

# **The intake procedures of child sexual abuse cases at Mafikeng Service Point of the Department of Health and Social Development**

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## **FOREWORD**

The article format was selected for this dissertation in accordance with Regulation A.7.5.7.4 for the degree Master in Social Work (Forensic Practice). The article complies with the requirements of the Journal *Maatskaplike Werk/Social Work*.

The article comprises 60 credits of a total of 188 credits for the programme Master in Social Work (Forensic Practice).

## SUMMARY

**TITLE: The intake procedures of child sexual abuse cases at Mafikeng Service Point of the Department of Health and Social Development**

**Key words: child, sexual abuse, intake procedures, social worker**

Due to the legal obligation to report actual or suspected cases of child sexual abuse and neglect, parents, concerned community members and friends, as well as various professionals like teachers, doctors and psychologists, refer children on a daily basis to social workers in order to initiate an investigation of the allegations. The intake interview is therefore a critical step in the process of child protection and care. In the context of this study, *intake interview* refers to the initial contact between the social worker and the child in the case of child sexual abuse, where a social worker seeks to establish all objective facts relating to the case so as to make informed decisions and to act accordingly.

The Mafikeng Service Point of the Department of Health and Social Development has no standard procedures for social workers in cases of child sexual abuse. It is against this background that a North West based study on the child sexual abuse intake procedures was conducted at Mafikeng Service Point. The study was descriptive and quantitative in nature, with the aim of making a theoretical as well as an empirical study of the intake procedures at the time of the investigation. Data was collected by means of a self-administered questionnaire on the current intake procedures of 30 social workers. Data was triangulated by analysing 15 case files of reported child sexual abuse.

It was found that the majority of social workers of the Mafikeng Service Point lack sufficient knowledge and skills regarding interviewing child sexual abuse cases and the legal requirements involved. As a result, they follow diverse and largely inefficient intake interview procedures. The 15 case files that were analysed revealed that social workers do not perform follow-up sessions after the intake and that case files are therefore not officially closed. Recommendations are made to the Mafikeng Service Point with regard to the intake procedures of child sexual abuse cases.

## OPSOMMING

**TITEL: Die innameprosedures vir gevalle van seksueel misbruikte kinders by die Mafikeng Dienspunt van die Departement Gesondheid en Maatskaplike Ontwikkeling**

**Sleutelwoorde: kind, seksuele misbruik, innameprosedures, maatskaplike werker**

Omdat daar 'n wetlike verpligting is om werklike of vermeende gevalle van die seksuele misbruik en verwaarlosing van kinders aan te meld, word kinders op 'n daaglikse basis na maatskaplike werkers verwys deur ouers, besorgde lede van die gemeenskap en vriende, sowel as verskeie professionele persone soos onderwysers, dokters en sielkundiges, sodat 'n ondersoek na die bewerings geopen kan word. Die inname-onderhoud is daarom 'n kritieke stap in die proses van kinderbeskerming en –sorg. In die konteks van hierdie studie verwys *inname-onderhoud* na die aanvanklike kontak tussen die maatskaplike werker en die kind in die geval van die seksuele misbruik van 'n kind, waar 'n maatskaplike werker alle objektiewe feite rakende die saak moet bepaal om uiteindelik ingeligte besluite te maak en om in ooreenstemming daarmee op te tree.

Die Mafikeng Dienspunt van die Departement Gesondheid en Maatskaplike Ontwikkeling het geen standaard prosedures vir maatskaplike werkers in gevalle van seksueel misbruikte kinders nie. Dit is teen hierdie agtergrond dat 'n studie in Noordwes onderneem is oor die innameprosedures van gevalle van seksuele misbruik van kinders by die Mafikeng Dienspunt. Die studie was beskrywend en kwantitatief van aard, met die doel om 'n teoretiese sowel as 'n empiriese studie te maak van die innameprosedures tydens die periode van hierdie ondersoek. Data is ingesamel deur middel van 'n self-afgelegde vraelys oor die huidige innameprosedures van 30 maatskaplike werkers. Data is getrianguleer deur 15 gevalle-lêers van gerapporteerde gevalle van die seksuele misbruik van kinders te ontleed.

Daar is bevind dat die meeste maatskaplike werkers van die Mafikeng Dienspunt oor onvoldoende kennis en vaardighede beskik rakende onderhoude met kinders in gevalle van seksuele misbruik en rakende die wetlike vereistes wat betrokke is. Gevolglik volg hulle uiteenlopende en grootliks ondoeltreffende prosedures met die

inname-onderhoud. Die 15 gevalle-lêers wat ontleed is, toon dat maatskaplike werkers nie opvolgessies hou na die inname nie en dat die gevalle-lêers daarom nie amptelik gesluit word nie. Voorstelle word gemaak aan die Mafikeng Dienspunt rakende die innameprosedure in gevalle van seksueel misbruikte kinders.

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## **1. INTRODUCTION**

Child sexual abuse has received increased attention during the last two decades, both in popular media, research literature and in practice. Reports often suggest that the problem is increasing. However, it is difficult to know whether there has been an actual increase in child abuse, or whether reporting rates have increased because of heightened levels of awareness and since the legal obligation to report actual as well as suspected cases of child sexual abuse and neglect was set into place. By its very nature, the sexual abuse of young children is a highly disturbing phenomenon that cries out for explanation and amelioration: Why does it happen and what can we do about it? Given the very high rates of abuse in South Africa, these are timely questions. For practitioners who have to deal with the aftermath, child sexual abuse can be a nightmare of complexity and confusion, even more so if they have insufficient knowledge and skills or if organisations do not have policy and procedures in place to support service delivery.

Based on this background, the researcher undertook the study to describe the phenomenon of child sexual abuse and the procedures social workers follow in handling such cases during the intake interviews.

## **2. PROBLEM STATEMENT**

Ferrara (2002:07) explains that working with sexually abused children and their families is complicated mainly for three reasons:

- As a genuine and generic multi-disciplinary problem, it requires the close co-operation of a wide range of different professionals with different tasks.
- As a legal and a therapeutic problem, it requires from all professionals involved the knowledge of the criminal and child-protective aspects, as well as the psychological aspects.
- The disclosure of child sexual abuse leads to an immediate crisis in the families and in professional networks alike.

Careful, detailed, and thorough work at intake level lays the foundation for making well-informed decisions throughout the life of the case. There is a tendency to

devalue the intake process, and this is a mistake. The quality and consistency of the information gathered at this stage directly impacts on subsequent intervention; and what happens at this initial stage eventually impacts on the entire child welfare system. When reports of suspected child abuse and neglect are received, it is crucial that the intake social worker use interviewing skills to gather sufficient information from the reporter. Hearing and listening to the reporter leads the intake social worker to begin the inherently judgment-based child protection process (Conte, 2002:48). In the researcher's opinion, however, it is not only a question of "hearing and listening": the interviewer must also have sufficient understanding of child sexual abuse in order to ask the right questions in a non-leading manner, so that further decisions can be based on objective facts.

Child sexual abuse cases differ from other types of cases because victims are children and unable to speak for themselves – hence they are vulnerable (Laror, 2004:439-460). If the interviewer has the necessary skills, however, children are enabled to speak for themselves. Yet, children are usually not the first ones to disclose their abuse and to be interviewed during intakes; instead, significant persons in the child's life usually do the reporting of suspected abuse.

The monthly statistics obtained from the South African Police Service (SAPS 2007:45) for the period January 2008 to December 2009 revealed 128 cases of sexually abused children and 20 of assault within that period. The number of unreported instances might be far higher than reflected by the statistics because some children are afraid of disclosing, for various reasons. This also makes child sexual abuse cases in Mafikeng Service Point a great concern. 78 of these child sexual abuse cases were referred to Mafikeng Child Protection Unit, and of these, 50 cases were referred to the social workers of Mafikeng Service Point.

When child sexual abuse cases are referred to Mafikeng Service Point, intake procedures should be followed. However, there is no standard intake procedure for child sexual abuse cases available at the Mafikeng Service Point. As a result, some social workers referred cases back to the Child Protection Unit without attending to them, while others processed the intakes according to their level of understanding. Under these circumstances, complete and accurate information was often not obtained and documented and children did not receive their rightful protection.

The Children's Act No. 38 of 2005 must be implemented by organs of state in the national, provincial and, where applicable, local spheres of government subject to any specific section of this Act and regulations allocating roles and responsibilities, in an integrated, co-ordinated and uniform manner.

Against the background described above, the focus of the study was on the sound knowledge of social workers on child sexual abuse and relevant intake procedures, with special reference to Mafikeng Service Point, Department of Health and Social Development in the North West Province. In the context of this study, *intake interview* refers to a contact between the social worker and the child, in the case of child sexual abuse where a social worker seeks to establish all objective facts relating to the case so as to make informed decisions or act accordingly.

The research was steered by the following research questions:

- What are theoretical framework regarding intake procedure of child sexual abuse cases?
- What are these social workers' knowledge and experience about sexual abuse and interviewing child victims?
- What procedures do they follow during intake interview of child sexual abuse cases?
- What recommendations can be made with regard to the intake procedures of child sexual abuse?

### **3. AIMS AND OBJECTIVES OF THE RESEARCH**

The general aim of this research is to describe the intakes procedures of child sexual abuse cases in Mafikeng Service Point, Department of Health and Social Development.

The objectives of the research were as follows:

- To describe a theoretical framework regarding intake procedures of child sexual abuse cases.

- To explore the knowledge and experience of social workers concerning sexual abuse and interviewing child victims.
- To describe the procedures social workers follow during the intake interview of child sexual abuse cases.
- To provide recommendations to the Mafikeng Service Point with regard to the intake procedures of child sexual abuse cases.

#### **4. CENTRAL THEORETICAL STATEMENT**

If the intake procedures of child sexual abuses cases in Mafikeng Service Point were known, it would be possible to have a baseline for developing a protocol for intakes of child sexual abuse cases.

#### **5. RESEARCH METHODOLOGY**

The study was descriptive in nature. According to Neuman (2000:22), descriptive research presents a picture of the specific details of a situation, social setting or relationship, and focuses on “how” and “why” questions.

##### **5.1 Design**

A research design includes every aspect of a proposed research study, from the conceptualisation of the problem right through to the dissemination of findings (Grinnell, 2001:547). This study followed a quantitative-descriptive (survey) design usually associated with quantitative research methodology (Fouché, 2005:137).

##### **5.2 Participants**

30 social workers are involved with intakes in Mafikeng Service Point. They were all selected for participation in this study. Fifteen of the 50 case files of child sexual abuse referred to Mafikeng Service Point by the SAPS during 2008 were also analysed.

### **5.3 Measuring instruments**

A self-administered questionnaire (see Addendum 1) for social workers was used as a tool to collect data. This was a self-developed questionnaire containing appropriate open-ended and closed-ended questions (Delpont, 2005:174-175).

Further data was gathered by means of analysing text (case files). Official documents or non-personal documents, according to Bailey (2005:317), include documents that are compiled and maintained on a continuous basis by large organisations such as government institutions. In order to do so, the student tapped into the thought processes of these social workers by administering a questionnaire and by analysing the relevant case files with the aid of a self-developed analysing schedule was used for analysis. (See the attached schedule, Addendum 2.)

### **5.4 Research procedure**

The researcher did the following:

- Permission to do the research at Mafikeng Service Point was obtained from the Department of Social Development in Mafikeng Service Point, where the researcher is active as a social worker (see Addendum 3).
- The researcher developed a questionnaire as a data collection instrument.
- The researcher conducted a pilot study, pre-tested the questionnaire, and where necessary modified the research instrument.
- Questionnaires were distributed to social workers to complete in their own time and then had to return it to the researcher.
- The researcher developed a schedule for analysing the case files.
- The researcher analysed case files (official documents) regarding the child sexual abuse in the service point.

### **5.5 Ethical aspects**

Different authors such as Mitchell and Jolly (2001:138-139) and Strydom (2005:57-57) discussed the ethical considerations for researchers in the social sciences. The ethical issues are pervasive and complex, since data should not be obtained at the

expense of other human beings (Strydom, 2005:56). The following ethical aspects were taken into account:

- **Permission to conduct the study**

Written permission was obtained from Mafikeng Service Point Manager (see Addendum 3) as well as from the university's ethics committee (NWU-00027- 09 S1).

- **Informed Consent**

Informed consent is a necessary condition for research study (Strydom, 2005:59). The respondents were fully aware of what the study entailed and what were expected of them. They were allowed to withdraw from participation whenever they wished to do so.

- **Anonymity and Confidentiality**

Questionnaires were completed anonymously and respondents' identities were not disclosed. Strydom (2005:62) stresses that anonymity and confidentiality place a strong obligation on the social worker; thus, the respondents were assured of the confidentiality of the information that was being gathered and of the fact that their identities would not be used in the research report. In this study, the research findings do not reflect the names or identifying characteristics of the research participants. The measuring instrument ensures that the information provided remains confidential.

- **Actions and Competence of Researchers**

The researcher is competent and adequately skilled to undertake the proposed investigation (Strydom, 2005:63). When sensitive investigations are involved, this requirement is even more important. In the initial proposal for the investigation, the researcher clarified the reasons for the study and indicated in what manner she would honour ethical guidelines.

## **5.6 Data analysis**

Quantitative data was analysed by the researcher by means of descriptive statistics and the qualitative data was analysed by the researcher into themes.

## **6. THEORETICAL REVIEW OF INTAKE PROCEDURES OF CHILD SEXUAL ABUSE CASES**

### **6.1 The nature of child sexual abuse**

According to Beckett (2003:70) child sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, for example rape. It may include non-contact activities, such as involving children in looking at pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. The Children's Act No. 38 of 2005 describes child sexual abuse as sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted. The Children's Act 38 of 2005 further defines child sexual abuse as encouraging, including or forcing a child to be used for the sexual gratification of another person. Wolfe (1999:09) indicated that sexual abuse of children includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution of pornographic materials.

Ferrara (2002:16) identifies three forms of sexual abuse: intrusion, molestation with genital contact, and other unknown sexual abuse. Intrusion is ascribed when evidence of "oral, anal or genital penile penetration or anal or genital digital or other penetration" is found on the child. On the other hand, molestation involves some form of actual contact with genital areas, but with no specific intrusion being evident. The category of "unknown sexual abuse" covers allegations of inappropriate supervision of a child's sexual activities, including those in which a child might actively participate, such as preteen sexual involvement.

It is the researcher's opinion that although different authors have written extensively on the subject of child sexual abuse, it seems that there is no consensual definition or explanation of child sexual abuse, probably because of the varying nature of the problem. For the purpose of this study, child sexual abuse will refer to any sexual activity, whether contact or non-contact, involving children with the purpose of satisfying another person's sexual needs.

## 6.2 Legal context

The legal obligation to report actual or suspected cases of child sexual abuse and neglect is found in the Prevention of Family Violence Act No. 133 of 1993, the Children's Act No. 38 of 2005 as well as the Sexual Offences and Related Matters Amendment Act No. 332 of 2007.

Section 4 of the Prevention of Family Violence Act No. 133 of 1993 states that "Any person who examines, attends to, advises or cares for any child in circumstances which ought to give rise to the reasonable suspicion that such a child has been ill-treated, or suffers from any injury the probable cause of which was deliberate, shall immediately report such circumstances to a police official or to a commissioner of child welfare or social worker."

Parents, concerned community members and friends as well as various professionals like teachers, doctors and psychologists who are aware of their obligation to report abuse or suspected abuse, refer children on a daily basis to social workers in order to initiate an investigation of the allegations. However, it is the experience of the researcher that the most referrals to social workers working within welfare agencies and private practices are received from the officials within the criminal justice system.

According to the Children's Act No. 38 of 2005 Section 110(2), "any person who on reasonable grounds believes that a child is in need of care and protection may report that belief to provincial department of social development, a designated child protection organisation or a police official. Before the child is brought before the children's court, a designated social worker must investigate the matter and within 90 days compile a report in the prescribed manner on whether the child is in need of care and protection. In all matters concerning the care, protection and well-being of a child, the standard that the child's best interest is of paramount importance, must be applied."

"Any correctional official, dentist, homeopath, immigration official, labour inspector, legal practitioner, medical practitioner, midwife, minister of religion, nurse, occupational therapist, physiotherapist, psychologist, religious leader, social services professional, social worker, speech therapist, teacher, traditional health practitioner,

traditional leader, or member of staff or volunteer worker at a partial care facility, drop-in centre or child and youth care centre who on reasonable grounds concludes that a child has been abused in a manner causing physical injury, sexually abused or deliberately neglected, must report that conclusion in the prescribed form to a designated child protection organisation, the provincial or social development or police official” (Children’s Act No. 38 of 2005) Section 110(1).

### **6.3 The purpose of the intake interview**

The intake interview or phase is a process of determining whether a person may be accepted as a client or should be referred to another resource (The Social Work Dictionary, 1995:34). It is the process of gathering information about the client that would allow the agency to understand the underlying problem and need, and to assign the client to the appropriate social worker or section (Woodside & McClam, 1998:101). The intake interview is generally a structured interview which has standard procedures with a set of predetermined questions that elicit specific information (Woodside & McClam, 1998:97).

It can therefore be concluded that the purpose of the intake interview is to gather particular information about the client that would allow the agency to understand what the underlying issue is, to establish eligibility and to assign the client.

### **6.4 Purpose of child sexual abuse intake interview**

Muller (2001:08) indicated that the purpose of the child sexual abuse intake interview is to obtain truthful accounts from the child in a manner which will best serve the interests of the child while at the same time being legally acceptable. The objective of the intake assessment interview is to obtain an account from a child in a developmentally sensitive, unbiased, independent and truth-seeking manner (Poole & Lamb, 1998:107) which will support accurate and fair decision-making in the criminal justice system.

The child sexual abuse intake interview decisions could be improved significantly when structured appropriately and specific criteria are considered for every case by every social worker. After collecting information and completing the structured intake report, the corresponding screening tool which describes criteria for determining if a

report meets the statutory requirements is completed by the intake social worker; then the coordinating response is used to aid in making decisions on the time within which a report requires initial contact (Ferrara, 2002:28). Spencer and Flynn (2000:38) point out that conducting interviews with child sexual abuse victims and/or witnesses is one of the most demanding interview situations due to its sensitive nature, the uncommunicativeness of the victims and the potential conflict between evidentiary and therapeutic goals. Children, like adults, may experience difficulties remembering and/or giving accurate accounts of events. In the past, children were regarded as unreliable witnesses. Although is still the case among some legal professionals, there is evidence that children can be reliable witnesses, and that they can comment meaningfully about their thoughts, feelings and experiences when questioned appropriately (Morison, Moir & Kwansa, 2000:113). The intake interview should assist the child to talk freely about the event.

From the above, the researcher came to the conclusion that prior to obtaining complete and accurate child sexual abuse intake information; two requirements need to be in place. Firstly, a structured intake form with a matching screening tool should be available. Secondly, social workers need to use competent interviewing skills to gather pertinent information. Making accurate intake decisions requires social workers to be skilled in organising and analysing information to determine what action they should take. In order to do this, intake workers need knowledge and an understanding of the dynamics of sexual abuse. Information provided by the child must be elicited and documented in detail. In addition, the children's fear and concerns should be acknowledged. Such concerns can range from fear that the family will retaliate to fear of having to testify in court. The role of the intake worker is to obtain objective facts from the child and at the same time also to support the child and to ensure that the child's fears are allayed. This will enable the child to freely ventilate his /her problem.

## **6.5 Classification of interviews**

The potential conflict between evidentiary and therapeutic goals during interviews with children that experience abuse was pointed out by Spencer and Flynn (2000:38). For that reason it is important to classify these types of interviews that a social worker may be confronted with.

### **6.5.1 Therapeutic interviews**

According to the Social Work Dictionary (1995:65), the process of therapy involves “Social work assistance which focuses on the emotions and psychological needs of the client”. The therapeutic interview is used to provide treatment for the patient (Fouché, 2000: 60), which in the context of child sexual abuse would be the child. In order to provide treatment, an assessment will be conducted to determine the treatment plan to be followed by therapeutic sessions.

When conducting a therapeutic interviews, clinical techniques and methods are used (Kuehnle, 2000:32) and clinicians generally assume that their clients are telling the truth (Poole & Lamb, 1998:107). The researcher is of the opinion that the primary focus during the therapeutic interview is the emotional well-being and treatment of the child.

### **6.5.2 Investigative interviews**

The primary focus of the investigative interview is to obtain information that will be used in the criminal process of determining guilt beyond reasonable doubt (Fouché, 2006:206). The purpose of the forensic interview is “to elicit as complete and accurate report from the allege child or adolescent who has been abused, or is in imminent risk of abuse, and if so, by whom” (Abney, 2000:2).

## **6.6 The intake interview context**

Attitudes and characteristics of interviewers, as well as the interview setting are particularly important during the intake interview, even more so for child sexual abuse cases. According to Poole and Lamb (1998:75) the interviewer may have an effect on children by their choices of the physical environment for conducting interviews, their demeanour and behaviour, and their selection of questioning strategies.

The interviewer must consider whether the time and place of the interview accommodates the child’s developmental stage (Aldridge & Cameron, 2002:25). The researcher is also convinced that the interviewer must make sure that the child is comfortable in the venue. If the mother is waiting in the waiting area, for example,

the interviewer must make sure that the child is convinced that no one will be able to hear what is being said in the interview room.

## **6.7 Interview strategies**

The following interview strategies can also be used by the intake social workers during the intake interview of child sexual abuse.

### **6.7.1 Cognitive interviewing**

Cognitive interviewing as a strategy during child sexual abuse investigations is highlighted by Faller (2003: 380) and has four detail aspects, namely:

- Mentally reconstructing the event (Holiday, 2003:730; Faller, 2003:381).
- Reporting everything, regardless of perceived importance (Aldridge & Wood, 1999:104).
- Recalling the event in different sequence (Aldridge and Wood, 1999:199).
- Recalling the information from different views and perspectives (Aldridge & Wood, 1999: 107; Faller, 2003:381).

Hershkowitz; Horowitz and Lamb (2006:753) found that mental context reinstatement may be a useful component of the cognitive interview and physical context reinstatement where the child will be taken to the crime scene.

Poole and Lamb (1998:87) divide the structure of the cognitive interview into a sequence of four stages:

- Open-ended narration.
- The probing stage, during which the interviewer guides the client to exhaust the contents of memory.
- A review stage, during which the interviewer checks the accuracy of notes about the interview and provides additional opportunities to recall.
- The closing.

The structure of the cognitive interview assists the intake social worker to probe more information from the child. It also supports the child to feel free during intake interview.

### **6.7.2 Narrative elaboration**

In narrative elaboration (Faller, 2003:381) children aged 6 to 11 years old are trained to use cue cards (simple pictures to represent participants, action, affective states and resolutions), which serve as triggers for the child so that he/she is sure to include these aspects of the event (Faller, 2003:401). The researcher does not have experience in this technique, but it appears that it could be seen as leading or suggestive.

### **6.7.3 Segmentation**

Segmentation is a technique which is used to gather additional detail after the child had exhausted initial recollection of an event (Faller, 2003:382). The interviewer would ask the child to tell everything he/she can recall about a particular segment of the event. The focus on a particular period of time may serve to decrease the child's level of anxiety about the event as a whole (Faller, 2003:403).

### **6.7.4 Building a rapport**

Studies of actual child abuse interviews found that interviewers typically use closed-ended questions to develop rapport and in doing so they do not set the stage for the children to talk freely (Warren, Woodall, Thomas, Nunno, Keeney, Larson & Stardfeld, 2003:134). It is the opinion of the researcher that the rapport-building phase is an opportunity to ask open-ended questions about home, school, and friends and games so that the child may become accustomed to such questioning. These questions also give an indication to the interviewer of the child's verbal and non-verbal skills. Aldridge and Cameron (2002:35) recommend that the interviewer must explain the reason for the interview, reassure the child that he/she has done nothing wrong and emphasise the need to speak the truth (Wakefield, 2006:201). It is important that the interviewer explain to the child that he/she was not present at the events and may therefore unwittingly ask questions that the child does not know the answer to or do not understand.

### **6.7.5 Using toys and play material to facilitate the interview**

Toys and play material form a natural part of communication with children. They can be helpful to prompt and bring forth the child's actions and re-enactments of experiences. It is recommended by Aldridge and Cameron (2002:45) that toys are selected to fit the age of the child, and that it is used more with very young children.

Play material like colouring books, puzzles and soft toys are some of the play material recommended by them. These toys must also be utilised to facilitate rapport with a child (Bruck; Ceci & Prencipe, 2006:800).

#### **6.7.6 Play-related communication techniques to facilitate the initial disclosure of the child**

Babiker and Herbet (2003:233) argue that “sexual abuse is not a diagnosis; it is an event or a series of events that occurs in a relationship in which the child is involved”. However, the psychological consequences may be said to be “diagnosed”. Psychological instruments such as behavioural rating scales and psychometric tests can be applied, but no test or scale can give a definitive indication that a child has indeed been sexually abused (Chantler, Pelco & Mertin, 1993:271, Babiker & Herbert, 2003:239).

A study to investigate the applicability of psychological instrument in the assessment of sexual abuse in the South African multi-cultural context (Louw, 2001:1) concluded that no single measuring instrument could differentiate between abused and non-abused children. The researcher is of the opinion that in order to investigate multiple hypotheses, it is imperative that an interviewer does not directly start questioning a child about possible child abuse. Instead, play-related communication techniques should be utilised to facilitate the conversation in a concrete and non-leading way.

#### **6.8 The seven-phase forensic interview protocol**

Children are often referred to social workers after an allegation of child sexual abuse has come to light or is suspected. Due to the serious consequences of an allegation of sexual abuse, it is important that intake social workers would implement an interview protocol which is legally defensible, to ensure that no contamination of the information will take place.

Fouché (2006:45) describes seven definite phases of the forensic interview protocol. It includes the most important phases or steps found in international protocols, namely rapport-building; ground rules; conducting a truth-and-lie check; questioning; and closure. It is, however, important to note that although this protocol was specifically developed to assist professionals in the investigation of allegations of

child sexual abuse in a forensic process, it can also assist Mafikeng social workers to handle child sexual abuse intake cases in a uniform way.

- **Phase one: Rapport-building and facilitation of initial verbal disclosure**

During rapport building (Carnes, 2005:105; Orbach et al.,2000:78; Poole & Lamb, 1998:219) the child is put at ease, while the interviewer completes a semi-structured questionnaire (Fouché & Joubert, 2003:315) to determine a developmental baseline with regard to the child's communication abilities, suggestibility and process. For this rapport building, the initial disclosure refers to the child's first voluntarily verbal indication to the interviewer that s/he is possible victim of sexual abuse. Social workers communicate with children in a different ways by using different techniques in order for them to ventilate freely. Children might indicate through one or more of the play-related communication techniques that they dislike a certain person or place or would indicate violation of boundaries. The interviewer will then explore reasons for not feeling safe with someone, for instance. On this stage the social worker welcomes and creates a conducive environment for the child to narrate the story freely.

- **Phase two: Ground rules**

According to the researcher, during phase two the interviewer will make sure that there are ground rules that govern their interview with the child. Children have to be interviewed in developmentally appropriate way. For example, in middle childhood children are concrete in their thoughts and need to be made aware that the topic to be discussed is very important and that the interview is not a usual conversation, but that certain rules apply. The interviewer should follow through on the following ground rules, and it should not only be explained but the child's comprehension of it should be tested with neutral topics: Emphasise the importance of telling everything; inform the child that s/he must indicate when s/he does not understand the child should make the interviewer aware that she does not understand, if s/he does not know the answer, s/he should ask the interviewer to repeat the question , cannot remember or does not want to answer the question; and empower the child to rectify summarised information. Thereafter the interviewers should conduct a "truth-and-lie" and morality check (Newman & Newman, 2003:233; Woolfolk, 2001:114).

- **Phase three: Truth-and-lie and morality check**

It is imperative that the child's ability to distinguish between the truth and lies is tested (Keuhnle, 2000:309; Starks & Samuel, 2002:256). The interviewer will determine whether the child understands the difference between the truth and lies and test with a neutral topic after which a morality check will be done (Orbach *et al.*, 2000:34; Wakefield, 2006:401). The child will then be reminded to tell the truth as lying has negative consequences. If the interviewer is confident that the child understands the importance to tell the truth, s/he will proceed to phase four, which involves inviting free narrative. The truth and morality check it assist the interviewer because other children can tell lie because of trauma they experience.

- **Phase four: Free narrative**

Children are more likely to accurately provide important details in free recall (Aldridge & Cameron, 2000:108; Bruck, Ceci & Principe, 2006:115) and therefore, the interviewer will invite free narrative. The interviewer will refer back to the child's disclosure, for example: "You told me that your dad did bad things to you and that these bad things have to do with touching your private parts" (it is imperative that the interviewer uses exactly the same phrases and words the child used). The child will then be invited to relate everything about alleged sexual abuse (continue with the label the child used during the initial disclosure). The interviewer will listen and let the child relate the story from his/her own frame of reference and in the order s/he prefers to disclose. The interviewer will allow the child to talk about things that really happened.

- **Phase five: Questioning phase**

It is important that the fundamentals highlighted in this phase are also applicable to all seven phases during communication with the child. The following linguistic aspects need to be taken into consideration when any child is interviewed: Avoid legal words and phrases; clarify labels, concepts, names or "big" words and use the label used by the child avoid "why" questions or questions starting with "do you remember" avoid closed-ended questions and questions starting with "can", "have you", "do you"; and keep questions and sentences simple and use one main (new) thought per utterance (Amacher, 2000:399; Muller, 2002:368).

Free narrative should be followed with open-ended questions and these types of questions should be encouraged in all phases of the interview, regardless of the child's age (Hershkowitz, 2001:44; Lamb, Sternberg & Esplin, 2000:79) as it elicits more credible information. Open-ended questions starting with "who", "what", "where", "when" and "how" may for example be asked to children in middle childhood and children in other younger and older stages (Schoeman, 2006:33). The interviewer should avoid leading questions when interviewing the child.

- **Phase six: Investigate multiple hypotheses**

It is important to investigate multiple hypotheses (Bruck & Ceci, 2006:91; Wakefield, 2006:361) as the child could have been a victim of alleged sexual abuse by someone else, or gained the sexual knowledge in a different way as disclosed by the child, or may be coached and forced by parents and/or family members to give a certain account of events. It is not unusual during criminal court hearings that lawyers would use different hypotheses to attack the child's credibility. The child's prior knowledge about sexual abuse and victimisation of others or exposure to sexual acts as well as what parents and others say about abuse, have to be explored to assess whether it could have had an impact on the child's statement (Fouché, 2006:48; Kuhnle, 000:409; Wakefield, 2006:303).

- **Phase seven: Closure**

The last phase is whereby the interviewer ends the interview with the child. After the finalisation of the abuse-focused questioning, the interviewer should ask the child whether any information was revealed that s/he is not sure about, or which is not the truth (Fouché, 2006:229). The interviewer should provide honest information about what could take place in the criminal justice system. The interviewer should also ensure that the child would be safe when going back to his/her circumstances. The session should be ended with a positive topic, for instance talking about activities that the child is looking forward to, etc (Practice Notes, 2002:55). Children should never be sent out of an office while still in tears or not emotionally contained. The interviewer should give the child her number, if the child omitted or remember something s/he can call the interviewer.

## 7. FINDINGS

In this section, the findings in the questionnaire and in the analysis of case files are presented.

### 7.1 Profile of respondents

The respondents were asked to indicate their gender, age, highest academic qualification and their position in the organisation. Of the 30 respondents, the vast majority (80%) were females and 20% were males (see Table 1). This finding confirms the gendered nature of social work, also at the Mafikeng Service Point.

**Table 1: Gender of respondents**

Description	Frequency	Percentage
Male	6	20
Females	24	80
<b>Total</b>	<b>30</b>	<b>100</b>

In line with data presented in Table 2, the majority (86%) of respondents are aged between 30 and 49, with only 14% being aged between 20 and 29 years. None of the respondents is older than 50 years.

**Table 2: Age category of the respondents**

Description	Frequency	Percentage
20-29 years	4	14
30-39 years	13	43
40-49 years	13	43
50-59 years	-	-
60 years and older	-	-
<b>Total</b>	<b>30</b>	<b>100</b>

In terms of respondents' highest academic qualification (see Table 3), almost all the respondents (93%) had a basic social work degree and only 7% had either a diploma or advanced diploma in social work. There is no one with a postgraduate degree in social work. This indicates that child sexual abuse cases are dealt with by social workers with the basic qualification requirement.

**Table 3: Highest academic qualifications**

Description	Frequency	Percentage
Diploma/Advanced Diploma in Social Work	2	7
Basic Social Work Degree	28	93
Postgraduate Degree in Social Work	0	0
<b>Total</b>	<b>30</b>	<b>100</b>

When data was collected, intakes were handled by generic, principal and probation officers. In line with data presented in Table 4, 53% of the respondents were generic social workers. 33% were principal social workers, whilst 14% were probation officers.

**Table 4: Position of the respondents**

Description	Frequency	Percentage
Generic Social Worker	16	53
Principal Social Worker	10	33
Probation Officer	4	14
<b>Total</b>	<b>30</b>	<b>100</b>

Therefore the profile of respondents indicates that they are predominantly female with a bachelor's degree, in their 30s and 40s and holding a position as a generic social worker.

## **7.2 Training and need for training**

To establish the respondents' background in terms of specific training and experience with child sexual abuse and intakes, they were asked about their years of experience as a practicing social worker, the type of sexual abuse training they received, how many years they have been doing intake interviews handling child sexual abuse cases, approximately how many cases of child sexual abuse they have attended or dealt with so far and their view on the need for training.

Table 5 below indicates that 17% of the respondents were inexperienced as practicing social workers and still in their probation period, while 77% had between 1 and 15 years of experience. 6% were very experienced as practicing social workers,

with 16+ years of experience. The statistics indicate that most respondents have a considerable number of years of experience as practicing social work.

**Table 5: Years of experience as a practicing social worker**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
Below 1 year	5	17
1-5 years of experience	10	33
6-10 years of experience	6	20
11-15 years of experience	7	24
16-20 years of experience	1	3
21 or more years of experience	1	3
<b>Total</b>	<b>30</b>	<b>100</b>

In order to establish whether the respondents had specific in-service training pertaining to child sexual abuse, they were asked to report any training related to child sexual abuse they underwent. They could mark more than one option.

A total of 36 responses were given. Table 6 below shows that the majority (39%) of respondents received intermediary training whilst 14% received training on child victim empowerment. Other types of training that respondents underwent ranged from child law training, child development training, trauma counselling and training on assessing and treating young sexual offenders. Most of these are not applicable to the intake of child sexual abuse cases. Only two respondents received forensic training and 9 (25%) respondents did not receive any training regarding child sexual abuse. The statistics indicate a distinct need for more specialised training programmes for social workers who do intakes of child sexual abuse cases. Certain courses are important in the process of dealing with child sexual abuse cases; for example, forensic training is highly recommended. All child sexual abuse intakes should be done by social workers who received training related to child sexual abuse.

**Table 6: Type of sexual abuse in-service training exposed to**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
Intermediary training	14	39
Forensic training	2	6
Child Victim Empowerment training	5	14
Child Law training	1	3
Child development training	3	8
Trauma counseling	1	3
Assessing and treating young sexual offenders	1	3
None	9	25
<b>Total</b>	<b>36</b>	<b>100</b>

Table 7 below illustrates that 23% of the respondents attended to more than 15 cases of child sexual abuse, whilst another 23% of the respondents were never exposed to child sexual abuse.

**Table 7: Number of child sexual abuses attended to**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
None	7	23
1-5 cases	5	17
6-10 cases	5	17
11-15 cases	6	20
More than 15 cases	7	23
<b>Total</b>	<b>30</b>	<b>100</b>

Table 8 depicts only the 23 (77%) social workers who have been dealing with child sexual abuse cases (see Table 7). According to Table 8 below, 39% of these 23 social workers have been handling child sexual abuse cases for the past 5 years, whilst 26% have been handling cases for the past 15 years.

**Table 8: Duration which the respondent has been handling child sexual abuse cases**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
Less than 1 year	3	13
1-5 years	9	39
6-10 years	5	22
11-15 years	6	26
16-20 years	-	-
21 or more years	-	-
<b>Total</b>	<b>23</b>	<b>100</b>

As shown in Table 9 below, 74% of the respondents indicated that they required training or more training with regard to conducting interviews in child sexual abuse cases. This indicates that in order for child sexual abuse cases to be treated with the necessary urgency and for processes to be followed properly, there is a need for all social workers to be adequately trained. Only 23% felt satisfied with their level of training. All 9 respondents who indicated no previous training (Table 6) felt they needed training, while 3% indicated that they did not need training.

**Table 9: Personal experience regarding intake interviews of child sexual abuse cases**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
I feel good and well trained	7	23
I feel I need training	6	20
I need more training	16	54
I am not concerned/I don't need training	1	3
<b>Total</b>	<b>30</b>	<b>100</b>

Although most participants were experienced social workers, very few had specific training related to child sexual abuse, such as forensic training and training on child development. Yet most of them handled a significant number of child sexual abuse cases during their career. Most participants recognised a need for more training, but about a quarter of this population did not acknowledge a need for further training.

This is a point of concern, especially in the light of the profile described for this population.

### 7.3 Knowledge of intake social workers regarding child sexual abuse

Social workers were asked to rate their knowledge regarding child sexual abuse. The results are presented in Table 10 below, which indicates that 60% reported that they have poor to average knowledge regarding child sexual abuse, whereas 40% were of the opinion that they have good to excellent knowledge on child sexual abuse.

**Table 10: Rating knowledge regarding child sexual abuse**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
Poor	6	20
Average	12	40
Good	9	30
Excellent	3	10
<b>Total</b>	<b>30</b>	<b>100</b>

According to Table 11 below, 43% of the respondents were of the opinion that they have good knowledge of the process of interviewing child sexual abuse victims. 59% viewed their knowledge as average to poor. This could be attributed to their limited exposure to relevant training, as was indicated in Table 6. No category “excellent” was included in the questionnaires, and this is acknowledged as a limitation in the questionnaire.

**Table 11: Knowledge of child sexual abuse and interviewing the victim**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
<i>Good</i>	13	43
<i>Fair/Average</i>	13	43
<i>Poor</i>	4	16
<b>Total</b>	<b>30</b>	<b>100</b>

A further question was put to social workers about their knowledge of interviewing strategies. They could mark more than one answer. Table 12 below illustrates that

40% of the respondents are very familiar with cognitive strategies for interview purposes, whilst 27% utilised building rapport as a strategy during the interview as part of the process of dealing with child sexual abuse. Other strategies familiar to respondents were narrative, using toys and play-related communication. None of the respondents were familiar with segmentation.

**Table 12: Interview strategies the respondents are familiar with**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
Cognitive interviewing	12	40
Narrative elaborative	4	16
Segmentation	0	0
Building rapport	8	27
Using toys and play materials	4	16
Play-related communication	2	7
<b>Total</b>	<b>30</b>	<b>100</b>

The respondents indicated that they do not have sufficient knowledge regarding the intake interview in child sexual abuse cases. They also indicated the different interview strategies that they are familiar with. They therefore need knowledge with regard to the intake interview in cases of child sexual abuse, and not all social workers have the appropriate knowledge and skills to conduct an intake interview with sexually abused children.

#### **7.4 Intake interview procedures**

Only the 23 respondents who handled child sexual abuse cases (see Table 7) are reported in this section of the report. These social workers were asked about their intake interview procedure, and their responses are reported in this section.

Table 13 shows that 43% of the respondents inform the child only to talk about things that really happened, whilst 27% of the respondents encourage the child to admit any lack of knowledge, understanding or memory; 50% of the respondents seek an agreement by the child to tell the truth or to talk about things that really happened. 53% of the respondents establish that the child understands what it means to be truthful; 27% of the respondents have a clear knowledge of the degree of trauma; and 43% ask children to define truth and lies.

**Table 13: Extent to which attention is given to the following factors during the child sexual abuse intake interview**

Description	Always		Some-times		Never	
	f	%	f	%	f	%
Inform the child only to talk about things that really happened	13	57	6	26	4	17
Encourage the child to admit any lack of knowledge, understanding or memory	8	35	8	35	7	30
Seek an agreement to tell the truth or to talk about things that really happened	15	60	5	22	3	13
Establish that the child understands what it means to be truthful*	16	72	3	14	3	14
Give the child permission to correct the interviewer	11	48	6	26	6	26
Ask the child to define truth and lie	13	56	5	22	5	22

### **Factors influencing the credibility of the disclosure**

The respondents were asked to list a maximum of three factors that influence the credibility of the disclosure. The question was asked to test the knowledge of the respondents about factors influencing the disclosure of child sexual abuse. A total of 85 factors were listed, many of which overlapped:

- Parental ignorance on child sexual abuse incidences (15) (50%)
- Improper referral (15) (50%)
- Safety of the child which at times results in failure to disclose the incident by both the child and the parents (15) (50%)
- The level of trauma which the child is exposed to (12) (40%)
- Resistance by the child to disclose critical information in the interview process (10) (33%)
- Lack of immediate or proper intervention (10) (33%)
- Lack of appropriate training of the social worker conducting interview (8) (27%)

Based on these findings it was clear that the social workers who participated in this study did not have a sound and clear knowledge about the factors influencing credibility of disclosure in respect of child sexual abuse. This means that they are not

trained in this area, with the result that the best interest of the child is compromised, amongst others because they are unable to gather objective information that is required for effective intervention.

According to Table 14 below, 47% of the respondents indicated that experienced and well trained social workers should conduct the interviews, whilst 36% of the respondents indicated that intakes of child sexual abuse cases should be done by forensic social workers since they received specialised training. Although some were of the opinion that probation officers (13%) or any social worker (10%) could perform this task, the majority agree that the child sexual abuse intakes should be done by social workers with specific training.

**Table 14: Who should conduct child sexual abuse intake interviews?**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
Probation officer	4	13
Any social worker	3	10
Experienced and well trained social worker in this area	14	47
Forensic social worker	11	36
<b>Total</b>	<b>32</b>	<b>100</b>

The researcher asked intake social workers about the cases of child sexual abuse that they referred to the Child Protection Unit. The questions were intended to establish whether they were familiar with the legal requirement to report cases of abused or neglected children in terms of article 111 - 142 of the Children’s Act, No. 38 of 2005.

The data in Table 15 reveals that only 47% of the respondents at Mafikeng Service Point knew that these cases had to be reported to the Child Protection Unit. It is a disturbing finding that 53% of the respondents were uncertain about this requirement.

**Table 15: Reporting of child sexual abuse cases to Child Protection Unit**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
I know that is false	3	10
I think it may be false	4	13
I think it may be true	9	30
I know that is true	14	47
<b>Total</b>	<b>30</b>	<b>100</b>

Table 16 shows that the majority of the respondents (83%) make use of a manual recording system for capturing data during the intake interview, whilst 17% capture data on a computer afterwards. None uses an audio recorder.

**Table 16: Method of data collection used during intake interviews**

<b>Description</b>	<b>Frequency</b>	<b>Percentage</b>
Manual/scribing	19	83
Computer-memory	4	17
Audio Recorder	0	0
<b>Total</b>	<b>23</b>	<b>100</b>

The respondents were asked to describe the procedures they followed during the intake interview of a child sexual abuse case that they had recently handled. In their responses, summarised in Table 17 below, they did not give much or detailed information on the case in question. This may be interpreted as that they are uncertain about the procedure and that they need training.

**Table 17: Procedures followed**

Procedure	Percentage
Counseled both the child and the parents	37%
Identified	37%
Probed	37%
Created a conducive environment	3%
Referred the case to Thuthuzela for medical assessment and psychosocial intervention by a team of the multi-disciplinary members	3%
Reported the case to South African Police Service	3%
Removed and placed the child in alternative care if the incident happened at home	3%
Performed follow-up sessions	3%

The participants were asked whether they understand the difference between *therapeutic* and *investigative* interviewing and to explain their understanding of the two concepts. Table 18 below shows that about a third (37%) does not know the difference. Those who reported that they do not know the difference, nevertheless describes therapeutic interviewing correctly as a process which seeks to heal the child who is abused, and investigative interviewing as process which seeks to gather more information or to understand what occurred.

**Table 18: Do you understand the difference between therapeutic and investigation interview?**

Description	Frequency	Percentage
Yes	19	63
No	11	37
<b>Total</b>	<b>30</b>	<b>100</b>

Finally, the participants were given the opportunity to make recommendations for the professional handling of intake interviews in child sexual abuse cases. The majority of the respondents suggested the following:

- Specialised and intensive training is required for social workers dealing with child sexual abuse cases.

- Social workers dealing with child sexual abuse cases should develop good communication skills at the level of dealing with children.
- More information on child sexual abuse should be made available to professionals in the form of workshops and information sessions.,
- A specialised unit dealing with child sexual abuse should be established, serviced by social workers with intensive training
- All stakeholders involved in the process of assisting victims of child sexual abuse should be trained on confidentiality.
- The interview rooms for child sexual abuse cases should be designed in such a way that it sets the child at ease, it should be free from obstructions and it should be equipped with a waiting room with toys and play resources.

## 7.5 Case files

Triangulation of data (De Vos, 2005: 361) was done by gathering additional data by means of analysing 15 cases files. The files were selected by stratified random sampling. According to De Vos *et al.* (2005:200) stratified random sampling is mainly used to ensure that the different groups or segments of a population acquire sufficient representation in the sampled. The reason for analysing the case files was for the researcher to check the transferred files to Child Protection Unit, files dealt with and to see what happened to other files.

### 7.5.1 Who referred the case?

<b>CPU (Child Protection Unit)</b>	<b>9 (60%)</b>
<b>Self</b>	<b>1 (7%)</b>
<b>Magistrate Court</b>	<b>5 (33%)</b>

The majority of child sexual abuse cases registered with the Department of Health and Social Development are referrals from Child Protection Unit (CPU). The majority (60%) of the cases were referred by the CPU, while only 7% of the cases were self-referrals. 33% of the child sexual abuse cases were referred by the Magistrate Court.

### 7.5.2 Who was interviewed first?

<b>Child</b>	<b>9 (60%)</b>
<b>Parents</b>	<b>6 (40%)</b>

In 60% of the analysed cases, children were interviewed first; and in the other 40% of the cases, parents were interviewed first.

### 7.5.3 Procedures that were followed during intake

<b>Building rapport</b>	<b>5</b>	<b>33%</b>
<b>Using toys and play material to facilitate the interview</b>	<b>6</b>	<b>40%</b>
<b>Play-related communication</b>	<b>4</b>	<b>27%</b>
<b>Segmentation</b>	-	
<b>Narrative elaboration</b>	-	

40% of the case reports indicated that the social workers used toys and play material to facilitate the interview, while only 33% worked on building rapport with the child. 27% of the intake procedure incorporated play-related communication. This finding supports the finding reported in Table 12, namely that these procedures were not optimally used during intake.

### 7.5.4 What happened to the case after intake?

None of the 15 cases reported a follow-up session after intake and it is difficult to establish where and how the cases were concluded. There was also no indication of any form of supervision of the social worker who conducted the intake interview in each case.

Thus, the analysis of the cases reveals that most cases of child sexual abuse that were registered by the Department of Health and Social Development were referred by the Child Protection Unit. In most cases, first interviews were conducted with children, and in the other cases with parents. A disturbing finding is that none of the cases in the sample were followed up after the initial report and interview. As a result of these inconsistencies, the information gets distorted and its quality compromised. Effective intervention is hampered by the consequent failure to establish objective facts in a given case.

## **8. DISCUSSION OF MAIN FINDINGS**

The general aim of the study was to describe the intake procedure of child sexual abuse cases in Mafikeng Service Point of the Department of Health and Social Development. The findings will be discussed according to the four objectives of the study.

### **Objective no 1: To describe and establish a theoretical framework regarding intake procedures of child sexual abuse cases.**

With regard to the first objective, the study found that an intake procedure should in the first place adhere to the legal requirements contained in South African law; even more so in the case of alleged sexual abuse of children. Although the intake interview is investigative rather than therapeutic, it remains of the utmost importance to establish rapport with the interviewee. An intake interview is supposed to be a structured interview where a pre-determined protocol is followed. In the case of a report of child sexual abuse, a matching screening tool is required. However, a protocol and screening tool are not enough and would be of little value without knowledgeable and skilled social workers. In the first instance, the intake social worker need to be knowledgeable about the dynamics of child sexual abuse, the legal duties involved in the skilled interviewing of children and about different interview strategies. Secondly, the intake social worker should be skilled in interviewing children, be competent in building rapport while keeping a neutral stance in order not to contaminate information, be able to analyse and interpret data and lastly able to make sound decisions.

In composing a child sexual abuse intake procedure, the seven phase forensic interview protocol of Fouché (2006) could be utilised as a point of departure and be adapted to the purpose of the intake interview.

### **Objective no 2: To describe the knowledge and experience of social workers concerning sexual abuse and interviewing child victims.**

In terms of this objective, the study found that 60% of the participants had poor to average knowledge regarding child sexual abuse. Only 40% were of the opinion that they have knowledge with regard to child sexual abuse. The statistics indicate that

the participants handling child sexual abuse cases are inexperienced as a result of lack of training and knowledge.

Based on the findings, it is clear that most the participants did not have adequate knowledge about dealing with cases of child sexual abuse, which also renders the victims more vulnerable. Although most participants were experienced social workers, very few of them had specific training related to child sexual abuse cases, such as forensic training and child development. Central to this objective, it is evident that lack of training makes it difficult for social workers and practitioners to render relevant and appropriate services to victims of child sexual abuse.

**Objective 3: To describe the procedure social workers follow during the intake interview of child sexual abuse cases.**

The study found that there is no standardised intake procedure that is being followed at Mafikeng Service Point. The participants use their own discretion in dealing with child sexual abuse cases. This results in a situation where there is no uniformity in terms of cases that are recorded and reported, and also in terms of the intervention which is provided afterwards. This lack of a standard procedure may even be interpreted as an indication that legal requirements are not adhered to and that the legal process is compromised.

The study further found that 53% of the respondents are not sure who should conduct intake interviews. This is disturbing and a clear indication that legal requirements in terms of child protection and care are not adhered to. The study also found that none of the respondents made use of audio recorders to back up the manual system of recording child sexual abuse cases. Although time consuming and costly, audio recordings of interviews will ensure a detailed and trustworthy record.

**Objective 4: To provide recommendations to the Mafikeng Service Point with regard to the intake procedures of child sexual abuse cases.**

On the basis of the findings of the study, the following are recommended:

- Specialised and intensive training is required for social workers dealing with child sexual abuse cases.

- Training need to focus on the dynamics of child sexual abuse, the legal requirements, interviewing children, and analysing and interpreting data.
- The Department of Health and Social Development should train their social workers on the Children's Act (38 of 2005).
- Training on child sexual abuse intake interviewing should be made available to professionals in a form of workshops and information sessions,
- Only social workers with special training in child sexual abuse intake interviewing should handle child sexual abuse intakes.
- The Mafikeng Service Point need to develop and adopt a sexual abuse intake protocol and screening tool.
- The forensic interviewing protocol need to be investigated as a basis for developing an intake protocol to assist social workers during the child sexual abuse intake interview.
- The very low rate of follow up on cases of reported child sexual abuse indicate serious inadequate service provision which need to be brought under the attention of the management of Mafikeng Service Point.

## **9. CONCLUSION**

The researcher concluded that social workers at Mafikeng Service Point are in acute need of training on how to conduct intakes of child sexual abuse cases. The Department of Health and Social Development needs to give urgent attention to developing and adopting a sexual abuse intake protocol. In order to prevent any further harm to children, upon receiving reports of child sexual abuse, the best interest of the child needs to be served by the provision of timely and high standard protective services.

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# **ADDENDUMS**

## **ADDENDUM 1 : QUESTIONNAIRE**

### **RESEARCH QUESTIONNAIRE**

**North-West University (Potchefstroom Campus)**

**RESEARCHER: Ms T.S. MOTSHEDI**

**Student No:16726626**

**MSW (FORENSIC PRACTICE )**

### **RESEARCH TOPIC**

**THE INTAKE PROCEDURES OF CHILD SEXUAL ABUSE CASES AT MAFIKENG SERVICE POINT OF THE DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT**

The general aim of the research is to explore the intake procedures and knowledge of social workers with regard to handling child sexual abuse cases with reference to Mafikeng Service Point of the Department of Health and Social Development.

The researcher therefore requests your participation, and your contribution will be highly appreciated.

### **INSTRUCTIONS TO THE RESPONDENTS**

- Please read the questions very carefully.
- Answer all the questions.
- Please indicate your answer by marking the appropriate box with an x, or write your answer in the space provided, where appropriate.
- Please answer questions with total honesty and objectivity.

Your participation is anonymous and it is not necessary to give your personal details. Please note that by completing this questionnaire you give permission that the data may be used for research purposes. However, you will not be identified.

**SECTION A: DEMOGRAPHIC INFORMATION**

1. What is your gender?

Male	Female
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2. What is your age category?

20-29 years	
30-39 years	
40-49 years	
50-59 years	
60 years or older	

3. What is your highest academic qualifications?

Diploma/Advanced diploma in social work	
Basic social work degree	
Postgraduate degree in social work(Please specify) .....	

4. What position do you currently occupy in the Department?

Generic Social Worker	
Principal social worker	
Probation officer	

Other (please specify).....

**SECTION B: TRAINING AND EXPERIENCE**

5. How many years of experience of practicing as a social worker do you have?

Less than 1 year	
1-5 years of experience	
6-10 years of experience	
11- 15 years of experience	
16 - 20 years of experience	
21 years of experience or more	

6. What type of in-service training or background on child sexual abuse do you have?

Intermediary training	Child law training
Forensic training	Child development training
Child victim empowerment training	Trauma counselling
Assessing and treating young sexual offenders	None

Please indicate any other training you receive:

.....  
 .....

7. Approximately how many cases of child sexual abuse have you attended to or dealt with so far?

None	1-5 cases	6-10 cases	11-15 cases	More than 15
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8. For how long have you been handling intake interviews in child sexual abuse cases?

Below 1 years	11-15 years
1-5 years	16-20years
6-10 years	21 years or more

9. What is your view regarding your training for intake interviews in child sexual abuse cases?

I feel good and well trained	
I feel I need training	
I need more training	
I am not concerned/I don't need training	

Please motivate your response

.....  
 .....

**SECTION C: KNOWLEDGE**

10. How would you rate your knowledge regarding child sexual abuse?

Poor	Average	Good	Excellent
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Please justify your answer.

.....  
 .....

11. How would you rate your knowledge of interviewing child sexual abuse victims?

Good	Average	Poor
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Please justify your answer

.....

.....

.....

12. Which interview strategies are you familiar with? (You may mark more than one option.)

Interview strategy	Familiar to me	I think I know what it is	Unfamiliar to me
Cognitive interviewing			
Narrative elaboration			
Segmentation			
Building rapport			
Using toys and play materials			
Play-related communication			

**SECTION D: INTAKE INTERVIEW PROCEDURES**

13. To what extent do you pay attention to the following aspects during the child sexual abuse intake interview?

	Always	Sometimes	Never
Inform the child only to talk about things that really happened.			

Encourage the child to admit any lack of knowledge, understanding or memory.			
Seek an agreement by the child to tell the truth or to talk about things that really happened.			
Establish that the child understands what it means to be truthful.			
Give the child permission to correct you.			
Ask the child to define truth and lie.			

If any other aspects apply, please specify

.....

.....

.....

14. What interviewing factors influence the credibility of the disclosure?(You may list three factors)

.....

.....

.....

15. Who should conduct child sexual abuse intake interview?

Probation officer	
Any social worker	
Experienced and well trained social worker in this area	
Forensic social worker	



19. Do you understand the difference between *Therapeutic* and *Investigation* interviews?

Yes	
No	

If you answered “yes”, briefly explain your understanding.

.....  
.....  
.....  
.....  
.....  
.....

20. What recommendations can you make for improving the professional handling of intake interviews for child sexual abuse cases in this organisation?

.....  
.....  
.....  
.....  
.....

Thank you very much for participating in this research. Your cooperation is appreciated.

## ADDENDUM 2: ANALYSING SCHEDULE

### 1 Case files

Additional data was gathered by means of analysing 15 cases files. The files were selected by stratified random sampling. According to De Vos *et al.* (2005:200) stratified random sampling is mainly used to ensure that the different groups or segments of a population acquire sufficient representation in the sampled. The reason of analysing files was to check cases referred to CPU and also to verify about what happened to cases after child sexual abuse intake procedures.

#### 1.1 Who referred the case?

<b>CPU (Child Protection Unit)</b>	
<b>Self</b>	
<b>Magistrate Court</b>	

#### 1.2 Who was interviewed first?

<b>Child</b>	
<b>Parents</b>	

#### 1.3 Procedures that were followed during intake

<b>Building rapport</b>	
<b>Using toys and play material to facilitate the interview</b>	
<b>Play-related communication</b>	
<b>Segmentation</b>	
<b>Narrative elaboration</b>	

#### 1.4 What happened to the case after intake?

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## ADDENDUM 3: PERMISSION LETTER



Health & Soc Dev  
Department:  
Health & Social Development  
North West Provincial Government  
REPUBLIC OF SOUTH AFRICA

P.O.Box 3068  
MMABATHO, 2735  
Unit 2, Cul 19  
Opposite Mmabatho  
High

### MAFIKENG SERVICE POINT

Tel: (018) 384 6772/5  
Fax: (018) 384 6771

**To** : Ms. T.S. Molefe  
Social Worker

**From** : Ms M. Mafole  
Service Point Manager  
Department of Health and Social Development

**Date** : 04 December 2010

**SUBJECT: PERMISSION TO CONDUCT RESEARCH.**

This communiqué serves to grant Ms. Tshepiso Molefe permission to conduct research on the following topic: The intake procedure of child sexual abuse cases at Mafikeng Service Point the Department of Health and Social Development.

We wish you luck in your studies and hope to share in the findings of your study to assist the service point and department respectively.

Yours sincerely

  
MS. M. MAFOLE

DATE: 2010. 12. 04

