- Using these young girls to make money, or the boys as well
- What is good care?
 - Loving, kind, patient
 - Provide for the needs of the child – love, food shared
 - Provide a good foundation of showing love for God
 - Before they go to bed, spend time with them reading; maybe in the sitting room reading the bible with them. Makes a good example.
- Q. 3
 - Came from my cousin's house. One of the girls' uncle and the aunt used to abuse her. When she put the food on the table, goes to fetch water, and returns and the food is all gone. Other children given her portion.
 - Immediate sister at the house refused to give food to her children if she went out to work. Neighbors had to give her children food.
 - Stories of real mothers behaving just as badly as caregiving relatives. Cruel things to her own children.
- Q 4 what makes for bad care. . . skip to #5
- Q5 What to look for
 - Ask the child "who gave you this money?" Children should not be getting free gifts.
 - Gifts from family members OK, but not from strangers.
 - Not good when it comes from the opposite sex – aunt to nephew (she was actually sleeping with the boy)
- Q6 signs: N/A
- Q 7 lies believed answers in bimba @ 39 min

Group 2

Q 1

- Abuse for your own sexual use/Exploitation – getting compensation for their work/services
- You benefit from someone's work for others (exploit); use them for your own sexual purposes (abuse)

Q 2 Describe good care

- Taking them to school; doing good things for them
- Listening to the child, because many times a child has a pressing issue. If a caregiver does not listen this is not good care.
- Try to look out for everything as would a parent

Q 3 Story of characteristics of bad care

- Lean on the child so he falls down

- Neighbor taking care of sister's child. Boy was with friend, and caregiver called out "do you really think I'm your mother??" Touched him deeply. (hurt) Harsh words are bad caregiving.

Q4 what makes for bad care of children?

- Dictatorial and commanding to a child making them live in fear – like a head brother. Aggressive makes them live in fear. Be flexible. Be calm to help the kids.
- Not listening to the children and what they want or need
- "I went through the same thing when I was wrong. I am making you do the same!" Is this bad?? Answer from another: yes, that's bad. Help change the situation.
- Earning money from the kids – going into the streets, even inviting men. . .

Q5 What would you look for in children that would be a sign that they are being abused or exploited?

- You would see fear in the child.
- Would not trust people – this person is after something else (mistrust)
- Defensive to anything you ask
- Keep quiet and not talk
- Look depressed
- Anger and erratic behavior
- Minds are corrupt – even if you give something good (water), they think you want to use them for some other purpose
- Bruising
- Bleeding
- Pregnant
- Emotions get distorted. They start getting violent for seemingly nothing.

Q6 Signs of exploitation

- A child that was exploited figured out that she could get a coat from a man by going up to him and asking (implying favor). If I do this, I get that.
- *Many are thinking of this only in terms of sex*

Q7 Common lies children believe

- I am dumb/dull
- No good future in their lives
- They think they are nothing.
- They can do nothing
- MEN WERE NOT GETTING THE QUESTION – SELF LIES, NOT LIES FROM OTHERS
- Worthless. Nothing in the eyes of others.

Group 3

Q1 What is the difference between A and E

- Abuse does not involve money, E does
- Abuse has no financial or other benefit
- For yourself, and exploitation is for money
- Abuse is just for pleasure

Q2 Good care – describe it

- Provide shelter, food
- Read the bible with the children
- Give them special time – speaking and playing with them. Find out a lot from them during those times
- Be patient with them. Change and character building takes time.
- Look for how they are behaving. Why are they doing these things?
- Calm them by teaching them from the Word
- Provide education, shelter and food

Q 3 Stories

- We as Africans take literally “spar the rod and spoil the child.” Too harsh!
- Young girls must marry older men, and boys are obligated to have sex with older women
- Children having to work the streets and bring the money home to the parents or caregivers
- In Chongwe, in an orphanage – it is not right from what I’ve learned here. No social workers. No mothers to take care of them. Just being used for exploitation to make money through working. They are not getting any schooling.
- Orphanages are really just a source of income for “owners.” Drive nice cars and going to workshops, etc. Quite common.
- The children go out to work and the man in the orphanage gets the money.

How can we make a difference now that we know about this happening with the children??

- Get government policies changed toward orphanages and homes. Everyone knows it is happening. Find those willing to help.
- Doctor running an orphanage with 20 kids under 18 years old. They were working for him.

Q 4 Things to look for as signs of abuse

- Gifts from others
- Fearfulness, especially in the girl-child
- Getting high (on fuel or other chemicals)
- Frustration and keeping quiet
- Fear:

Q 5 Common Lies children believe

- Why the parents died – their fault
- Bimba (30 min): I am hopeless
- What will become of you. You will be nothing

