

**Evaluation of the service delivery protocol utilised  
with sexually abused mentally disabled children  
in the Boland**

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**Evaluation of the service delivery protocol utilised  
with sexually abused mentally disabled children  
in the Boland**

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## TABLE OF CONTENTS

<b>ACKNOWLEDGEMENTS</b> .....	<b>i</b>
<b>SUMMARY</b> .....	<b>v</b>
<b>OPSOMMING</b> .....	<b>vii</b>
<b>FOREWORD</b> .....	<b>ix</b>
<b>INSTRUCTIONS TO THE AUTHORS</b> .....	<b>x</b>
<b>Evaluation of the service delivery protocol utilised with sexually abused mentally disabled children</b> .....	<b>1</b>
<b>1. PROBLEM STATEMENT</b> .....	<b>1</b>
<b>2. AIM AND OBJECTIVES</b> .....	<b>4</b>
<b>3. CENTRAL THEORETICAL STATEMENT</b> .....	<b>5</b>
<b>4. RESEARCH METHODOLOGY</b> .....	<b>5</b>
4.1 Literature Study .....	5
4.2. Empirical study .....	6
4.2.1 Research Design.....	6
4.2.2 Participants.....	7
4.2.3 Measuring Instruments.....	7
4.2.4 Research Procedures.....	8
4.2.5 Ethical Aspects .....	8
4.2.6 Data Analysis .....	10
<b>5. LIMITATIONS OF THE STUDY</b> .....	<b>10</b>
<b>6. TERMINOLOGY</b> .....	<b>11</b>
6.1 Evaluation.....	11
6.2 Child .....	11
6.3 Mental disability .....	11
6.4 Sexual abuse .....	13
6.5 South African Police Service .....	14
6.6 FCS Unit .....	15
6.7 Service delivery .....	15
<b>7. DISCUSSION OF THE RESULTS</b> .....	<b>15</b>
7.1 Family composition of the sexually abused, mentally disabled child .....	15
7.1.1 Gender .....	16

7.1.2	Caregivers .....	16
7.1.3	Living conditions .....	17
7.2	Causes of the child's mental disability .....	17
7.3	Communication skills of the sexually abused, mentally disabled child .....	18
7.4	Disclosure by the sexually abused, mentally disabled child .....	20
7.5	Role of the investigating officer during the investigation process .....	21
7.5.1	Criminal investigation process .....	21
7.5.2	Parent responses to service delivery by the investigating officer .....	24
7.5.3	Recommendations by parents about service delivery of the investigating officers .....	25
7.6	Services rendered by social workers to sexually abused, mentally disabled children .....	26
7.6.1	Results of evaluation by social workers .....	27
7.6.2	Understanding services to sexually abused, mentally disabled children .....	27
7.6.3	Experience in working with sexually abused, mentally disabled children .....	28
7.6.4	Model and steps utilized during the assessments of the sexually abused, mentally disabled child .....	29
7.6.5	Skills of the forensic social worker .....	31
7.6.6	Additional services to a sexually abused, mentally disabled child .....	32
7.6.6.1	Counselling services to sexually abused, mentally disabled children and their families .....	32
7.6.6.2	Court preparation of the sexually abused, mentally disabled child .....	33
7.6.6.3	Statutory intervention .....	33
<b>8.</b>	<b>EVALUATION .....</b>	<b>33</b>
<b>9.</b>	<b>CONCLUSION .....</b>	<b>37</b>
<b>10.</b>	<b>RECOMMENDATIONS .....</b>	<b>38</b>
<b>11.</b>	<b>REFERENCES .....</b>	<b>41</b>
<b>12.</b>	<b>ANNEXURES .....</b>	<b>49</b>
12.1	ANNEXURE 1: WRITTEN PERMISSION FROM SAPS .....	49
12.2	ANNEXURE 2: INTERVIEW SCHEDULE WITH PARENTS OF SEXUALLY ABUSED, MENTALLY DISABLED CHILDREN .....	50
12.3	ANNEXURE 3: INTERVIEW SCHEDULE WITH SOCIAL WORKERS .....	53
12.4	ANNEXURE 4: INFORMED CONSENT DOCUMENT .....	55

## LIST OF TABLES

<b>Table 1:</b>	Types of sexual abuse .....	14
<b>Table 2:</b>	Caregivers of the sexually abused, mentally disabled child .....	16
<b>Table 3:</b>	Living conditions .....	17
<b>Table 4:</b>	Cause of child's mental disability .....	18
<b>Table 5:</b>	School attendance of the child .....	19
<b>Table 6:</b>	Criminal investigation process .....	21
<b>Table 7:</b>	General experience of social workers .....	27
<b>Table 8:</b>	Referrals to the forensic social worker by each FCS unit .....	28

## **SUMMARY**

**TITLE:** Evaluation of the service delivery protocol utilised with sexually abused mentally disabled children in the Boland

**Key words:** Child, child abuse and Sexual Offences (FCS) Unit, mentally disabled, family violence, service delivery, sexual abuse, South African Police Service

Children's rights have become paramount to many initiatives that highlight the plight of children in South Africa. These rights form the cornerstones of South Africa's legal obligations towards all children in this country. Although we have the best legal framework to protect children, they are still exposed to horrible and inhuman acts like sexual abuse. Child sexual abuse knows no gender, colour, race, social or economical status and is an extremely traumatic experience for any child.

Mentally disabled persons are amongst the most vulnerable in our communities. Mentally disabled children are most vulnerable to neglect and isolation, and this often makes them easy targets for abuse and violence. The rights of abused mentally disabled children are violated on a daily basis by close relatives, strangers and even service providers. Branches of the FCS Unit of the South African Police Service render services to abused, mentally disabled victims and are supposed to be guided in their activities by the fundamental principle that all people are equal before the law. Services are rendered according to a set service delivery protocol which guides investigating officers to bring justice to all sexual abuse victims.

The aim of this research was to evaluate the effectiveness of the service delivery protocol pertaining to sexually abused, mentally disabled children in the Boland rural areas.

The study reveals that service delivery to mentally disabled children in rural areas is insufficient due to many reasons such as a lack of resources, vast travelling distances, inappropriate use of available resources, and lack of communication

skills. The study reveals the need for a special school in the Boland rural area, because the nearest school is in some areas 40-50km away and the children are forced to stay in a hostel which negatively impacts on the mother-child relationship. Other needs also emerged from the study, such as the need for a crèche, a life-skills centre for mentally disabled children older than 18 years, a special school for mentally disabled children, and holiday programmes that include and/or cater for the mentally disabled child. These services would enhance the development of the mentally disabled child's speech and vocabulary to be able to give statements of abuse and effectively communicate with the investigating officer.

Cape Mental Health can play a key role in determining the victim's mental age, which would enable the forensic social worker to do a comprehensive forensic assessment about the alleged abuse incident. Forensic social workers at FCS Units are trained by the South African Police to assess sexually abused, mentally disabled children.

The study shows that forensic social workers are not optimally utilised by their respective units and in some instances no referrals of sexually abused, mentally disabled children were made. It is evident that the service delivery protocol of the FCS Units in the Boland to sexually abused, mentally disabled victims should be refined and made to include key role players such as forensic social workers. These role players would be responsible for meeting national and international obligations and offering protection services to all children.

# OPSOMMING

**TITEL:** Evaluering van die diensleweringprotokol tydens die benutting met seksueel mishandelde verstandelik gestremde kinders in die Boland

**Sleutelwoorde:** Dienslewering, gesinsgeweld, kind, Gesinsgeweld-, Kinderbeskerming- en Seksuele Misdrywe-Eenheid, seksuele misbruik, Suid-Afrikaanse Polisie, verstandelike gestremdheid

Kinderregte het van kardinale belang geword vir baie inisiatiewe wat die lot van kinders in Suid-Afrika in die kollig plaas. Hierdie regte vorm die hoeksteen van Suid-Afrika se verbintenis teenoor alle kinders in die land. Alhoewel ons die beste wetgewing het om kinders te beskerm, word kinders steeds aan afgrylike en onmenslike behandeling, soos seksuele mishandeling, blootgestel. Seksuele kindermishandeling tref geen onderskeid tussen kleur, ras of maatskaplike en ekonomiese status nie, en is 'n traumatiese ervaring vir enige kind.

Verstandelik gestremde persone is van die mees kwesbare groepe in ons gemeenskappe. Verstandelik gestremde kinders word verwaarloos en geïsoleer, en is daarom maklike teikens vir seksuele mishandeling. Die seksueel mishandelde, verstandelik gestremde kind se regte word op 'n daaglikse basis deur familie, vreemdelinge en selfs diensverskaffers geskend. Die Gesinsgeweld-, Kinderbeskerming- en Seksuele Misdrywe-Eenheid (GKS) van die Suid-Afrikaanse Polisie lewer ook dienste aan seksueel mishandelde, verstandelik gestremde kinders en is veronderstel om in al hul aktiwiteite gelei te word deur die fundamentele beginsel dat alle mense gelyk is. Hierdie dienste word aan die hand van 'n bepaalde diensleweringprotokol gelewer, wat ondersoekbeamptes lei om geregtigheid aan alle seksueel mishandelde slagoffers te laat geskied.

Die doel van hierdie navorsing was om die doeltreffendheid van die diensleweringprotokol aan seksueel mishandelde, verstandelik gestremde kinders in landelike areas te evalueer.

Die studie het bewys dat die dienste aan seksueel mishandelde, verstandelik gestremde kinders onvoldoende is. Dit is as gevolg van verskeie redes soos 'n gebrek aan hulpbronne, lang afstande, onvoldoende gebruik van beskikbare hulpbronne en swak kommunikasievaardighede.

Die behoefte aan spesiale skole vir verstandelik gestremde kinders in sommige dorpe is ook in hierdie studie uitgelig. In sommige areas is die naaste skool 40 tot 50km ver en is die kinders verplig om in 'n kosskool te woon. Hierdie maatreël het bepaalde gevolge vir die ouer-kind verhouding. Die behoefte aan 'n kleuterskool, 'n lewensvaardigheidsentrum vir kinders ouer as 18 jaar, en vakansieprogramme wat die seksueel mishandelde, verstandelik gestremde kinders insluit is ook geïdentifiseer. Hierdie dienste sou die ontwikkeling van die seksueel mishandelde, verstandelik gestremde kind se spraak en woordeskat kon bevorder om hul in staat te stel om 'n verklaring te gee en beter te kan kommunikeer.

Geestesgesondheidsvereniging in die Kaap kan 'n sleutelrol speel om die slagoffer se verstandsonderdom te bepaal, sodat die forensiese maatskaplike werker 'n volledige forensiese assessering kan doen met betrekking tot die beweerde seksuele misdryf. Forensiese maatskaplike werkers by die onderskeie takke van die Gesinsgeweld-, Kinderbeskerming- en Seksuele Misdrywe-Eenheid (GKS) is deur die Suid-Afrikaanse polisie opgelei om assesserings van die seksueel mishandelde, verstandelik gestremde kind te doen.

Die studie het ook bevind dat die forensiese maatskaplike werkers by die GKS-eenhede onderbenut word; in sommige gevalle word geen verwysings van seksueel verstandelike, gestremde kinders gedoen nie. Dit is duidelik dat die Suid-Afrikaanse Polisie hul diensleweringprotokol moet verfyn ten opsigte van seksueel mishandelde, verstandelik gestremde slagoffers om hul nasionale en internasionale verbintenis van beskermingsdienste aan alle kinders na te kom.

## **FOREWORD**

The article format was chosen in accordance with Regulation A.11.2.5, Yearbook 2010 of the Potchefstroom Campus of the North-West University for the degree MA (Social Work in Forensic Practice). The article will comply with the requirements of the journal, *Social Work/Maatskaplike Werk*.

# INSTRUCTIONS TO THE AUTHORS

## SOCIAL WORK/MAATSKAPLIKE WERK

The journal publishes articles, brief communications, book reviews and commentary articles already published from the field of Social Work. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style of presentation does not conform to the practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and address(es) of the author(s), preferably not exceeding 5 pages. The entire manuscript must be submitted, plus one clear copy as well as a diskette with all the text, preferably in MS Word (Word Perfect) or ASSII. Manuscripts must be typed, doubled spaced on the one side of the A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s), year of publication and the page number(s) must appear in parenthesis in the text, e.g., "... (Berger, 1979:12). More details concerning sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors.

# **Evaluation of the service delivery protocol utilised with sexually abused mentally disabled children in the Boland**

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## **INTRODUCTION**

Sexual abuse of children is a worldwide problem that has emotional and psychological consequences. The problem deepens when it comes to children with disabilities. Services to individuals with an intellectual disability require special strategies and approaches. Law enforcement agencies are key role players in the fight against the abuse of women and children.

## **1. PROBLEM STATEMENT**

Since 1994, the South African government has made a particularly strong commitment to children. Sexual violence against women and children is rife in South Africa, which has been branded as the 'rape capital of the world' (Calitz, 2011:66). According to Jewkes *et al.* (2006:2950), a child is raped every four minutes in South Africa, which means that the country has a particularly high prevalence of rape. This situation calls for urgent attention in South Africa.

According to the Annual South African Police Service (SAPS) Report (SA, 2007-2008), an estimated 19 639 registered rapes and indecent assault cases against children in South Africa were reported during 2007/2008. A conviction rate of 33,08% (15 302 cases) was reported. Overall 63 960 cases of crimes against children were reported in the same year. There are many more sexual abuse cases

that are not reported and therefore the statistics of the police cannot be regarded as accurate. The Western Cape's Annual SAPS Report (SA, 2008-2009) cited a total of 2 788 sexual offences against children. According to the report this reflected a drop of 11,4% from the 3 147 cases reported on in the previous year (2007-2008). During the last census in 2001, there were at least 2 255 982 people living with disabilities in South Africa. This number constituted 5% of the total population and 4,1% of this percentage was made up of children younger than 19 years (SA, 2001). These statistics lack specifics on the nature of the sexual offences committed against children and adults with disabilities.

Pillay and Sargent (2000:9) and Madu (2001:32) state that sexual abuse is a violent crime against humanity that leaves the survivor with many psychological, social and physical scars. It is seen as any form of sexual contact where the perpetrator uses physical force to intimidate or dominate the victim or achieve sexual gratification. Watt and Zimmerman (2002:1235) further state that child sexual abuse is the exposure of the child to or participation in pornography and forcing the child to have sex with another person. The abuse often persists over time and perpetrators use threats and other manipulative tactics to keep children from disclosing the abuse. According to Calvert and Munsie-Benson (1998:672) and Coombe (2002:7), many victims of child sexual abuse are at an increased risk of displaying disturbed behaviour, lower self-esteem, more post-traumatic stress disorder, depression, anxiety, substance abuse and suicide attempts.

Social myths and lack of protection services put sexual abuse victims with disabilities at an increased risk for ongoing sexual abuse (Anon, 2011:1). According to Siena and Jackson (2009:1) disabled people are often perceived by some as being less human and therefore less worthy of care and concern. The perception is also that disabled people have no feelings. The majority of children with disabilities who live in disadvantaged communities have little access to health care, protection and rehabilitation services. The disabled child's special needs, availability of resources, finances and accommodation must be recognized and enhanced by all people (Siena & Jackson, 2009:1).

The implementation of section 11 of the Children's Act 38 of 2005 (SA, 2005)

addresses the exclusion of disabled children in South Africa by recognizing these children's special needs. Section 23 of the Convention on the Rights of a Child (SA, 2005:5) emphasizes the need for recognition to be given to the rights of mentally or physically disabled children to enjoy a full and decent life in conditions which ensure their dignity, promote self-reliance, and facilitate the child's active participation in the community.

Disabled persons are amongst the most vulnerable people in our communities. Disabled women and children are especially the most likely to be neglected, isolated and therefore open for abuse and violence. The right of the disabled person is violated, knowingly and unknowingly, on a daily basis in our communities even by their own relatives (Hesselink-Louw *et al.*, 2003:165). People with disabilities are at a greater risk of being victimized in terms of sexual assault or sexual abuse because of a lack of understanding (Anon, 2011:2).

Children with disabilities are common victims of sexual abuse because they often do not realize that the abuse is harmful and therefore will not disclose it. Children with mental disabilities learn not to question caregivers or others in positions of authority. These individuals are often the perpetrators of the abuse and they knowingly exploit the disabled child's severe lack of communication skills that prevent them from disclosing the abuse (Anon, 2011:2-3). The perpetrators are familiar to and trusted by the child. The more severe the disability, the greater the difficulty in accessing services.

The South African Police Service in the Western Cape has 15 branches of the Family Violence, Child Protection and Sexual Offences (FCS) unit functioning as specialized units who deal with victims of sexual offences. Each unit has five or more investigating officers. Twenty-three social workers were appointed in 2007 to help with the forensic assessment of the sexually abused children. These units are primarily responsible for protecting the vulnerable persons in communities by rendering high quality services to them. Each FCS unit must comply with the SAPS National Instruction regarding Sexual Offences (SA, 2008). Support to victims and crucial aspects of conduct by members of the South African Police Service during an investigation, includes the following:

- Treat the victim and their families with respect and courtesy
- Protect the privacy and dignity of the victim
- Take statements in a professional manner and in the language of the victim
- Provide the victim with information regarding the Crime Administrative System (CAS) number, contact details of the investigating officer and progress of the investigation
- Inform the victim about the procedures followed by the police and criminal justice system such as medical examination, forensic assessments, pre-trial consultations, court preparation and identification parades, bail applications
- Refer the victim to other service providers for psychological evaluation, counselling and statutory intervention
- Provide advice on crime prevention and avoiding a repeat incident

The information above gives rise to the following questions:

- How effective is the current services delivery protocol of the Boland rural Family Violence, Child Protection and Sexual Offences (FCS) units in the case of sexually abused, mentally disabled children?
- What recommendations can be given to FCS units in the rural Boland to render more effective services in the case of sexually abused, mentally disabled children?

## **2. AIM AND OBJECTIVES**

The aim of this research was to evaluate the service delivery protocol of the rural Boland FCS units to sexually abused, mentally disabled children.

The objectives of the research are:

- To evaluate the effectiveness of the current services delivery protocol of the rural Boland FCS units to sexually abused, mentally disabled children.
- To provide recommendations to the rural Boland FCS units regarding more effective services to sexually abused, mentally disabled children.

### **3. CENTRAL THEORETICAL STATEMENT**

If sexually abused, mentally disabled children were serviced according to the protocol of the rural FCS units in the Boland, more cases of abuse would be reported and the success rate would be higher.

### **4. RESEARCH METHODOLOGY**

The research followed a qualitative methodological approach. The qualitative approach was used to answer questions about the phenomena with the purpose of describing and understanding the phenomena from the participant's perspective (Leedy & Ormrod, 2005:94-95). According to Babbie and Mouton (2001:53) the qualitative researcher is concerned with the description and understanding rather than the prediction of human behaviour. The research focused on the participants' viewpoints, which were based on the in-depth analysis of services rendered to abused children with mental disabilities and their families.

#### **4.1 Literature Study**

Fouché and Delport (2005:123) consider the literature review to be "*aimed at contributing to a clearer understanding of the nature and meaning of the problem that has been identified*". The preliminary reading on the proposed topic was important to acquaint the researcher with the necessary knowledge (Fouché, 2005a:117). Although the study sought South African sources, very little research has been done locally on the service delivery protocol that FCS units base their treatment of sexually abused, mentally disabled children on. Most research on services to sexually abused children with mental disabilities has been done in America. International books and articles were also used to ensure accurate and comprehensive information and findings.

Databases used for this study were EBSCO Host Web, and South African and international journals and books.

## **4.2. Empirical study**

Empirical research signifies the gathering of data by means of observation by the senses, or in some cases, by using calibrated scientific instruments. The empirical research focused on a qualitative research study. According to Fouché (2005b:269), a qualitative strategy differs inherently from the quantitative design in “*that it does not usually provide the researcher with a step-by-step plan or a fixed recipe to follow*”. In-depth interviews were conducted with each participant during the study and the semi-structured, one-to-one interview was used to gain a detailed picture of the participant’s beliefs and perceptions about the service delivery of the FCS units in the rural Boland area when it came to sexually abused, mentally disabled children (Greeff, 2011:351-352). According to Gravetter and Forzano (2003:173), “*An interview provides an opportunity for follow-up questions, and it is possible to explore complex issues fully and could be done with a few isolated paper-and-pencil questions*”. An interview schedule was used to gain information on the topic. Kumar (2005:240) states that for analyzing qualitative data, one needs to go through a process called content analysis to identify themes that emerge from the responses. The personal interviews focused on analyzing the services rendered to abused children with mental disabilities (Silbey, 2003:2).

### **4.2.1 Research Design**

Research design refers to the “plan of shaping research” (Henn *et al.*, 2006:46). Mouton (2001:55) defines a research design as the method in which one intends to conduct the research. The explorative research design was used during this research. The purpose of the exploratory design, according to Bless and Higson-Smith (2000:154), is to explore a certain phenomenon with the primary aim of formulating more specific research questions relating to that phenomenon.

The research design focused on the effectiveness of the protocol services rendered by the FCS units in the rural Boland area to sexually abused children with mental disabilities.

### **4.2.2 Participants**

The purposive sampling technique was used for this particular study because this sample was based entirely on the judgment of the researcher. This meant that the sample was composed of elements that best characterized the population serving the purpose of the study (Strydom, 2005a:202). This study focused on the services of FCS units in the Boland rural areas, which included Caledon, Worcester, and Paarl.

- Five forensic social workers from the South African Police Service, who were working in the rural Boland areas, were participants in this study
- The researcher also had an in-depth interview with the social worker from Cape Mental Health. Cape Mental Health is a non-governmental organization that specializes in working with children with intellectual disabilities
- Six parents/guardians of sexually abused, mentally disabled children also participated in the study. The parents or guardians of the sexually abused, mentally disabled children were identified by the social worker from Cape Mental Health, since she works with children with mental disabilities

### **4.2.3 Measuring Instruments**

A semi-structured, one-to-one interview with closed and open-ended questions was conducted to gain a detailed picture of the participant's beliefs and perspectives on, as well as accounts relevant to the research topic (see Annexure 2). The interviews were tape recorded with the permission of the participant and field notes were taken during and after the interviews to give account of the things the researcher heard, saw, experienced and thought (Greeff, 2011:359). The qualitative data was analysed by the researcher herself and categorized into themes.

The main advantage of the semi-structured interview is its flexibility. The researcher compiled a predetermined set of questions as a guide, but the interview was not dictated by it. The semi-structured interview allowed the researcher to explore interesting avenues that emerged during the interviews. The participants were treated as the experts and allowed the maximum opportunity to tell their stories

(Greeff, 2011:352).

#### **4.2.4 Research Procedures**

- Written permission was obtained from the South African Police Service to conduct this study (see Annexure 1). The researcher contacted the social worker at Cape Mental Health telephonically and via e-mail to obtain the particulars of parents of the abused, mentally disabled children and an interview was also arranged with the social worker.
- The unit commanders of the FCS units were contacted telephonically and via e-mail to inform them about the interviews with the forensic social workers.
- Once the list of names and addresses had been received, the parents or guardians were contacted telephonically to arrange possible dates, times and venues for their interviews.
- Participants who had since moved from their original addresses were traced to their new addresses.
- Each participant was interviewed on the date set for the interview.

#### **4.2.5 Ethical Aspects**

According to Strydom (2005b:57), ethics *“is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavior expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students”*. May (1997:54) defines ethics as follows: *“The word ‘ethics’ often suggests a set of standards by which a particular group or community decides to regulate its behaviour – to distinguish what is legitimate or acceptable in pursuit of their aims from what is not”*.

- **Informed consent**

According to Monette *et al.* (2005:53), informed consent *“refers to telling potential research participants about all aspects of the research that might reasonably*

*influence the decision to participate*". Participants were informed in advance (in understandable terms) of any potential risks, inconvenience or obligations concerned with the research. Whether they were literate or not, verbal consent was obtained from participants before written permission was acquired. Participants' permission was later requested in writing: they signed a consent form confirming their agreement with the terms and conditions (see Annexure 4). Participants were informed that their participation in the study was voluntary, and that they would be able to withdraw from the research at any time without any consequences (Butz, 2008:249-250).

- **Confidentiality**

The researcher preserved the confidentiality of the participant's identity and the data. When revealing information during the research process the participants remained anonymous. The researcher used numbers on the schedules and not the names of the participants. The respondents were informed about the recording of the interviews and gave their permission.

- **Protection from harm**

The researcher made every effort to minimize the risks of any harm coming to the participants. The participants were given the relevant contact information in the event of any problems arising.

- **Debriefing of participants**

The participants were given the opportunity to work through their frustration and trauma. The researcher clarified possible misunderstandings of the information received from participants. The participants who needed further assistance were referred to organizations for services.

Written permission **NWU-0027-09-51** was obtained from the Ethics Committee of the Potchefstroom Campus of North-West University.

#### **4.2.6 Data Analysis**

The researcher analyzed the data according to Tesch's approach (Poggenpoel, 1998:343-344). The following steps were followed:

- Transcribe all data
- Organize all the data
- Allocate codes to the first set of field notes drawn from observations, interviews or document reviews
- Note personal reflections or other comments in the margin
- Sort and sift through the materials to identify similar phrases, relationships between variables, patterns, themes, distinct differences between subgroups, and common sequences
- Identify these patterns and processes, commonalities and differences and take them out to the field in the next wave of data
- Begin elaborating a small set of generalizations that cover the consistencies discerned in the database
- Examine those generalizations in light of a formalized body of knowledge in the form of constructs or theories.
- The qualitative data were transformed into themes.

### **5. LIMITATIONS OF THE STUDY**

- The participants identified by Cape Mental Health had no telephone numbers or the telephone numbers did not work and some had moved from their original address.
- The researcher had to drive vast distances to search for participants, make the appointments, and do the interviews on the same day. The researcher was assisted by the social worker who knew the area.
- Some of the participants were very reluctant to speak out about the services of the South African Police Service although they were assured of the confidentiality of the research.
- The literacy level of the participants influenced the participants'

communication and understanding of the questions. This resulted in participants not answering some of the questions, or the researcher having to repeat questions in different ways for the respondents to understand.

## **6. TERMINOLOGY**

### **6.1 Evaluation**

According to Zastrow (2001:532) “*evaluation is designed to assess whether services provided were effective and efficient*”. Evaluation is a process whereby the social worker appraises the efficiency and effectiveness of social work assistance in accordance with specific criteria (New Dictionary of Social Work, 1995:22-23).

### **6.2 Child**

The Children’s Act (Act 38 of 2005) (SA, 2005) describes a child as a person under the age of 18 years. Although the researcher is of the opinion that age is chronologically determined, the question remains why intellectually disabled adults with the mental age of a child could not also be seen as a child? According to Davies and Faller (2007:152) a mentally disabled person’s brain stops developing at the chronological age of 22 years. Despite this, they can still acquire life skills to cope with daily challenges.

### **6.3 Mental disability**

Dare and O’Donovan (2002:10) describe disability as a physical or mental impairment which has a substantial and long-term adverse effect on a person’s ability to carry out normal daily activities. According to these two authors, the most common disabilities and causes of mental disabilities are:

*Physical impairment* refers to conditions that weaken or adversely change part of the body due to an illness or an accident such as cerebral palsy, *spina bifida*, muscular dystrophy.

*Mental impairment* includes recognized mental illnesses and learning difficulties,

such as Down's syndrome, fragile X- syndrome and autism.

*Speech, language and sensory impairment* will vary according to the level of impairment. Examples of these disabilities include vision (blindness), hearing (deafness) and speech and language (stammering, poor pronunciation, and poor understanding of the meaning or structure of language).

Common causes of mental disabilities are the following:

- Brain injury or infection before, during or after birth.
- Growth or nutrition problems.
- Abnormalities of chromosomes and genes.
- Extreme prematurity.
- Drug misuse during pregnancy such as alcohol and smoking.
- Child abuse, which severely affects the socio-emotional development of the child.
- An autism spectrum disorder.

The Criminal Law Amendment Act, 2007 (SA, 2007) defines mental disability as follows: *“person who is mentally disabled means a person affected by any mental disability, including any disorder or disability of the mind, to the extent that he or she, at the time of the alleged commission of the offence in question, was:*

- (a) *unable to appreciate the nature and reasonably foreseeable consequences of a sexual act;*
- (b) *able to appreciate the nature and reasonably foreseeable consequences of such an act, but unable to act in accordance of that appreciation;*
- (c) *unable to resist the commission of such an act; or*
- (d) *unable to communicate his or her unwillingness to participate in any such act”.*

The mentally disabled person's levels of cognitive functioning can be mild, moderate, severe or profound (Louw & Louw, 2007:231). The cognitive functioning of the sexually abused mentally disabled children in this research was moderate (IQ=35-51) (Louw & Louw, 2007:231), and the mental age were between 3 years and 6

years.

An abused, mentally disabled child with a mild and moderate cognitive functioning is less dependent on their caregivers, is able to communicate the abuse and still need supervision. Children with a severe and profound cognitive functioning are unable to communicate and are dependent on their caregivers.

## **6.4 Sexual abuse**

The Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007 (SA, 2007) defines child sexual abuse as:

- Sexual abuse or assault of a child or allowing a child to be sexually abused or assaulted
- Encouraging, inducing or forcing a child to be used for sexual gratification of another person
- Procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child
- Using a child in or deliberately exposing a child to sexual activities or pornography

Van Nijnatten and Heestermans (2010:391) state that sexual abuse is a brutal violation of someone's physical identity that causes psychological trauma and behavioural problems. The risks of being abused are bigger to children with disabilities. Sexual abuse manifests in many ways and is seen as an adult's control over a child's body. Faller (2003:20-21) distinguishes between the following types of sexual abuse:

## TYPES OF SEXUAL ABUSE

**Table 1: Types of sexual abuse**

CONTACT ABUSE	NON-CONTACT ABUSE
<p><b>Fondling:</b></p> <ul style="list-style-type: none"> <li>• Touching the child’s private parts.</li> <li>• Inducing the child to touch the suspect’s private parts.</li> <li>• Fondling on top or beneath the clothes.</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual comments to a child.</li> <li>• Exposure of the private parts e.g. breasts, genitals and anus (flashing).</li> <li>• Voyeurism (peeping or watching).</li> <li>• Fetishism e.g. having sexual fixation on clothing or body parts.</li> <li>• Obscene phone calls.</li> </ul>
<p><b>Digital or object penetration:</b></p> <ul style="list-style-type: none"> <li>• Finger in the vagina or anus.</li> <li>• Inducing the child to put finger in suspect’s vagina or anus.</li> <li>• Placing of an object in the vagina or anus.</li> </ul>	
<p><b>Oral sex:</b></p> <ul style="list-style-type: none"> <li>• Tongue kissing.</li> <li>• Breast sucking, licking, kissing or biting.</li> <li>• Kissing, licking or biting of other body parts.</li> <li>• Licking, kissing, biting or sucking of the vagina or placement of tongue in vaginal opening (Cunnilingus).</li> <li>• Licking, kissing, sucking or biting the penis (Fellatio).</li> <li>• Licking the anal or opening (Analingus).</li> <li>• The suspect can force the victim to do all the above acts on him/her.</li> </ul>	
<p><b>Penile penetration:</b></p> <ul style="list-style-type: none"> <li>• Vaginal sex (penis into vagina).</li> <li>• Anal sex (penis into anus).</li> </ul>	

(Faller, 2003:20-21).

### 6.5 South African Police Service

It is a law enforcement body or agency of the South African Government establish in terms of section 1 of the South African Police Service Act, 1995 (Act 68 of 1995)

(SA, 1995). The South African Police Service's mission is to uphold public order and protect the citizens of the communities they serve.

## **6.6 FCS Unit**

The Family Violence, Child Protection and Sexual Offences Unit is a specialized unit in the South African Police Service that works with victims (adults and children) of domestic violence and sexual abuse crimes. This unit operates according to a structured protocol called the South African Police Service National Instruction (SA, 2008) when dealing with victims.

## **6.7 Service delivery**

Service delivery refers to the assistance and support (physically and emotionally) given to a person and/or persons to solve their problems or better their living conditions. The service can be free of charge or rendered at a fee. Pipe *et al.* (2007:221) states that services to children require the balancing and prioritizing of forensic and clinical goals which coordinate with social services and legal and health systems to form an integrated service delivery approach. This system provides a solid foundation for organizations and departments in their efforts to design and deliver high quality services.

# **7. DISCUSSION OF THE RESULTS**

Empirical data was analyzed and organized in accordance with themes and are subsequently discussed.

## **7.1 Family composition of the sexually abused, mentally disabled child**

Child sexual abuse occurs amongst all races, gender, age groups and cultures, and also affects children with disabilities. In an interview the parents/guardians of the sexually abused, mentally disabled child were questioned about the caregivers and living conditions of the child. This provided background information on the circumstances of the child.

### 7.1.1 Gender

Six (100%) of the sexually abused, mentally disabled children in the study were females, but the sexual abuse of boys cannot be excluded. This confirms other researcher's opinions that most child victims of sexual offences are girls because of their vulnerability and accessibility (Watt & Zimmerman, 2002:1232). The researcher is of the opinion that the number of boy victims are on the increase and that they can no longer be excluded as easy targets for perpetrators. *"Both boys and girls can be victims, but girls are at higher risk of being sexually abused"* (UNICEF, 2010:9). Oosterhoorn and Kendrick (2001:243) echo the researcher's opinion that all children, boys and girls, are at equal risk of becoming victims of sexual abuse. However, disabled children seem to be easier targets. The mental age of the children in this study was between 3 years and 6 years.

### 7.1.2 Caregivers

The following answers were received in response to the question, "Who was the caregiver of the sexually abused, mentally disabled child?":

**Table 2: Caregivers of the sexually abused, mentally disabled child**

Caregiver	f	%
Biological parent	1	16,67
Foster parent	5	83,33
<b>N</b>	<b>6</b>	<b>100</b>

According to table 2 (see above), 5 (83,33%) of the respondents are foster parents while 1 (16,67%) of the participants is the biological parent of the mentally disabled, sexually abused child. The biological parents of the foster children are deceased. The research revealed that, at the time of the sexual offence, only 1 (16,67%) of the caregivers was at work while the other was at home. This immediately highlights the lack of care and insufficient monitoring suffered by the child. Two (33,33%) of the caregivers are immobile: one is in a wheelchair while the other is bedridden. The only employed caregiver works on a farm away from home. The bedridden

participant lives alone and the disabled child is left as acting head of the household. The study also revealed that this specific victim had been raped three times and all three incidences were reported to the police. Levine and Kline (2007:25) state that every child has the need for a healthy boundary that signifies his parent as the provider and guardian. The same author adds that “parentification” of a child can occur within dysfunctional family situations.

### 7.1.3 Living conditions

Participants were asked to give a brief description of the child’s living conditions. The following answers were given:

**Table 3: Living conditions**

Living conditions	f	%
Farm	1	16,67
Informal settlement	1	16,67
Government housing scheme	4	66,66
<b>N</b>	<b>6</b>	<b>100</b>

Two (33,37%) of the sexually abused, mentally disabled children were growing up in very poor living conditions. The research revealed that these children are exposed to social problems such as alcohol and drug abuse, child abuse, neglect, domestic violence and gangsterism in their communities. The researcher is of the opinion that these living conditions contributed to what was happening to these children (Higson-Smith & Richter, 2007:145).

## 7.2 Causes of the child's mental disability

Parents and guardians were asked about the cause of each child’s mental disability, and the following answers were received:

**Table 4: Cause of the child's mental disability**

<b>Cause of mental disability</b>	<b>f</b>	<b>%</b>
Birth	5	83,33
Car accident	1	16,67
<b>N</b>	<b>6</b>	<b>100</b>

According to the data in Table 4, 5 (83,33%) of the mentally disabled children were born with a mental disability. One of the children had been in an accident which left her brain damaged. Four (66,67%) of the children had mothers who abused alcohol while pregnant and one had become mentally disabled due to a car accident. Three (50%) of the sexually abused, mentally disabled children had been evaluated by a psychologist after the abuse to determine their level of functioning. Olivier and Hesselink-Louw (2001:15) define mental disability as follows:

- Mental retardation, hearing loss, deafness, speech impairment, loss of vision, blindness, serious emotional disturbance, deaf-blind, learning disabilities or multiple disabilities
- Children with the abovementioned impairments have limited functioning in one or more life activities in terms of mobility, self-care, receptive and expressive language, learning, self care, independency and self-efficiency

According to Louw and Louw (2007:231) there are four categories of disability which define the degree by which the individual is cognitively handicapped. The sexually abused, mentally disabled children in this study fell in the moderate category, which meant that they were relatively independent but needed some supervision.

### **7.3 Communication skills of the sexually abused, mentally disabled child**

In order for the sexually abused, mentally disabled child to communicate effectively and be able to give a free narrative account of the sexual abuse, the child's vocabulary, articulation and receptive and expressive speech must be regular stimulated. A child with a mental impairment prior to the age of 22 years may have a

cognitive developmental disability in two areas such as social or communication skills (Davies & Faller 2007:152). This means that the brain of the sexually abused, mentally disabled child is still developing.

On the question of whether the child attends school, the parents and guardians gave the following answers:

**Table 5: School attendance of the child**

School attended	f	%
Special school	3	50, 00
Normal school	1	16, 67
None	2	33, 33
<b>TOTAL</b>	<b>6</b>	<b>100</b>

The data in Table 5 (above) reveals that 3 (50%) of the children in the study were attending a special school. Two (33,33%) of the children were not attending any school. One (16,67%) was attending a normal school in a children’s home. This child was removed from her foster parent after the rape was reported. This particular child had originally been placed in foster care by social workers. In her research, Mary (2007:6) reveals that social workers often lack training in working with disabled people, and thus fail to identify a child’s disability at an early stage. This particular child is only attending a regular school while awaiting placement in a special school.

Two (33,33%) of the mentally disabled, sexually abused children attend a school that is approximately 30 km from their home. These children live in a hostel. They visit their families once a month and during holidays. One of the parents mentioned that the school prohibits frequent visits from parents, which makes it very hard for the parents to effectively communicate with their mentally disabled child.

According to Greenspan and Greenspan (2003:24) and Kuehnle and Connell (2009:193-194) different factors such as isolation to a child’s learning development, contribute to behavioural and social development. The support of the parents as

well as professionals is of utmost importance to enhance the child's communication skills. According to the parents and guardians four (66,66%) of the sexually abused, mentally disabled children who attended school could give a statement of the sexual abuse.

According to the participants, five of the sexually abused children disclosed the sexual abuse to themselves and the investigating officer. One of the children was too traumatized to give a free narrative account of the sexual abuse. Faller (2007:156) states that most sexually abused, mentally disabled children have a language barrier and that the practical demonstration skills exceed their expressive language skills. Mentally disabled children who are also victims of abuse may forget information they had previously testified to. This lapse in memory should be attributed to their communicative incapacity; not inconsistency.

#### **7.4 Disclosure by the sexually abused, mentally disabled child**

Five (83,33%) of the sexually abused, mentally disabled children disclosed that they had been raped while 1 (16,67%) could not disclose the sexual abuse, although the medical report confirmed the fact. There are different reasons why children fail to report the abuse: trauma, threats by the perpetrator, age of the child, protection of the family and an unsupportive parent or guardian are all possibilities. Faller (2007:187-189) argues that four strategies can be used to motivate the child to disclose the abuse, such as reasoning, normalization, pre-interview strategies, and decreasing the stress related to the abuse.

Sexually abused, mentally disabled children can have a lack of sexual knowledge and the identification of sexual victimization, however this lack in social judgments can be link to developmental disabilities. According to Calitz (2011:68) it is important to assess the sexually abused, mentally disabled child's level of functioning in order to determine the child's decision-making abilities, as this competence pertains to consent to sexual intercourse, and the ability to testify and cooperate with court proceedings.

## 7.5 Role of the investigating officer during the investigation process

In this research only one investigating officer was a woman. The others were all men.

### 7.5.1 Criminal investigation process

Participants were asked to explain the process that was followed during service delivery by the investigating officer. The criminal investigation process is not a set structural programme, but contains all the key performance activities to combat crime successfully. The participants gave the following information on services rendered during the criminal investigation process:

**Table 6: Criminal investigation process**

Activity	f	N	%
Taking of the child's statement	4	6	66,66
Arrest of the suspect	6	6	100
Medical examination of the child	6	6	100
Psychological evaluation of the child	3	6	50
Assessment of the child by forensic social work services	1	6	16,67
Counselling and support services to the child	3	6	50
Bail application of the suspect	0	6	0
Pre-trial consultation with the prosecutor	2	6	33,33
Court preparation of the child	1	6	16,67
Ongoing information on the status and result of the case	2	6	33,33

Four (66,66%) of the sexually abused, mentally disabled children had their statements taken by the investigating officer. Two (33,33%) of the victims refused to talk to the investigating officer because they were too traumatized. Wickham and West (2002:119-121) indicate that this behaviour is indicative of post-traumatic

stress disorder; the abused child becomes mute and withdraws. The researcher is also of the opinion that factors like poor interviewing skills on the part of the investigating officer could fail to yield detailed responses from the child. This compromises the victim's credibility, which lowers the chance of a conviction. The research revealed that, out of the group of participants, only one case was still pending in court. According to the participants, the investigating officers did not try to communicate with the child and was very impatient with the child. This could be due to the language barrier because they couldn't understand each other properly, the child felt too intimidated to speak and the officer became frustrated (Faller, 2007:155-156).

The police were excellent to counter a 100% arrest rate according to the research study, but the criminal investigation was done poorly. Most of the suspects are known to the sexually abused, mentally disabled children and their family. It can be assumed that the sexually abused, mentally disabled child had a trust relationship with the alleged perpetrator.

The research revealed that all (100%) of the sexually abused, mentally disabled children were taken for a medical examination as part of the evidence collection. According to Gräbe (2000:17) and Du Plessis (2000:34) the medical examination forms only a part of the evidence of possible abuse and does not determine sexual abuse without a proper statement of the sexual abuse.

The research study indicated that the investigating officers of the rural Boland FCS units did not make proper use of the services offered by the psychologist, which is to evaluate the sexually abused, mentally disabled child. Only 3 (50%) of the children in the study had been referred to Cape Mental Health for psychological evaluation. The rural Boland FCS units, who rendered services to the family and the victim, had been equipped with one or more forensic social workers since 2007. The investigating officers referred only one (16,67%) sexually abused, mentally disabled child to the forensic social worker for assessment. The researcher is of the opinion that the investigating officers were not well informed about the value the forensic social worker could add in assisting with the statement and compilation of a comprehensive report. Kvam (2000:1081) indicates that people find it difficult to

communicate with mentally disabled people. This is where the help of qualified and trained professionals or a multidisciplinary team is needed for assistance.

Three (50%) of the children had been referred to other organizations for additional services such as counselling or statutory intervention. One (16,67%) sexually abused, mentally disabled child was removed to a place of safety and 2 (33,33%) were seen by social workers who placed them in foster care. The other 3 (50%) were not referred for any support services. The children and their families were not given counselling to work through the traumatic events. Kreidler (2005:176) indicates that therapy can have an impact on the sexual abuse victim's emotional and physical health.

The families were not consulted about possible bail for the alleged suspect. The safety of the child and his/her family were not taken into consideration. According to one participant the suspect is still threatening the sexually abused, mentally disabled child. This specific child had been raped twice after the first incident. Pillay and Sargent (2000:9) found that the abovementioned situation contributes to the increased vulnerability of sexually abused mentally disabled children.

A pre-trial consultation with the prosecutor is very important to prepare the sexually abused, mentally disabled child for the trial. The prosecutor arranges with the investigating officer for consultation with the child and the parent. It is the responsibility of the investigating officer to transport the sexually abused, mentally disabled child and the parent to court due to long distances to court. Only 2 (33,33%) of the children had consultations with the prosecutor, although they were very confused during the trial. Roos and Vorster (2003:20-21) emphasize the importance of the pre-trial consultation as a tool for establishing the strength, validity and reliability of the evidence provided by the sexually abused, mentally disabled child.

The research reveals that 1 (16,67%) of the sexually abused, mentally disabled children was prepared for the court proceedings. The researcher is of the opinion that not enough emphasis is placed on preparing the child for the trial. Four (66,66%) of the criminal cases were dropped and never made it onto the court roll.

Calitz (2011:70) states the importance of the prosecutor to familiarize the sexually abused, mentally disabled child with the court settings and procedures.

Two (33,33%) of the parents or guardians were regularly informed about the progress of the criminal case and the results. This means that 4 (66,66%) of the participants were uninformed of the outcome of the criminal case. One of the criminal cases are still pending and another is withdrawn because the child refuses to talk.

### **7.5.2 Parent responses to service delivery by the investigating officer**

The research indicated that 3 (50%) of the parents and guardians received a quick response from the investigating officer when the case was reported. Unfortunately, the other 3 (50%) were not satisfied with the police response when the sexual offence was reported. The reasons given were:

- The waiting period for police response at home as too long.
- Waiting too long, after reporting the crime, for the investigating officer at the police station.

It must be mentioned that the parents and guardians who were not satisfied with the police's response live far from the police station; the other participants live within walking distance. According to the participants, the investigating officer could have visited the child at home rather than asking them to wait at the police station.

Only 2 (33,33%) parents and guardians could produce a name of the investigating officer. None of the parents and guardians received a telephone number or a CAS number for the case. The parents or guardians could not distinguish between the general police officers and the detectives of the FCS units. The investigating officer did not explain what unit he/she represented and what process would be followed.

The research also revealed that 3 (50%) of the participants were not contacted and informed by the police about the sexual abuse. In these cases, the sexually abused, mentally disabled child disclosed to a family member or a community member who accompanied the child to the police station. The parents and guardians did not even

go to court with the child, although they were the guardians of the child. The parents/guardians were not satisfied with how the police had handled the sexual abuse case. The sexually abused, disabled child was not comfortable with strangers and refused to talk. Heitritter and Vought (2006:32) emphasize the importance of family support to the children by someone known to ensure stability and security.

According to 5 (83,33%) of the participants the privacy of the children was well protected by the investigating officers, because the children and the person who accompanied them were interviewed in a trauma room. The investigating officers struggled to interview 4 (66,66%) of the children, but managed to obtain a statement from the child with the help of the guardian. According to the participants, the investigating officer was very impatient with the sexually abused, mentally disabled child.

Five (83,67%) of the participants had never heard of forensic social workers who could assist with the investigation. The investigating officer referred only 1 (16,67%) of the children to the forensic social worker. None of the victims were referred for counselling services, although 5 (83,67%) of the children are foster children at a non-governmental organization. According to the participants, all of the children displayed signs of trauma such as aggression, withdrawal, nightmares, bed wetting, hyperactivity, inappropriate sexual behaviour, guilt, and self-destructive behaviour. Spies (2006:53-58) describes these traumatic experiences as an internal map, based on internal experiences which influence the behaviour of the sexually abused, mentally disabled child.

### **7.5.3 Recommendations by parents about service delivery of the investigating officers**

- The parents and guardians felt that there was a need for resources such as a crèche, holiday programmes, and skills development centres for mentally disabled children as well as those older than 18 years.
- The sexually abused, mentally disabled children in this study went to a special school at the age of seven years. Prior to that, they had received no stimulation at a crèche like a normal child. This highlights the need for crèche

facilities to stimulate the mentally disabled child.

- There are no skills development centres in these rural areas and two of the children in the study were raped while being at home. Research done by Egemo-Helm *et al.* (2007:109) shows that people with mild to moderate mental disabilities can be taught skills to apply in their daily functioning.
- Parents and guardians felt that the investigating officer should do more for the sexually abused, mentally disabled child; they should be willing to walk the extra mile with the child and family.
- The investigating officers did not introduce themselves to the parents and guardians, or the victim. Participants felt that they should have been provided with business cards displaying the officer's particulars.
- Poor communication with the parents and the guardians left them in the dark on the progress and results of the criminal case.
- The participants felt that, although the child had been too traumatized to provide information, they should have been referred to other professionals or organizations that could assist them.
- The investigating officer should be more patient and without prejudice in their approach to the sexually abused, mentally disabled child.
- The parents and guardians stressed their dissatisfaction with the lack of services available to the sexually abused, mentally disabled child. They would prefer a multi-purpose centre with all the services under one roof and easily accessible. This would reduce lengthy waits and fast-track service delivery.

## **7.6 Services rendered by social workers to sexually abused, mentally disabled children**

The researcher interviewed one social worker from Cape Mental Health and five forensic social workers in the Boland area, to evaluate the services rendered to the sexually abused, mentally disabled child.

### 7.6.1 Results of evaluation by social workers

**Table 7: General experience of social workers**

<b>FCS unit/organization</b>	<b>Social work experience</b>
Cape Mental Health (1)	16 years
Paarl (1)	14 years
Caledon (1)	20 years
Caledon (2)	10 years
Worcester (1)	14 years
Worcester (2)	14 years

The social worker from Cape Mental Health had 16 years of experience in working with abused, mentally disabled children. This social worker received regular training to supplement her skills in working with these children.

The five forensic social workers from the rural Boland area each had more than 10 years experience in social work services. All these social workers had been trained in basic interviewing and communication skills. All the social workers had previously worked at non-governmental organizations where they had gained valuable knowledge and experience.

### 7.6.2 Understanding services to sexually abused, mentally disabled children

The Cape Mental Health social worker had advanced knowledge and experience of different mental disabilities and the different categories of mental disability. This social worker stressed the importance of a working partnership with a psychologist who will evaluate the child's level of cognitive functioning.

Four (80%) of the five forensic social workers had basic knowledge of the types and categories of mental disabilities. The forensic social workers had little or no contact with their counterparts at Cape Mental Health or other organizations in their communities also working with mentally disabled children. Three (60%) of the forensic social workers also saw children who had become disabled due to suffering

from foetal alcohol syndrome (FAS), while 2 (40%) of the forensic social workers had no knowledge of FAS.

### **7.6.3 Experience in working with sexually abused, mentally disabled children**

The 4 (80%) Afrikaans-speaking forensic social workers at the rural Boland FCS units had prior experience in working with sexually abused, mentally disabled children in terms of statutory interventions and therapeutic services. The 1 (20%) Xhosa-speaking forensic social worker rendered services to all three rural Boland FCS units, but had never worked with sexually abused, mentally disabled children. These forensic social workers were appointed in 2007 and the table below shows the amount of sexually abused, disabled children referred to them to date.

**Table 8: Referrals to the forensic social worker by each FCS unit**

<b>FCS units</b>	<b>Afrikaans</b>	<b>Xhosa</b>
Paarl	3	None
Worcester	10	None
Caledon	8	None

It is evident from the information in Table 8 that the Afrikaans-speaking forensic social workers have experience in assessing sexually abused, mentally disabled children. The Xhosa-speaking forensic social worker who works at all three FCS units received no referrals from the respective units. This forensic social worker alleged that she had never worked with sexually abused, mentally disabled children and would only do the assessments after more training. Three (60%) of the forensic social workers expressed their concern about the general lack of referrals from investigating officers and the court. The other 2 (40%) preferred not to assess these children, although they were of the opinion that forensic social workers could assess sexually abused, mentally disabled children. Davies and Faller (2007:155) refer to the inequity in handling of cases as professional barriers that deprive the sexually abused, mentally disabled child of essential services and justice.

All the social workers preferred that the sexually abused, mentally disabled child's mental age be determined by a psychologist before referral to the forensic social worker. Faller (2007:4-6) and Pipe *et al.* (2007:221-224) highlight the importance of a forensic social worker who can assist the investigating officer in gathering the facts from the child. The mental age will determine the child's cognitive level of functioning to guide the forensic social workers in their approach to the child.

The study also revealed that, due to a general lack of knowledge about forensic social work, none of the prosecutors referred a sexually abused, mentally disabled child for a comprehensive forensic assessment. Reluctance to utilize experts in such cases often leads to cases being withdrawn. Pillay and Sargent (2000:11) agree that the judiciary, social workers and investigating officers need to be aware of the cognitive limitations of the sexually abused, mentally disabled victim. Proper training of these professionals should result in improved service delivery.

#### **7.6.4 Model and steps utilized during the assessments of the sexually abused, mentally disabled child**

According to the Cape Mental Health social worker, the sexually abused, mentally disabled child is subjected to a pre-psychological screening. This process includes competency assessment, family background information and communication skills evaluation, counselling services and court preparation. According to the social worker they do not work according to a specific model or guidelines. The pre-screening of the sexually abused, disabled child is done to assist the psychologist before the psychological evaluation of the child. The social workers at Cape Mental Health do not focus on the forensic assessment of the sexual abuse allegation and do not prepare court reports or testify in court. According to Saywitz *et al.* (2007:223) the clinical social worker focuses on diagnosis, treatment planning, and symptoms reduction to bring cognitive, behavioural and emotional change to the child. Clark (2009:73) adds that professionals are often drawn into conflicting roles (therapeutic and forensic) that could jeopardize the neutrality and objectivity of the social worker.

Two (40%) of the forensic social workers could explain their work according to a

comprehensive model; 2 (40%) mentioned the APSAC guidelines as a model, and 1 (20%) did not know anything about a service delivery model. All the forensic social workers mentioned that they do forensic assessments, gather collateral information, compile a scientifically based report, and act as expert witnesses in court. Faller (2003:144-145) refers to this as the multi-model, designed to elicit abuse-specific information, gather collateral information from friends, family or other professionals, and provide a detailed history of the family functioning. This model can also be used to determine whether the sexual offence occurred.

All the forensic social workers follow certain steps when conducting the forensic assessment. The steps include (1) rapport building → (2) setting ground rules → (3) competency assessment → (4) cognitive assessment → (5) abuse-specific interview → (6) gathering collateral information → (7) research → (8) scientifically-based report (Kaliski, 2006:371). All the forensic social workers do blind assessments and have no prior information on the sexual abuse of the sexually abused, mentally disabled child. Cronch *et al.* (2005:198) states that blind assessments will increase attentiveness and patience from the forensic interviewer in order to elicit the information from the sexually abused, mentally disabled child. This gives the forensic social worker more credibility and increase objectivity in the courts.

The same models and steps are utilized by all the forensic social workers for normal and mentally disabled children. There are no specific guidelines for the assessment of sexually abused, mentally disabled children. Lamb *et al.* (2008:252-253) suggest an interview protocol for sexually abused, mentally disabled children that includes the following: an extended rapport building phase; interviewing witnesses prior to the assessment for information on the sexually abused, mentally disabled child; asking short, option-posing questions instead of open-ended and direct questions; and the option of more sessions if the allegations of sexual abuse require further exploration. Perona *et al.* (2006:111) states that prior information about the victim's disability (mental age) is required before a forensic assessment of the sexually abused, mentally disabled child can be conducted. The social worker at Cape Mental Health and the forensic social workers had the same opinion which further supported this claim.

The forensic social worker delivers scientific court reports based on facts about the child's disclosure, competency assessment, developmental assessment, social and behavioural assessment. According to the social worker of Cape Mental Health their clinical social workers do not compile court reports or testify in court. The scientific report forms a guideline for the prosecutor, outlining the circumstances surrounding the alleged incident, the child's ability to talk about the incident, research and collateral that corroborates the child's disclosure. The report also gives a clear indication of whether the victim is competent to make a clear decision about giving consent to sexual intercourse, especially in cases involving mentally disabled teenagers and adults. Section 10 and 11 of the Children's Act 38 of 2005 (SA: 2005) stressed that every child are entitled to the necessary support services to enforce their rights of expressing their views and to have access to courts.

Two (40%) of the forensic social workers indicated that they have testified as expert witnesses in court and 3 (60%) had not yet been called as expert witnesses. The forensic social worker's function is to act as an expert for the court. Roos and Vorster (2003:20-25) see an expert as an extension of the court in forming an opinion and drawing a valid conclusion in the case at hand. The psychologist can also testify as expert, having evaluated the cognitive age of the sexually abused, mentally disabled child. According to Müller (2003:5) it is important that the court understands the cognitive and language development of the child, especially in the case of mentally disabled children. This is particularly important as the language of these children might have been affected by the damage to their brains. The forensic social worker's expert opinion about the information supplied by the sexually abused, mentally disabled child could be of paramount importance to the court. This will help the court to understand the mentally disabled child and their world.

#### **7.6.5 Skills of the forensic social worker**

According to the forensic social workers who were interviewed, they are trained by the South African Police Service to work with sexually abused, mentally disabled children. Three (60%) of the forensic social workers felt uncomfortable working with mentally disabled children and felt that they needed more advanced training. The social worker from Cape Mental Health was equipped and had been trained to work

with mentally disabled children, but did not focus on forensic interviewing of the child. The suggestion was that child abuse interviewers should have several years of experience in child protection, mental health, and law enforcement. According to Cooke and Standen (2002:9) a lack of sufficient training raises stress and anxiety levels. The same author suggests that the acquisition of additional skills should be encouraged in experts, so they can help sexually abused, mentally disabled children.

### **7.6.6 Additional services to a sexually abused, mentally disabled child**

Respondents were asked about the additional services rendered to the sexually abused, mentally disabled child and it was obvious that not much had been done.

#### **7.6.6.1 Counselling services to sexually abused, mentally disabled children and their families**

The social worker at Cape Mental Health was trained and equipped to do counselling with mentally disabled people. This organization is restricted by regional boundaries that exclude the rural areas, and therefore depend heavily on social workers from other non-governmental organizations who are trained in rendering services to mentally disabled victims of abuse. At the time of the study, Cape Mental Health was also experiencing a staff shortage (in terms of Xhosa-speaking social workers) and financial problems that prevented them from expanding their services to the rural areas. The organization has a long waiting list and service delivery is slow and ineffective. Wickham and West (2002:116) stress that sexually abused children experience chronic stress, anxiety and fear that their families are helpless to deal with it in the absence of counselling. Certain myths and stereotypes would have it that children with disabilities are incapable of understanding what is happening to them, and thus feel no emotional pain when they are sexually abused. The child *“with disabilities may not have the same words to describe their emotional pain, but their emotional anguish is very real”* (Anon, 2011:2). For this reason it is important that these children are referred to organizations for counselling services.

The forensic social workers in the study do not engage in therapeutic services to sexually abused, mentally disabled children. According to the respondents, sexually abused, mentally disabled children who are severely traumatized are referred to non-

governmental organizations for counselling services. According to Levine and Kline (2007:73-74) the brain of the sexually abused child functions differently when the child suffers trauma, and registers any approach as threatening.

#### **7.6.6.2 Court preparation of the sexually abused, mentally disabled child**

The study revealed that the social worker at Cape Mental Health is only responsible for preparing children from the urban area for court. Rapcan renders the services at Paarl regional court, the Thuthuzela Centre does court preparation in Worcester, and in Somerset-West (Caledon), Patch takes responsibility for this service. Referrals to the social worker are made by the prosecutor. The forensic social worker does not engage in court preparation services to sexually abused, mentally disabled children.

#### **7.6.6.3 Statutory intervention**

Statutory intervention is done by clinical social workers and not the forensic social worker. The SAPS refers abused children at risk to external social workers in the area for statutory intervention. One child was seen by the social worker but nothing was done to ensure the child's safety. Potgieter (2001:38) states that social workers often put children back into the care of the families where they had been traumatized. This action by the social worker effectively sends the mentally disabled child back into the hands of the abuser.

## **8. EVALUATION**

- The most significant findings of the study were that the services rendered by the various FCS units to sexually abused, mentally disabled children are insufficient. This is because of lack of knowledge, non-compliance with the service delivery protocol, and insufficient use of existing resources at their disposal.
- The study seemed to indicate that most of the sexually abused, mentally disabled children were placed into alternative care by social workers.
- The research also revealed that only one parent or guardian was working at the time of the child's sexual abuse. The sexual abuse occurred while the

sexually abused, mentally disabled child was left to wander around alone at all times of the night and day. The capability of these caregivers care for these children was seriously questioned. Faller (2003:191) maintains that a foster placement can be less stable because of risks factors like maltreatment, sexual abuse and financial security. Only one victim was moved to a place of safety by the supervising social worker. Two of the sexually abused, disabled children (1 foster and 1 biological) were exposed to repeat abuse and nothing was done to safeguard these children. According to Section 152 of the Children's Act 38/2005 (SA, 2005), a police officer or social worker can remove a child whose safety is at risk. This also highlights the need for screening potential foster parents as well as the need for these parents to be properly trained in caring for children with special needs.

- An organization such as Cape Mental Health can play an important role in training social workers and the caregivers of sexually abused, mentally disabled children. Lin *et al.* (2009:970) argue that people with mental disabilities are more vulnerable to sexual abuse because of their dependency on caregivers, emotional and social insecurities, and lack of education.
- The research highlighted the fact that sexually abused, mentally disabled children living in poor circumstances are at an increased risk of becoming victims of abuse. Although children living in good circumstances can also become abuse victims, children in poor areas are more exposed. Because of the child's disability, people in the community tend to stereotype in the following ways (Hesselink-Louw *et al.*, 2003:168):
  - ❖ A disabled person has no dignity, dreams, pride or abilities.
  - ❖ People with disabilities are over-sexualized and unable to control their sexual impulses.
  - ❖ They are incapable of self-sufficiency.
  - ❖ There is no need to involve disabled people in decision-making about their own lives.
  - ❖ Normal people know what is best for the disabled person.
  - ❖ Disabled people are "mad" and insane.
  - ❖ Disable people are not trustworthy because they do not know what

they are saying.

- The poor quality of the service delivery to sexually abused, mentally disabled children could also be linked to the attitude of the investigating officer towards the sexually abused, disabled children.
- The research showed that 4 (66,67%) of the sexually abused, mentally disabled children attended a school from school-going age. Mentally disabled children are not treated the same as their “normal” counterparts, who attend early childhood development facilities from an early age. The research pointed out that no such facilities exist in the communities for either disabled preschool children or disabled children older than 18 years. Early childhood development centres and after-care centres in their communities do not accept children with mental disabilities. Most of the sexually abused, mentally disabled children attend a school far away from home and only have contact with their parents or guardians once a month and during school holidays. This situation impacts negatively on the parent-child relationship. Hesselink-Louw *et al.* (2003:169) maintain that the sexually abused, mentally disabled child is isolated from mainstream society. These children are often excluded from holiday and life skills programmes because of ignorance about their mental disability.
- It seems like service providers’ attitudes quickly change when they learn that the victim is someone with a mental disability. The Children’s Act 38/2005 stipulates that service providers must provide the necessary support services and facilitate equal opportunities and access to the protection of children with disabilities. The vast travelling distances in rural areas add to the delay in rendering a quick and adequate service to sexually abused, mentally disabled children in smaller towns. Police stations and some rural Boland FCS units have trauma rooms where sexually abused children can be interviewed in private to protect them from secondary trauma.
- It was evident from the research that only one investigating officer was a woman and the other men. A female investigating officer would probably be more sensitive when interviewing the child and thus prevent further trauma.
- According to the respondents, three of the sexually abused mentally disabled

children could give an account of the sexual abuse. Three of the sexually abused mentally disabled children were too traumatized to talk to the investigating officer. Calitz (2011:66-67) and Cederborg and Lamb (2008:51) agree that, depending on their speech development, children with a mild and moderate degree of disability should be able to give an accurate account of the abuse and be able to relate what happened to them. The sexually abused, mentally disabled children should have been referred for counselling and afterwards referred to a forensic social worker to facilitate a disclosure from the child.

- The research showed that the alleged perpetrators were known family members or friends of the parents and were arrested. All the alleged perpetrators were released soon after the bail hearings without court consultation with the child's family. Some of the victims had to move away for the safety of the child. Two of these children were sexually abused for the second time by other men in the same community. The researcher is of the opinion that this whole scenario sends a message to sex perpetrators in the community that mentally disabled children are easy targets who can be sexually abused without consequence.
- The investigating officer is also responsible for referring the sexually abused, mentally disabled child to other role players for counselling and conservation of the child's safety. According to the participants (parents and guardians), their children are still traumatized and still need counselling to cope with daily challenges. Two of the children have since been re-abused, and yet their social circumstances remain unchanged.
- The investigating officer arranged pre-trial consultations for three of the sexually abused, mentally disabled children. Two of the children testified in court but, according to the participants (parents and guardians), had not been prepared for court. The children were very anxious and confused and the case was dropped against the perpetrator. The investigating officers transported the children and their families over long distances to attend court. All the other cases were withdrawn without informing the parents or guardians.

- The investigating officer or the court does not regularly refer mentally disabled victims of sexual abuse to the forensic social worker for assessment. No Xhosa-speaking, sexually abused, mentally disabled children were referred to the Xhosa-speaking forensic social worker.
- The services of professionals like the medical doctor, psychologist and forensic social worker forms an integrated part of the investigation into the sexual abuse allegation. These professionals can also act as independent experts in the court and should form a multi-disciplinary team, along with the police and the prosecutor, to help the sexually abused, mental disabled child. Medical and mental health professionals rely on scientific findings to guide the assessment and diagnostic techniques, treatment and interventions. The forensic social worker does forensic assessments based on the facts of the sexual abuse. They deliver empirical supported reports upon the results of the evaluation and diagnostic process. Kaliski *et al.* (2006:330) stated that experts must stay away from opinions that falls outside their field of expertise. These experts' services must be included in a guideline for services especially to children with a mental disability.

## **9. CONCLUSION**

- Children with disabilities are not given the power to make choices for themselves it is the caregivers that make decisions for them.
- These children are isolated from the community such as not attending school which increase the likelihood that sexual abuse will take place.
- Language, speech and vocabulary barriers of disabled children made it difficult for them to protesting to offenders, asking for help or disclosing the sexual abuse.
- Normal children receive information at school which mentally disabled children have to do without. This inequality makes it difficult for children with disabilities to understand and recognize abusive situations (Anon, 2011:3).
- Because social workers and investigating officers do not receive adequate and regular training on interviewing sexually abused, mentally disabled

children, the children and their families are placed under a lot of pressure. This situation also occurs in other countries (UNICEF, 2010:10).

- The majority of disabled children living in disadvantaged communities have little access to health care, protection, and rehabilitation services. The disabled child's special needs, and the availability of professional resources such as school facilities and counselling services, must be recognized and enhanced by government and all people in the communities of South Africa.

The final conclusion of the researcher after the evaluation of the service delivery protocol of the rural Boland FCS units are that if sexually abused, mentally disabled children were serviced according to the protocol of these units, more cases of abuse would be reported and the success rate would be higher.

## **10. RECOMMENDATIONS**

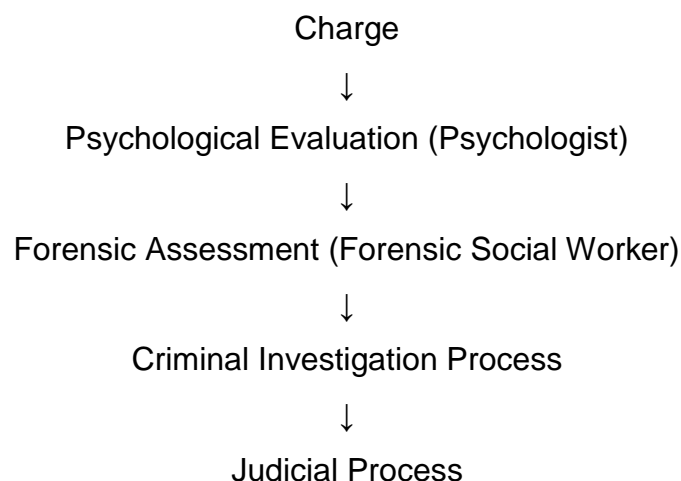
In the view of the findings of the research study, the following recommendations are made:

- The protocol of the FCS Unit must be more specific regarding services to sexually abused, mentally disabled children. The utilization and line of referral of these children to the forensic social workers must be stipulated in the protocol because they form part of the FCS Unit's structure.
- Adherence to and implementation of the service delivery protocol is of paramount importance in establishing a good relationship between the child and investigating officer.
- Guidelines for services to sexually abused, mentally disabled children should be established and incorporated into the service delivery protocol. The sexually abused, mentally disabled child should be referred to the social worker for a comprehensive assessment after his/her mental age has been determined by a psychologist. These evaluations are made to assist the court in making decisions on the alleged abuse.
- Investigating officers and social workers should receive adequate training in interviewing sexually abused, mentally disabled children and adults, so crucial

information about the sexual offence can be accessed.

- The South African Police Service must look into outsourcing psychological services in the Boland rural areas. This would reduce travelling time, cut fuel and maintenance costs, and fast-track service delivery to sexually abused, mentally disabled children. Cape Mental Health has one psychologist who serves the Metropole, West Coast and the Boland and has a very long waiting list.
- The FCS Units in the rural areas should optimally use the services of the forensic social workers at their units, because social workers at Cape Mental Health do not engage in fact-finding (forensic assessments).
- Sexually abused, mentally disabled children with a mild and moderate degree of cognitive functioning can be assessed by the forensic social worker after the mental age of the child has been determined by a psychologist.
- The Protocol of the FCS Unit must include a clear line of referral of sexually abused, mentally disabled victims, which should include the forensic social worker for a comprehensive forensic assessment. The proposed line of referral is shown below:

#### **PROPOSED LINE OF INVESTIGATION**



The process of investigation can start when the charge is laid by the parent or witness. The investigating officer must proceed in gathering physical evidence from the crime scene and obtain statements from witnesses where possible. In the case of no witnesses and the sexually abused child being too traumatized to talk, the

above line of referral should be followed.

- The well-being of the sexually abused, mentally disabled child is paramount and therefore essential services for emotional, and social and economic security should be rendered. The researcher's experience is that investigating officers tend to focus only on the criminal case and not the other needs of the victim. Officers should refer sexually abused, mentally disabled children to the relevant organizations for help and further assistance.
- The investigating officers should be identified by wearing a name tag and provide the parents and guardians with a business card containing their contact details.
- Other government departments like Social Development and Education must get involved in providing the rural area with a crèche, special school, and life skills centre within reach of the children's home. These services will stimulate the speech development of a mentally disabled child and empower him/her give proper account of sexual abuse if it were to occur.
- The establishment of Thuthuzela Centres at each town will centralize services and ensure that sexually abused, mentally disabled children have access to services.

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## 12. ANNEXURES

### 12.1 ANNEXURE 1: WRITTEN PERMISSION FROM SAPS

WC:Prov Project Centre

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**From:** WC:Prov Strategic Management  
**Sent:** 17 January 2012 07:40 AM  
**To:** Stellenbosch CID  
**Subject:** FW: APPLICATION TO CONDUCT RESEARCH: EVALUATION OF THE SERVICE DELIVERY PROTOCOL OF FAMILY VIOLENCE, CHILD ABUSE, SEXUAL OFFENCES UNIT IN THE CASE OF SEXUAL ABUSED MENTALLY DISABLED CHILDREN: RESEARCHER: CAPT M GOOSEN

<b>Enquiries</b>	<b>Ms Fundi Hoko</b>
<b>Telephone</b>	021-417 7189 / 96

Good afternoon Capt Goosen

- We have the pleasure of informing you that your research proposal has been approved by the Provincial Commissioner.
- This office requests you, as well as your supervisor to arrange a suitable date and time to sign compulsory legal documents at our offices on the 1<sup>st</sup> floor, room 101.
- We await your response on the above arrangements.

Regards

**Lt Col Shameen Jeebodh**  
South African Police Service  
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## **12.2 ANNEXURE 2: INTERVIEW SCHEDULE WITH PARENTS OF SEXUALLY ABUSED, MENTALLY DISABLED CHILDREN**

**Research Title: Evaluation of the service delivery protocol utilised with sexually abused mentally disabled children in the Boland**

### **INTRODUCTION**

- The social work officer, Captain M. Goosen is launching a research project to evaluate the services of forensic social workers to sexually abused mentally disabled children in the Boland-area.
- The research project is of importance to establish whether the current services of the FCS units in the rural areas of the Boland are sufficient to address the service needs of the mentally disabled, sexually abused child.
- The results obtained from this research project will also be used to identify shortfalls in the service delivery to sexually abused, mentally disabled children in the Boland-area.
- The results of this research project will be used by Capt. Goosen to fulfil the research requirements of the North-West University (Potchefstroom Campus) to require her Social Work Masters degree in Forensic Practice.
- Thank you for your friendly co-operation, inputs and time. Your opinion is of great value.

**Answer the following questions with honesty and to the fullest. There is no right or wrong answers.**

1. Give a brief description of your family composition.

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2. Please provide me with a description and the causes of your child's mental disability.

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3. Explain how you and your family communicate with your mentally disabled child.

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4. Tell me more about what happened to your mentally disabled child.

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5. Explain the services rendered to your mentally disabled, sexually abused child by the investigating officer of the police.

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6. Were you satisfied with the services rendered?

Yes		No	
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7. Motivate your answer.

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8. How can the services improve?

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9. How do you think an investigating officer should approach your mentally disabled child?

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10. In the case of sexual abuse of your mentally disabled child, what services would you like from the South African Police?

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11. Observation of the researcher.

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Thank you for your participation in this research.

Ms. M. Goosen

Masters degree student in Social Work: Forensic Practice

South African Police Force: Western Cape: Capt. (f)

## 12.3 ANNEXURE 3: INTERVIEW SCHEDULE WITH SOCIAL WORKERS

**Research title: Evaluation of service delivery protocol utilised with sexually abused mentally disabled children in the Boland**

### INTRODUCTION

- The social work officer, Capt. M. Goosen is launching a research project to evaluate the services of forensic social workers to sexually abused, mentally disabled children in the Boland-area.
- The research project is of importance to establish whether the current services of the FCS units in the rural areas of the Boland are sufficient to address the service needs of the mentally disabled, sexually abused child.
- The results obtained from this research project will also be used to identify shortfalls in the service delivery of the FCS units in the Boland area.
- The results of this research project will be used by Capt. Goosen to fulfil the research requirements of the North-West University (Potchefstroom Campus) to require her Masters degree in Social Work: Forensic Practice.
- Thank you for your friendly co-operation, inputs and time. Your opinion is of great value.

**Please answer the following questions with honesty and to the fullest. There is no right or wrong answers.**

1. Provide a brief explanation of your experience as a social worker in general.

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2. Explain your understanding of working with sexually abused, mentally disabled children.

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3. Provide a detailed explanation of your experience in the field of working with children with mental disabilities.

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4. Explain the steps you take during the assessment process of the sexually abused, mentally disabled child.

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5. Explain the sufficiency of the legal framework that governs your obligations to provide social work or forensic social work services to sexually abused, mentally disabled children.

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6. Specify the range of skills required to conduct forensic interviews with a sexually abused, mentally disabled child.

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7. Explain additional services rendered by your organization to the mentally disabled, sexually abused child and the family.

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8. Observation of the researcher.

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Thank you for your participation in this research.

Ms. M. Goosen  
Masters degree student in Social Work: Forensic Practice  
South African Police Force: Western Cape: Capt. (f)

## 12.4 ANNEXURE 4: INFORMED CONSENT DOCUMENT

**TITLE OF THE STUDY:** Evaluation of the service delivery protocol utilised with sexually abused mentally disabled children in the Boland

**RESEARCHER:** Maria Goosen MA Social Work (Forensic Practice) Student

**SUPERVISOR:** Dr Adrie Roux

### DECLARATION:

I,.....hereby declare that I was invited to voluntary participate in the above mentioned study and that I am at liberty to withdraw my participation at any time during the process.

I give my permission that the interview be recorded and understand that the recording will only be made available to the researcher and her study leader. The recorded interview will purely be used to assist in the interpretation and analyses of data and will be destroyed afterwards.

I was informed of the following aspects:

**Purpose:** To critically look at the effectiveness of the current service delivery protocol of the Boland FCS units to sexually abused, mentally disabled children.

**Procedures:** Permission was obtained from the South African Police, Head Strategic Management Pretoria and Western Cape Provincial Office to conduct the research in the environment of the FCS units. Information will be obtained by means of semi-structured one to one interviews.

**Confidentiality and anonymity:** The researcher stands under a stringent moral obligation to do whatever is required to make certain confidentiality prevails. The results of this study may be published in professional journals and or presented at professional conferences but anonymity of participants will be concealed and thus confidential when information is revealed.

**Risk:** Non participation is voluntary.

**Possible advantages:** The specific research will be in the interest of SAPS as the evaluation of the service delivery protocol will lead to better services to sexually abused, mentally disabled children.

### SIGNATURES:

#### PARTICIPANT

\_\_\_\_\_ DATE \_\_\_\_\_ PLACE \_\_\_\_\_

#### RESEARCHER

\_\_\_\_\_ DATE \_\_\_\_\_ PLACE \_\_\_\_\_

#### WITNESS

\_\_\_\_\_ DATE \_\_\_\_\_ PLACE \_\_\_\_\_