

# Factors contributing to the conviction rates of child sexual abuse cases

**S. Brits**

**21684200**

Dissertation submitted in partial fulfillment of the requirements for the degree *Master of Social Work in Forensic Practice* at the Potchefstroom Campus of the North-West University

Supervisor: Dr AA Roux

Co-supervisor: Prof CC Wessels

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I would like to take this opportunity to express my words of gratitude for the encouragement and support that I received from:

- ❖ The Almighty God for giving me strength and courage to complete this research.
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- ❖ The late Deon Kondos, for being the driving force that motivated me to complete my research dissertation.
- ❖ My family and friends for their support.

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# LANGUAGE CERTIFICATION

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## ENGLISH LANGUAGE EDITING CERTIFICATE

This is to certify that the English Language of the dissertation by

*Ms. S. Brito*

was edited by Prof L.A Greyvenstein

*L.A. Greyvenstein*

L A Greyvenstein (Prof)  
0829744505

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# STATEMENT

I, **Sheree Brits** hereby state that the manuscript entitled:

**Factors contributing to the conviction rates of child sexual abuse cases**

is my own work.



.....

S. Brits

30/11/2015  
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Date

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# SUMMARY

**TITLE: Factors contributing to the conviction rates of child sexual abuse cases**

Key words: Child, conviction rates, factors, sexual abuse cases,

The conviction rate for child sexual abuse cases in South-Africa is very low. The chances of a perpetrator being convicted is very slim, even if a case is reported. Some of the causes for the low conviction rates might be incomplete documentation, inexperience of social workers in child sexual abuse cases and lack of knowledge regarding child sexual abuse within the criminal justice system.

The purpose of this study was to obtain an understanding of factors that influence conviction rates in child sexual abuse cases at the Teddy Bear Clinic in Krugersdorp. This study focused on cases that were finalised between the years 2012 and 2013. The researcher used 4 themes to analyse the documents, namely: The presence of the medical report, the interview with the child, the interview with the collateral source and the interview with the alleged perpetrator.

This study revealed that although all of these factors are important in their own right, they are dependent on each other. The child's disclosure was deemed the most important factor when it came to child sexual abuse cases, since without the child's disclosure the case was thrown out of court. The child's disclosure alone was not always enough to insure a guilty conviction, and needed supporting evidence, such as a collateral source who supported the child's statement, medical evidence or the perpetrators confession.

It was recommended that social workers do more thorough investigations during forensic assessments and the criminal justice systems be trained in matters regarding child sexual abuse.

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# OPSOMMING

**Titel: Faktore wat bydra tot die skuldigbevinding in sake van seksuele misbruik van 'n kind**

Sleutel terme: Faktore kind, seksuele misbruik sake, skuldigbevinding.

Die persentasie skuldbevindings van sake rakende die seksuele misbruik van 'n kind in Suid-Afrika is baie laag. Die kans dat die oortreder skuldig bevind word, is baie skraal, selfs al word daar 'n saak geopen. Sommige van die redes hiervoor mag onvolledige dokumente wees, maatskaplike werkers wat onervare is in die hantering van hierdie sake en die regstelsel wat te min kennis het aangaande sake rakende die seksuele misbruik van kinders.

Die doel van die studie was om uit te vind watter faktore die skuldigbevinding in sake rakende die seksuele molestering van kinders by die Teddy Bear Clinic in Krugersdorp beïnvloed het. Die studie het gefokus op sake wat gefinaliseer is tydens die jaar 2012 en 2013. Die navorser het 4 temas gebruik om die lêers te analiseer, naamlik: Die teenwoordigheid van die mediese verslag, die onderhoud met die kind, die onderhoud met die kollaterale bron asook die onderhoud met die beweerde oortreder.

Die studie het gewys dat alhoewel al die faktore belangrik is, hulle tog afhanklik is van mekaar. Die kind se openbaarmaking was as die mees belangrike faktor geag. Sonder die kind se openbaarmaking is die saak uit die hof gegooi. Die kind se openbaarmaking was egter nie altyd genoeg om skuldigbevinding te verseker nie. Dit was afhanklik van ondersteunende bewyse, soos 'n kollaterale bron wat die kind se verklaring ondersteun het, mediese bewyse of die oortreder wat skuld erken het.

Vanuit die resultate van hierdie studie is dit duidelik dat maatskaplike werkers meer deeglike ondersoeke tydens forensiese assesserings moet doen, en dat die regsisteem beter opleiding moet ontvang in die hantering van sake rakende die seksuele misbruik van kinders.

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# FOREWORD

The article format was chosen in accordance with regulations A.11.2.5 for the degree MA (Social Work in Forensic Practice). The article will comply with the requirements of the journal, *Social Work/Maatskaplike Werk*.

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# 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 ACSII. Manuscripts must be typed, double spaced on the 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, 1976:12). 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.

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# **SECTION A**

# **FACTORS CONTRIBUTING TO THE CONVICTION RATES OF CHILD SEXUAL ABUSE CASES**

*Miss S. Brits, student in Social Work: Forensic Practice at North-West University, Potchefstroom Campus.*

*Dr. A.A. Roux, Supervisor: North- West University, Potchefstroom Campus.*

*Prof C.C. Wessels: Co-Supervisor: North- West University, Potchefstroom Campus.*

## **CONTEXTUALIZATION**

Many perpetrators of child sexual abuse cases are not convicted by the criminal justice system. It is believed that even if a case is reported to the police, the chances of the perpetrator being prosecuted is very slim (Barret, 2014:1; Collings, 2007:14; Müller & Hollely, 2000:340-341). According to Sadan (2007:227) and the South African Police National Statistics (South Africa, 2012/2013) the conviction rate for child sexual abuse cases in South-Africa is very low and the data in departmental reports is commonly incomplete and not sufficient to undertake rigorous analysis or draw strong conclusions (Sadan, 2007:234). Some of the causes for the low conviction rates of child sexual abuse cases are the inexperience of social workers to do forensic assessments, not enough training of social workers regarding child sexual abuse and incomplete documentation (Cussons, 2011:33; Faller, 2007:58; Ntlatleng, 2011:2-3; Stern & Walsh, 1997:10). Other reasons for the low conviction rates, according to Long, Wilkonson and Kays (2011:11), are that individuals inside and outside the criminal justice system, misunderstand the victim's behaviour, misperceive common dynamics and minimize dangerous behaviour.

The researcher is a social worker at The Teddy Bear Clinic in Krugersdorp. When looking at the conviction rate at The Teddy Bear Clinic it came forth that the conviction rate at the clinic, correlates with the conviction rates of South-Africa. The question to be asked is: What factors contribute to the conviction rates of sexual abuse cases at the Teddy Bear Clinic in Krugersdorp? The purpose of this study will, therefore, be to obtain an understanding of the relative perceived identified factors, on the conviction rates in child sexual abuse cases at the Teddy Bear Clinic in Krugersdorp. This study focussed on cases that were finalised during years 2012

and 2013 at the Teddy Bear Clinic in Krugersdorp. The year 2014 is not being used since most of the cases in that year were postponed (Consult Table 1: Conviction Statistics Teddy Bear Clinic). Information was gathered by reviewing the social work documents at the Teddy Bear Clinic as a case that may approximate other similar practice situations.

## **1. PROBLEM STATEMENT**

According to the South African Police National Statistics, 2012/2013 (South Africa, 2012/2013) 66 196 incidents of sexual offences were reported between 2011 and 2012, while only 4 501 of these cases resulted in convictions. The outcomes of the remaining 61695 cases were not reported. In a study done by Sadan (2007:234) on challenges of service evaluation in the Wynberg and Cape Town Sexual Offences Courts (SOC) and their related services, he experienced that data in departmental reports are incomplete and not of sufficient quality to undertake rigorous analysis or draw strong conclusions.

Conviction of child sexual abuse cases can prevent offenders from repeating the abuse, empower the victims and give them a sense of safety. Carstens (2006:193) and London *et al.* (2005:197) state that the forensic report is seen as a clinical opinion and not a scientific instrument. It is thus important that the information that is mentioned in the forensic report can be proven, and that it correlates with the information obtained during the victim's testimony and other collateral resources. Reliable and detailed reports from the forensic social worker, is very important. The court focuses on facts and if that what the child says can't be proven, it is not taken into account (Saywitz, 2002:3).

According to the Department of Social Development (2012:31) and Collings (2007:14), cases of child sexual abuse are more likely to be referred to the Children's Court, where the children are removed and placed in alternative care. The sexual abuse cases rarely proceed to the criminal court. According to Collings (2007:14), the average referral rate of sexual abuse cases to the criminal court, are 35%. In scenarios where sexual abuse cases are referred for prosecution, 47% of these cases are withdrawn, whilst final conviction rates usually are 10-18%. What is desperately needed according to Van Niekerk (2007:269), "is research that tracks what happens to child sexual abuse cases in the criminal justice system from first

reporting to finalising”. During the literature review of national and international sources, such as Barret (2014), Cardisco and Nelson-Gardel (2010), Faller *et al.* (2010), Meel (2008), Rape Statistics (South Africa, 2007-2008), South African Police National Statistics, 2012/2013 (South Africa, 2012/2013), Sadan (2007), Walsh *et al.* (2010), regarding the conviction rates and factors contributing to the conviction rates in cases of child sexual abuse, the researcher identified a gap between the international studies and the proposed study. Not much literature is available regarding factors that may contribute to the conviction rates of child sexual abuse cases in South Africa. One has to rely, therefore, much more on International resources.

**Table 1: Conviction statistics for Teddy Bear Clinic, Krugersdorp, 2009-2014**

<b>Conviction Rate Stats per year Teddy Bear Clinic</b>						
	2009	2010	2011	2012	2013	2014
<b>Total no. of Cases</b>	<b>28</b>	<b>104</b>	<b>122</b>	<b>202</b>	<b>213</b>	<b>57</b>
Withdrawals	3	10	40	29	15	0
Acquitted	8	3	1	6	6	0
Suspended sentence	5	1	1	1	0	0
Fine	2	0	0	4	0	0
Imprisonments	5	7	10	15	2	1
Life Sentences	3	2	7	1	0	0
Diversion	2	2	0	3	1	0
Lack of Evidence	0	26	25	31	7	1
Not Guilty	0	0	0	1	0	0
Postponement	0	53	38	111	181	55
Warning	0	0	0	0	1	

As seen in this table, there were a total of 415 cases of child sexual abuse in the years of 2012 and 2013. There were 28 cases that led to conviction, which include: 17 cases that led to imprisonment, one case that led to a suspended sentence, one led to a life sentence, four had to attend a diversion programme, four offenders got a fine, while one perpetrator got a warning. 51 Cases did not lead to convictions, which include: one case where the perpetrator was found not guilty, 12 cases where the perpetrator was acquitted and 38 cases were said to have a lack of evidence. Cases that were not finalised include 292 cases that were postponed and 44 cases that were withdrawn. For the purpose of this study, the researcher will not be focusing on the postponed or withdrawn cases. The reasons for postponement and the

withdrawal of cases is something that should be researched on its own. The researcher will only focus on the 28 cases that lead to conviction and the 51 cases that did not lead to conviction. Due to the low conviction rates at the Teddy Bear Clinic in Krugersdorp and everywhere else South-Africa, there is a need for a study on the factors that may influence the conviction rates at this clinic. The proposed study will thus provide recommendations on the factors that are needed to increase conviction rates of child sexual abuse cases at the Teddy Bear Clinic in Krugersdorp. This study will, therefore, not approximate a national picture. The question to be asked in this study is therefore:

***What are the factors that might contribute to the conviction rates in cases of child sexual abuse?***

## **2. RATIONAL FOR THE STUDY**

The conviction rate for sexual abuse cases in South-Africa is very low (Ewing, 2007:282-283; Sadan, 2007:234-239; Police National Statistics South Africa, 2012/2013). When looking at the conviction rates at the Teddy Bear Clinic one can conclude that the conviction rates at this clinic correlate with the conviction rates of South-Africa. Many perpetrators of child sexual abuse are not convicted and it is believed that even if a case is reported to the police, the chances of the perpetrator being prosecuted, is not always possible (Collings, 2007:14).

If potential factors that contribute to the conviction rates of child sexual abuse are identified (identified by reviewing documents of child sexual abuse cases at the Teddy Bear Clinic in Krugersdorp), convictions of the perpetrators can be increased. This research can serve as a preliminary study for more in depth research in other organisations and areas of South Africa.

## **3. AIM OF THE STUDY**

The aim of this study was to obtain an understanding of factors that might influence the conviction rates in cases of child sexual abuse

## **4. THEORETICAL ORIENTATION**

According to Neuman (2000:446) and Fouché and Delpont (2011:134) the goal of a literature review is to: demonstrate the researcher's familiarity with a body of

knowledge in order to establish credibility; to show a path of prior knowledge; to integrate and summarize what is known in this area of research and to learn from others, while creating new ideas. The theory and literature review was used to guide the study in an exploratory way, focusing on literature before data collection, as well as after data collection to "support or disconfirm an existing theory as well as to make comparisons" (Babbie & Mouton, 2001:281-282; Delport, Fouché & Schurink, 2011:305-306).

As mentioned before, a literature review of national and international resources was done. These include: Meel (2008), Rape Statistics (South Africa, 2007-2008), the South African Police National Statistics, 2012/2013 (South Africa, 2012/2013), Sadan (2007), Barret (2014), Faller *et al.* (2010) and Walsh *et al.* (2010), regarding the conviction rates and factors that influence conviction rates in child sexual abuse cases. The researcher identified a gap between the proposed study and international studies. Not much literature was available regarding factors that may influence the conviction rates of child sexual abuse cases in South Africa. It was thus needed to rely much more on international resources. The proposed study will, therefore, provide recommendations on the factors that are needed to increase conviction rates, of child sexual abuse cases, not only at the Teddy Bear Clinic in Krugersdorp but also at other departments and organisations busy with forensic assessments (Botma *et al.*, 2010:196; Cresswell, 2009:26; Delport *et al.*, 2011:302).

Different academic books, articles and valid internet resources were used by the researcher, such as EBSCO HOST, ERIC, local and international journals, Social Sciences index and Google scholar. Key concepts that form part of this study are: child sexual abuse, conviction and conviction rates, factors that may influence conviction rates and the importance of these factors in forensic reports.

## **5. RESEARCH METHODOLOGY**

Botma *et al.* (2010:210) and Fouché and Schurink (2011:323) define research methodology as a process that involves the application of a variety of standardized methods and techniques in the pursuit of knowledge (Botma *et al.*, 2010:110; Fouché & Schurink, 2011:321). The researcher has followed the qualitative approach (Botma *et al.*, 2010:42-43). Qualitative researchers are concerned with

understanding rather than explanation, with naturalistic observation rather than controlled measurement (Fouché & Schurink, 2011:308).

### **5.1 Research context**

The Teddy Bear Clinic is a clinic for abused children. It is a non-profit organisation that ensures abused children are protected and rehabilitated. The clinic provides forensic assessments, forensic medical examinations, psychological testing and counselling for sexually abused children. The organisation originated in 1986, when the need for medical examinations of sexually abused children was identified. It has since grown to provide many more services such as diversion programmes for young sex offenders (The Teddy Bear Clinic, 2015). In the year 2012 and 2013, 415 cases of child abuse, were reported to the Teddy Bear Clinic.

### **5.2 Research Design**

According Cresswell (2007:5) and Grinnell (2001:231), a research design is a formulated statement that is used for the more technical decisions in the planning of the research process and entails the whole research process. The researcher used the descriptive case study design. The descriptive case study design strives to describe, analyse and interpret a phenomenon, about which little is known about, such as the factors that may influence the conviction rate in sexual abuse. The researcher has done a qualitative study with an explorative purpose to gain insight into the factors that might contribute to the conviction rates of sexual abuse cases at The Teddy Bear Clinic Krugersdorp (Baxter & Jack, 2008:548; Fouché & De Vos, 2011:95).

### **5.3 Respondents and sampling**

Groves *et al.* (2009:44) describe the target population as the group of people the study is focusing on. People were not used in this study, since the researcher focused on documents of sexually abused children, after forensic investigations were done, during the years 2012 and 2013 at the Teddy Bear Clinic in Krugersdorp. The study focused on cases that led to conviction, and those that did not, until data saturation. Data saturation in this study was the collection of data to the point where a sense of closure was attained, because new data yielded redundant information (Strydom & Delport, 2011a:393). The purpose of this study was to obtain an

understanding of what actions are needed to increase conviction rates in child sexual abuse cases in the future. The information obtained in this way will not only benefit case management in the target organisation but will also add to the body of practice related knowledge within Social Work. Since this study did not directly involve people the sampling frame was focused upon documents of sexually abused children at the Teddy Bear Clinic in Krugersdorp.

The researcher used purposive sampling as research method. Strydom and Delport (2011a:390) describe purposive sampling as based entirely on the judgement of the researcher. This implies that the sample is composed of elements which contain the most characteristics, representative of typical attributes of the population. According to Botma *et al.* (2010:199), individuals, groups and settings where the specific topic being studied is most probable to occur are identified by the researcher. Strydom (2011a:222) describes a population as a term that sets boundaries on the study units. It also refers to individuals in the universe who possess specific characteristics.

### **5.3.1 Inclusion criteria**

- Documents of convicted and non-convicted cases that were finalised in 2012 and 2013 at the Teddy Bear Clinic in Krugersdorp were included purposefully.
- Further purposive sampling techniques were used to select documents containing rich textual information for analysis (see data collection method). Documents containing insufficient information were classified separately as this may have constituted a particular meaning in the context of this study.
- Only documents containing the necessary consent letter from the Teddy Bear Clinic were selected.

### **5.3.2 Exclusion criteria**

- Sexual abuse cases that were finalised before 2012 and after 2013.
- Documents lacking the consent letter from the Teddy Bear Clinic.
- Documents that did not have the necessary consent letter from the legal primary caregivers of the child to be researched.

- Documents of cases between 2012 and 2013, where information was limited and documents where it was not clear which evidence was available during the assessment.

#### **5.4 Data collection**

During this study the researcher used data from the sexually abused children's documents at the Teddy Bear Clinic in Krugersdorp. Case study data brings new meaning to existing data, because the mass information gathered every day by social workers offer, according to Bechofer and Paterson (as cited in Strydom & Delpport, 2011a:383-384) rich research possibilities. The purpose of this study was to use the information already gathered from the documents (those that led to conviction and those that did not) to determine what potential factors might increase or limit conviction rates in sexual abuse cases. Since documents were confidential, they were not removed from the offices of the organisation and all analysis of data was therefore conducted on site after hours. This ensured that raw data was kept under lock and key within the organisation. The office was equipped with an alarm and is secure. It also had the necessary space and cabinets to store the documents the researcher analysed. The legal primary caregivers of the sexually abused children already gave written informed consent that the document can be used, to the Teddy Bear Clinic.

Data used from the documents were referred to by Botma *et al.* (2010:219), Cresswell (2009:180), Irwin and Winterton (2011:2) and Strydom and Delpport (2011a:383) as secondary analyses, because the empirical study is on data that have already been collected and derived from someone else as the original source. Case study data brings new meaning to existing data, because the mass information gathered every day by social workers offer rich research possibilities (Bechofer & Paterson, 2000 cited in Strydom & Delpport (2011a:383-384). In this study the researcher, therefore, used and analysed data from documents, gathered during forensic investigations, at The Teddy Bear Clinic in Krugersdorp, throughout the years 2012 and 2013. The purpose of this study was to use the information already gathered from documents (those that led to conviction and those that did not) to determine what potential factors might increase conviction rates in sexual abuse cases at the Teddy Bear Clinic. According to Babbie and Mouton, (2001:286), Botma

*et al.* (2010:232-234), Patton (1999:1189), Strydom and Delpont (2011a:380) and Thyer (2001:414), it is important that the researcher evaluates the credibility, authenticity, representativeness and meaning of the documents he or she is analysing. The researcher ensured that these factors were present in the study by comparing documents with other relevant documents, or data collected in other ways.

Information gathered from secondary analysis, cannot always be seen as equally reliable or valid. Information must be weighted accordingly and evaluated carefully to its credibility and recentness. Six questions must be answered when evaluating secondary information: (1) When was the information collected? (2) What information was actually collected? (3) Who collected the information (4) What was the purpose of the study? (5) How consistent is the information with other sources? (6) How was the information obtained? Someone who regularly uses secondary analysis develops a healthy scepticism. If data are not evaluated carefully, they may be misleading. "Data collection is usually purposive, and the purpose for which information is obtained and analysed may influence the conclusions drawn, the data collection procedure employed, the definitions of terms and categories, and even the quality of the information" (Steward & Kamins, 1993:17).

Secondary analyses also has different phases, such as the preparation phase which entails selecting a unit of analysis, this can be a word or term and the organising phase, which entails creating categories and abstracting data. Lastly the results need to be analysed and reported (Elo & Kyngas, 2007:109).

## **5.5 Research procedures**

This research was done according to the following procedures:

- The researcher obtained ethical approval from the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences of the North-West University Potchefstroom Campus, before starting with the document analysis. (Annexure 1)
- Written consent from The Teddy Bear Clinic South-Africa, for this study, was obtained, to use the documents of sexual abused children from the Teddy Bear Clinic in Krugersdorp (Annexure 2). The Teddy Bear Clinic informed their clients

of the possibility of documents being used for research before their case was investigated and finalised. Clients thus have implicitly consented to the use of their document data for research purposes. Consent letters are, therefore, already present in each document of The Teddy Bear Clinic (Annexure 2).

- After approval from the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences of the North-West University Potchefstroom Campus (HREC), the manager depersonalised the documents by taking out all personal details on the documents so that names and other details on the documents were not known to the researcher. The documents without names and other details are available for auditing at the Teddy Bear Clinic in Krugersdorp.
- The researcher selected documents (those that led to conviction and those that did not) that were dependent on the amount of cases finalised in the year of 2012 and 2013. This was based on the statistics provided in Table 1. The researcher was able to use 12 documents. The documents used had enough clear information in them, so that the researcher could analyse them.
- The documents were analysed after hours in the office of the researcher at the Teddy Bear Clinic, where privacy could be assured.
- After data processing took place, all data were safely stored in a locked cabinet in the researcher's office, where no one had access to it. The data were password protected on the researcher's computer.
- The researcher asked another registered social worker who is busy with her Master Degree in Forensic Practice, to review and check the data as co-coder, after the data was analysed. This ensured credibility after she signed an agreement of confidentiality (Annexure 4).
- The research report was then written.

## **5.6 Data analysis**

The researcher used an inductive strategy and embarked upon the study without working from an explicit conceptual framework (Botma *et al.*, 2010:195). The researcher used the document analyses method to analyse the data. This method consists of coding the data, categorising the data into main and sub-categories, labelling these categories, integrating the categories into themes and integrating all the data (Berg, 2007:240; Botma, *et al.*, 2010:222; Strydom & Delpont, 2011b:380).

When using this method of data analysis, the researcher identified core meanings and consistencies in the data (Patton, 2002:453). In this method, it is important that the selection of data used is consistently and rigidly applied, so that other researchers, looking at the data will consistently get the same results (Berg, 2007:241).

In this study the researcher used three stages of analysis sequentially.

In **Stage 1** the researcher used open or free coding to identify new and contextual meanings emerging from the data. This stage can be regarded as exploratory and meant to ensure that hidden meanings are identified. For this purpose the following steps were followed (Rapley, 2008:130-133, cited in Strydom and Delpont, 2011b:381):

- Formulate the initial research question.
- Start a research diary.
- The manager as gatekeeper at the Teddy Bear Clinic identified the cases for the period 2012 to 2013 and classified these in the research diary, according to the two criteria namely convicted and not convicted cases. The codes for this classification were kept by the manager until such time as the analysis was complete. The manager did not disclose her classification of cases as either convicted or not convicted to the researcher at this stage in order to promote objectivity in the analysis. The following data were removed by the manager namely by name, surname, physical/postal address, date of birth of any person in the document, any other identifying information fitting the above criterion. This was done to ensure that the researcher could not recognize the client. Fields that were not anonymous were family composition, ages of parties and the victim. The documents without names and other details will be available for auditing at the Teddy Bear Clinic in Krugersdorp. The manager handed the documents to the researcher in one group in preparation for analysis. The documents of the Teddy Bear Clinic were used as primary raw data for analysing purposes.
- The researcher then critically read and interrogated the texts and documents. This entailed the reading and re-reading of transcripts and document content. From this reading the researcher developed an open coding scheme based on the process of meaning given, as found in accepted qualitative data analysis practices. This was necessary to facilitate objectivity and originality in the analysis and made sense of the story-like reporting often found in Social Work documents.

**Stage 2** of the analysis concerns expansion of the coding scheme derived in Stage 1 of analysis into a systematic coding scheme. This was done by developing a

comprehensive and systematic coding scheme, the purpose of which was to ensure nothing was missed, prior findings were considered and the accuracy of factor identification was enhanced. After the steps followed in stage one, the following steps were followed according to Rapley (2008:130-13) cited in Strydom and Delport (2011b:381):

- Found possible sources of material and began to generate an archive.
- Transcribed the texts in some detail.
- Critically read and interrogated the texts and documents.
- The researcher gave a number beforehand to each respondent's document such as respondent A, respondent B *et cetera* in advance to maintain confidentiality.
- Developed a comprehensive and systematic coding scheme.
- Analysed regularity and variability in the data and formed tentative findings.
- Checked credibility, validity and reliability by means of case analysis and compared findings to previous work and member checking.
- Wrote up the finding.

At conclusion of the analysis the manager disclosed the categories of convicted and non-convicted to the researcher in order to review whether identified factor patterns fit to and confirm the conviction criterion. This assisted the researcher in identifying a final list of mediating and moderating conviction factors.

The above processing and interpretation of data was done by hand. Themes and sub-themes were identified through composition of an emerging graphical taxonomy and reflection upon observed inter-linkages between categories. A social worker who has completed her first year in MA Social Work Practice and who has experience in coding by means of her empirical studies, was an independent coder who analysed the data independently from the researcher and used the above procedures. Comparison of findings was used to control for inconsistencies and to enhance trustworthiness. She signed a document to assure confidentiality (Botma *et al.*, 2010:224-225; Thyer, 2001:276-277).

**Stage 3** concerned report writing of the findings. This was the last step in the analysis and concerned the drafting of a report, reflecting the above analysis, on the basis of which recommendations were formulated to the organisation.

Ethical implications of this design may have included (Strydom & Delpont, 2011b:387):

- Some written data may not have been able to authentically reflect feelings, non-verbal communication and attitude. This in itself might have an influence on conviction rates, and should be analysed in another research study.
- Some documents might not have been representative and prevented the researcher from generalising outcomes. Since all of the documents in this study are from the Teddy Bear Clinic, structure and lay out are identical, thus this ethical implication might be avoided.
- Documents were analysed in terms of their potential prejudice.
- Confidentiality or anonymity might have been affected if a second researcher was working with these particular documents. A confidentiality agreement was thus needed.

## **6. ETHICAL ASPECTS**

Ethical standards can be seen as principles that an individual or a group of people see as morally acceptable (Gray, 2009:576). According to Strydom (2011b:114), it is the researcher's responsibility to follow ethical standards. The researcher received approval from the Health Research Ethical Committee of the Faculty of Health Sciences Potchefstroom Campus to conduct this study in the Social Work Forensic Practice (Annexure 1). The following ethical standards were followed in this study:

### **6.1 Avoiding physical or emotional discomfort**

The researcher has the ethical responsibility to protect respondents from physical or emotional discomfort (Strydom, 2011b:115). Since the researcher did not work with people directly, the likelihood of a participant being harmed physically or emotionally was very small. The researcher gained informed consent, before the necessary documents were analysed, to prevent any form of emotional harm to the respondents.

## **6.2 Voluntary participation**

According to Strydom (2011b:116), respondents cannot be forced to take part in the study. The researcher is a non-participant researcher. The researcher obtained written consent from the manager of the Teddy Bear Clinic Krugersdorp and the parents/caregivers of the sexually abused children. The respondents were informed that they may freely participate in the study and that they are able to withdraw from the study without any consequences (Butz, 2008:249).

## **6.3 Written informed consent**

Written informed consent involves telling the respondents in the research about the aim of the research, procedures that will be followed, advantages and disadvantages and dangers to which the respondents may be exposed to during the study (Strydom, 2011b:117; Monette *et al.*, 2005:53). In this study, the researcher gave adequate information to the Manager of the Teddy Bear Clinic and to some of the parents/caregivers of the sexually abused children, about the aim of this research, confidentially, voluntary participation and self-termination before they gave informed consent (Babbie & Mouton, 2001:521). There were parents that the researcher could not get hold of for different reasons as discussed in 8 later on. A written informed consent form from the Manager of the Teddy Bear Clinic was obtained (Addendum 1). The Teddy Bear Clinic Krugersdorp has a standardised form that asks clients to give consent for research to be done on their individual cases.

## **6.4 Confidentiality**

All the documents were protected. The identity of clients whose cases form part of this study, were kept confidential. The researcher ensured the Teddy Bear Clinic that respondents' rights would be respected (Fink, 2006:41). To protect confidentiality in this study the researcher used certain codes to identify the document and the different persons mentioned in the document, such as document A. The researcher analysed the documents at the offices of the Teddy Bear Clinic to protect the identity of the respondents. The hard copies of the analysed data that are gained from the documents of the Teddy Bear Clinic in Krugersdorp were stored safely in a locked fire proof cabinet in the researcher's office, where no one has access to the data. Analysed data on the researchers' computer was password protected. A social worker registered with the South African Council for Social

Service Professions, assisted as co-coder separately, after the researcher analysed the data to enhance trustworthiness. The co-coder signed an agreement to assure confidentiality (Annexure 4). Thereafter, the data were locked in a store room at the Social Work Division of the North-West University, Potchefstroom Campus for five years. This will prohibit all people, including the researcher and study leader, from having access to the material. After five years all data will be shredded by the University.

### **6.5 Deception of subjects**

Deception occurs when the researcher withholds information from the participant on purpose. Some researchers feel that a certain amount of deception is needed, so that the study can be more effective (Strydom, 2011b:118). Since the researcher only used secondary analyses there was no information that could be withheld from the Teddy Bear Clinic and some of the caregivers of the children. The fact that clients were informed by the Teddy Bear Clinic that research might be done, also prepared them for the possibility of a study like this to be done.

### **6.6 Debriefing**

Debriefing was not relevant in this study, since the researcher did not work with people, but with documents.

### **6.7 Benefits and risks**

Benefits to respondents arise when respondents receive the intervention studies (direct benefits). Benefits to society occur when knowledge is gained that will result in new products, treatments or service delivery (indirect benefits) (Botma, *et al.*, 2010:21). A direct benefit for the Teddy Bear Clinic from this research was that social workers working from the Teddy Bear Clinic could receive information about the factors that may influence the conviction rates of child sexual abuse cases. This data can lead to a higher conviction rate of perpetrators, as well as implementing policies during investigations of child sexual abuse. This will not only benefit the Teddy Bear Clinic in Krugersdorp, but also for all professionals who do assessments with sexually abused children.

According to Botma *et al.* (2010:22), risk is described as "equates to harm or injury and implies it is something detrimental that will occur in the future". The researcher analysed these documents in the safety of the Teddy Bear Clinic Krugersdorp offices. The research was of low to minimal risk, because they were documents that the researcher analysed. There was no direct contact with an individual. The benefits in this study outweighed the risks.

### **6.8 Publication of results**

The findings of the study will be published in an accredited social work journal. Publication of results writing allows the researcher to give through the facts of the study. By publishing the research, other researchers can use the findings to improve on their own study. The researcher thus has an ethical responsibility to publish the findings (Strydom, 2011b:126).

### **6.9 Competency of the researcher**

The researcher has the ethical responsibility to ensure that he/she is honest and competent to complete the study. The researcher must have the necessary qualifications to do the research (Strydom, 2011b:123). As a registered social worker, the researcher was obliged to obey the ethical codes and rules of the South African Council for Social Service Professions. The researcher was trained to do document analysis during a module in her Master's degree. She was trained on document analysis, by means of a short course, received from the Social Work Division of the North-West University, Potchefstroom.

### **6.10 Avoiding conflict of interest**

A conflict of interest, according to Thyer (2001:440) and Responsible conduct of research (2004), is "a situation in which financial or other personal considerations have the potential to compromise or bias professional judgment and objectivity". The researcher only started working at the Teddy Bear Clinic Krugersdorp in October 2014. Documents that were analysed were not cases that the researcher investigated. To prevent any bias the manager at the Teddy Bear Clinic covered up the social worker's name who investigated the case.

### 6.11 Ethical risk level descriptor

The research was of low to minimal risk because documents were analysed and the researcher did not interact directly with the participant (Botma, *et al.*, 2010:22-23). According to Botma *et al.* (2010:23), studies that involve documents have no anticipated effect because the researcher does not interact directly with the participant and therefore all information of the participant should be de-personalized.

## 7. TRUSTWORTHINES

Trustworthiness, according to Botma *et al.* (2010:232), has four epistemological standards namely truth, value, applicability, consistency and neutrality. Truth value, applicability, consistency and neutrality were used as criteria to assess the value of findings, to ensure trustworthiness in the summary by Botma *et al.* (2010:234).

**Table 2: Standards, strategies and applied criteria to ensure trustworthiness**

<b>Epistemological standards</b>	<b>Strategies</b>	<b>Application</b>
Truth Value	Credibility	The researcher must have confidence in the truth of the findings, in regards to the context in which the study was done, as well as the respondents. The researcher reviewed all data and made use of a co-coder. Reflexivity was achieved during discussions with the study leaders
Consistency	Dependability	Dependability refers to the duplication of the study in the same context; making use of the same respondents and the same methods. The researcher ensured dependability by providing a detailed account on how data were collected. The researcher also ensured that data were correctly coded and understood by asking a peer to review the data.
Applicability	Transferability	Transferability refers to the degree to which the findings can be generalised to the larger population. The findings in regard to this qualitative study are specific to The Teddy Bear Clinic Krugersdorp.
Neutrality	Conformability	Conformability ensures that the research is free of prejudice. The necessary field notes were made available for auditing.

(Botma *et al.*, 2010:232; Shenton, 2004:63-75)

## **8. LIMITATIONS OF THE STUDY**

It would have been beneficial for the study if the researcher was able to analyse more documents. Factors that prevented the researcher from doing so were that:

- Many of the documents had limited information in them. It was not clear what was investigated, who was interviewed, or if a medical report was present or not. The researcher could thus not use these documents.
- It was difficult to determine which cases lead to conviction and which did not, since it was not indicated in the document. The researcher tried phoning the client to determine what the outcome of their cases were, but many of the documents did not have telephone numbers on them or the telephone number was no longer in working order. This factor influenced the study the most, as more than half of the documents did not have this information and could, therefore, not be used. The Teddy Bear Clinic has a court preparation programme that it provides to clients. This programme prepares clients for the court and also assists them after court proceedings. Clients who participated in this programme, results were known. Much time was wasted trying to connect the forensic documents with the court preparation documents.
- The Teddy Bear Clinic also does assessment where it is determined if the child should testify in camera. The Teddy Bear Clinic files these cases as forensic cases, once again limiting the amount of forensic interviews that were done. Cases that were referred to in Table 1 mostly referred to these types of assessments.
- Many of the forensic cases turned out to be postponed or withdrawn cases, thus also excluding them from the study.
- Other factors that limited the researcher was difficulty understanding and reading process notes. Many of the notes that social workers make are handwritten. Due to lack of time, social workers often use symbols or abbreviations in their sentences. This is adequate for the social worker, when referring back to notes, since they know what these symbols and abbreviations mean, but it can be difficult when someone else besides the original social worker has to work on the document.
- Inconsistencies also presented themselves between the different documents. Although the forensic report and documents mostly followed the same structure,

some were more detailed, describing the background of the case and the results of the medical reports. Others had a copy of the medical report in them, while some just mentioned the outcome of the medical report. Documents that were more detailed lead to more findings, as more information could be used for the analyses. Because of all the limitations only six documents that led to convictions and 6 who did not could be used.

## **9. DESCRIPTION OF TERMINOLOGY**

### **9.1 Child**

According to the Children's Act, Act 38 of 2005 a child is a person under the age of 18 years old. The Criminal Law (Sexual Offences and Related Matters) Amendment Act, Act 32 of 2007 South Africa, defines a child as a person under the age of 18 years, or with reference to section 15 and 16, a person 12 years or older but under the age of 16 years, and "children" has a corresponding meaning.

### **9.2 Case study**

According to Nieuwenhuis (2010:75), a case study is a "unit of analyses". According to Botma *et al.* (2010:190), Creswell (2007:73) and Thyer (2001:293-294), a case study in qualitative research involves an exploration "bounded system" of a single or multiple case over a period of time through in-depth data collection involving multiple sources of information that are rich in context such as reports in the files of clients.

### **9.3 Conviction rates**

According to USlegan definitions (2015), conviction rates refer to the number of convictions, as a percentage of the total number of prosecutions that took place. Conviction rates according to Sadan (2007:236) "are calculated by dividing the number of convictions achieved in a particularly period, by the number of court cases finalised".

### **9.4 Child sexual abuse cases**

According to the Criminal law and Sexual offences Act, Act 2007 of 32 (South Africa, 2007), child sexual abuse refers to "any person who engages a child (a person under the age of 18) in a sexual act with or without the consent of the child".

A case file is a collection of evidence and documents relating to a legal case (Oxford Dictionaries, 2015). The New Dictionary of Social Work (1995:8) refers to a case file as a case record that gathered data of a client. For the purpose of this study, we will be referring to case file, as a document. Child sexual abuse case thus refers to, a legal matter regarding the sexual abuse of a child.

## 9.5 Factors

Factors can be described as one of the elements contributing to specific results (Dictionaries, 2015).

## 10. RESEARCH RESULTS

The study's results will be discussed according to the themes followed during the document analyses. Four main themes, with some sub-themes, are distinguished and used to focus on the aim of the study. Results were compared to the literature on the subject.

### 10.1 Profile of documents

The tables below discuss the profiles of documents that lead to conviction and those that did not. Thereafter, the necessary themes will be discussed. As seen below, the child's age and gender are discussed, as well as that of the perpetrator.

#### 10.1.1 Profile of documents that lead to conviction

**Table 3: Profiles of convicted cases**

	<b>Gender of child</b>	<b>Age of child</b>	<b>Age of perpetrator</b>	<b>Gender of perpetrator</b>
<b>Document A</b>	Male	10	Unknown	Male
<b>Document B</b>	Male	10	Unknown	Male
<b>Document C</b>	Female	6	Unknown	Male
<b>Document D</b>	Female	13	Unknown	Male
<b>Document E</b>	Female	15	Unknown	Male
<b>Document F</b>	Female	5	Unknown	Male

As seen in the above mentioned table most of the children (4), according to the documents that lead to conviction, were between the ages of 7-15 years old.

Children in this age group are in the concrete or formal operational phase of cognitive development. Children in this age group have the ability to think logically, more complex thinking develops, as well as the ability to formulate abstract hypotheses (Zastrow & Kirst-Ashman, 2007:105). It thus makes sense to conclude that children in this age group are able to give more consistent and detailed disclosures. Document F, has the youngest child. It should, however, be taken into consideration that there was a witness in this case, who could support the child's statements.

Most of the victims were female, with only 2 being male. According to Zastrow and Kirst-Ashman (2007:186), being female slightly increases the risk of sexual abuse in children. All the perpetrators were identified as male. SAPAC (2015) and Jones *et al.* (2010:296) state that most sex offenders are adult males. The age of the perpetrators was not discussed or mentioned in the reports.

### 10.1.2 Profile of documents that did not lead to conviction

**Table 4: Profiles of non-convicted cases**

	<b>Gender of child</b>	<b>Age of child</b>	<b>Age of perpetrator</b>	<b>Gender of perpetrator</b>
<b>Document A1</b>	Female	7	Unknown	Male
<b>Document B1</b>	Female	12	Unknown	Male
<b>Document C1</b>	Female	8	Unknown	Male
<b>Document D1</b>	Female	8	Unknown	Male
<b>Document E1</b>	Female	15	13	Male
<b>Document F1</b>	Female	4	Unknown	Male

When looking at the above mentioned table, it seems as if age did not contribute to a case leading to a conviction, if the corroborating evidence was not sufficient enough. It also seems as if gender did not play a role in conviction rates, since all of the victims, in the non-convicted cases were female. Although taking into consideration, that 10 out of the 12 cases that were analysed were female victims, it does seem like female children have a greater risk of being victims of sexual abuse. Goodman-Brown *et al.* (2003:527) state that boys are less likely to disclose sexual abuse, due to fear of negative consequences, such as being labelled gay. All the perpetrators

were male as mentioned above. The ages of the perpetrators were mostly unknown. The perpetrator in Document E1 was 13 years old. Child offenders, according to Townsend & Dawes (2007:55), have more feelings of remorse about their actions and tend to blame external factors, such as society or the victim. The provisions of the Constitution make, according to September (2007:323), it imperative that the government use detention or imprisonment of children only as a last resort and for the shortest period of time.

## 10.2 Convicted and non-convicted cases

Secondary analyses were used as data collection method. The researcher identified four main themes, each with its own subthemes. The themes and subthemes are the following:

### 10.2.1 Convicted cases

#### 10.2.1.1 Document A

- **Conviction: Warning**

The Department of Justice and Constitutional Development (South Africa, 2015), states that a perpetrator can be released on a warning with or without some conditions attached. According to the Criminal procedure act, Act 51 of 1977 (South Africa, 1977), if the perpetrator fails to obey the conditions of the warning, they will be found guilty of the offence. In which case the perpetrator will be sentenced to imprisonment for no longer than 3 months or a fine, no more than R300.

**Table 5: Themes and sub-themes of document A**

<u>Theme</u>	<u>Discussion</u>
Medical Report <u>Sub-themes</u> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	Medical report absent. The document did not make any mention of a medical report being done either.
Interview with child	Child disclosed and was consistent. The

<u>Sub-themes</u> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	<p>child was deemed competent to testify in court.</p>
<p>Interview with collateral sources</p> <u>Sub-themes</u> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	<p>The child's disclosure and the collateral sources recollection of events correlated. The collateral source was the person who the child disclosed to and who reported the case. The collateral source did not witness the incident. The collateral source was related to the child.</p>
<p>Interview with alleged perpetrator</p> <u>Sub-theme</u> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	<p>According to the document, the perpetrator was not interviewed. The perpetrator was not related to the child.</p>

### 10.2.1.2 Document B

- **Conviction: Guilty**

In South-Africa a person is only found guilty of a crime, if it can be proved beyond a reasonable doubt. They are thus treated as an innocent person, until proven otherwise according to the Criminal Procedure Act, Act 51 of 1977 (South Africa, 1977).

**Table 6: Themes and sub-themes of document B**

<u>Theme</u>	<u>Discussion</u>
<p>Medical Report</p> <u>Subthemes</u> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> </ul>	<p>Medical report absent. The document did not make any mention of a medical report being done either.</p>

<ul style="list-style-type: none"> <li>Findings can be caused by something else</li> </ul>	
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<p>Interview with child</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>The child disclosed</li> <li>The child did not disclose</li> <li>The child disclosed but was not consistent</li> <li>The child disclosed but recanted</li> </ul>	<p>Child disclosed and was consistent. The child was deemed competent to testify in court</p>
<p>Interview with collateral sources</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>Collateral sources were not interviewed</li> <li>Collateral sources contradicted the child</li> <li>Collateral sources supported the child</li> </ul>	<p>None were interviewed for the purpose of the forensic interview. The child did, however, mention in his disclosure that a friend witnessed the incident. The researcher is unsure if this "friend" was used as a witness in the case.</p>
<p>Interview with alleged perpetrator</p> <p><u>Sub-theme</u></p> <ul style="list-style-type: none"> <li>Perpetrator was not interviewed</li> <li>The perpetrator confessed</li> <li>The perpetrator did not confess</li> </ul>	<p>According to the document, the perpetrator was not interviewed. The child was not related to the perpetrator.</p>

### 10.2.1.3 Document C

- Conviction: 12 years in prison**

According to the Library of Congress (2015) a person can be sentenced to at least 10 years in prison, when found guilty of rape.

**Table 7: Themes and sub-themes document C**

<u>Theme</u>	<u>Discussion</u>
<p>Medical Report</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>Medical report absent</li> <li>No findings in report</li> </ul>	<p>Medical report absent. The document did not make any mention of a medical report being done either.</p>

<ul style="list-style-type: none"> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	
<p>Interview with child</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	The child was consistent in his/her disclosure and was able to testify.
<p>Interview with collateral sources</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	No collateral sources were interviewed
<p>Interview with alleged perpetrator</p> <p><u>Sub-theme</u></p> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	According to the document, the perpetrator was not interviewed. The child was not related to the perpetrator.

#### 10.2.1.4 Document D

- **Conviction: 3 years house arrest**

House arrest refers to the time, during the day or night, when a perpetrator does not work, and is compelled to stay at home. The period of house arrest may differ (Department of Correctional Services, 2015).

**Table 8: Themes and sub-themes document D**

<u>Theme</u>	<u>Discussion</u>
<p>Medical Report</p> <p><u>Subthemes</u></p> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	<p>A medical report was done, and findings showed that the child's hymen was broken.</p> <p>The document did not have a copy of the medical report, but spoke about the outcome of the assessment.</p>
<p>Interview with child</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	<p>The child was consistent in her disclosure and was able to testify in court</p>
<p>Interview with collateral sources</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	<p>The collateral source caught the child and the alleged perpetrator during one incident.</p> <p>The collateral sources and the child's disclosure were consistent with each other.</p> <p>The collateral source was related to the victim.</p>
<p>Interview with alleged perpetrator</p> <p><u>Sub-theme</u></p> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	<p>According to the document, the perpetrator was not interviewed. The perpetrator was the child's stepfather.</p>

### 10.2.1.5 Document E

- **Conviction: 12 years in prison**

A person can be sentenced to at least 10 years in prison if found guilty of rape.

**Table 9: Themes and sub-themes document E**

<u>Theme</u>	<u>Discussion</u>
<p>Medical Report</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	<p>Medical report absent. The document did not make any mention of a medical report being done either.</p>
<p>Interview with child</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	<p>The child was consistent and could testify in court.</p>
<p>Interview with collateral sources</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	<p>No collateral sources were interviewed</p>
<p>Interview with alleged perpetrator</p> <p><u>Sub-theme</u></p> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	<p>The perpetrator was not interviewed. The child was not related to the alleged perpetrator.</p>

**10.2.1.6 Document F**

- **Conviction: 4 years prison/ 5 years house arrest**

According to The Department of Correctional services (2015), imprisonment can eventually lead to correctional supervision (house arrest). If the person breaks the conditions of the house arrest, the case can be referred back to court, for an alternative sentence.

**Table 10: Themes and sub-themes of document F**

<u>Theme</u>	<u>Discussion</u>
<p>Medical Report</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	<p>There was a copy of the medical report in the document, but the report yielded no findings.</p>
<p>Interview with child</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	<p>The child was consistent in her disclosure and deemed competent to testify in court.</p>
<p>Interview with collateral sources</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	<p>The collateral source caught the child and the perpetrator while he was abusing the child. The Child's statement and the collateral source's recollection of events correlated. The collateral source was related to the victim.</p>
<p>Interview with alleged perpetrator</p> <p><u>Sub-theme</u></p> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	<p>The perpetrator confessed but said that the child started it. The perpetrator was the child's step-father.</p>

## 10.2.2 Non convicted cases

### 10.2.2.1 Document A1

- **Conviction: Acquitted**

The prosecutor failed to prove his or her case beyond a reasonable doubt, not that the perpetrator is innocent (Cornell University Law School, 2015).

**Table 11: Themes and sub-themes Document A1**

<u>Theme</u>	<u>Discussion</u>
<p>Medical Report</p> <p><u>Subthemes</u></p> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	<p>There were contradictions between the medical report and the child's statement. Not clear what the contradictions were.</p>
<p>Interview with child</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	<p>Although the child was thorough in her explanation, she was deemed a competent witness her statement did not correlate with the medical report.</p>
<p>Interview with collateral sources</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	<p>No collateral source was interviewed.</p>
<p>Interview with alleged perpetrator</p> <p><u>Sub-theme</u></p> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	<p>The perpetrator was not interviewed. The child is not related to the alleged perpetrator.</p>

**10.2.2.2 Document B1**

• **Conviction: Lack of evidence**

Even though there might be some evidence linking the alleged perpetrator to the crime, there might not be enough to convict the perpetrator without a reasonable doubt. Without available evidence, criminal charges might be dropped (Lu, 2012).

**Table 12: Themes and sub-themes Document A2**

<u>Theme</u>	<u>Discussion</u>
<p>Medical Report</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	<p>Pornographic photos were taken of the child, although an assessment was done, no evidence of molestation or penetration was found</p>
<p>Interview with child</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	<p>The child was consistent, and deemed competent to testify.</p>
<p>Interview with collateral sources</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	<p>The child's and the collateral source's recollection of disclosure correlated. The collateral source was the person who the child disclosed to and who reported the case. The collateral source did not witness the incident. The collateral source and the child were related to each other</p>
<p>Interview with alleged perpetrator</p> <p><u>Sub-theme</u></p> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	<p>The perpetrator was not interviewed. The alleged perpetrator was related to the child.</p>

### 10.2.2.3 Document C1

- **No conviction: Lack of evidence**

**Table 13: Themes and sub-themes non conviction Document C1**

<u>Theme</u>	<u>Discussion</u>
<p>Medical Report</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	<p>Medical report absent. The document did not make any mention of a medical report being done either.</p>
<p>Interview with child</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	<p>The child was consistent and deemed competent to testify</p>
<p>Interview with collateral sources</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	<p>The child's and the collateral sources recollection of events correlated. The collateral source was the person who the child disclosed to and who reported the case. The collateral source did not witness the incident. The collateral source was related to the child.</p>
<p>Interview with alleged perpetrator</p> <p><u>Sub-theme</u></p> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	<p>None. The alleged perpetrator was related to the child.</p>

### 10.2.2.4 Document D1

- **No conviction: Acquitted**

The prosecutor failed to prove his or her case beyond a reasonable doubt.

**Table 14: Themes and sub-themes Document D1**

<u>Theme</u>	<u>Discussion</u>
Medical Report <u>Sub-themes</u> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	Medical report absent. The document did not make any mention of a medical report being done either.
Interview with child <u>Sub-themes</u> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	The child disclosed but was not consistent and could not give a detailed response to events
Interview with collateral sources <u>Sub-themes</u> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	No collateral sources were interviewed.
Interview with alleged perpetrator <u>Sub-theme</u> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	The perpetrator was not interviewed. The perpetrator was not related to the child.

### 10.2.2.5 Document E1

- **No conviction: Acquitted**

An acquittal does not mean that the alleged perpetrator is innocent only that the prosecutor failed to prove his or her case beyond a reasonable doubt.

**Table 15: Themes and sub-themes Document E1**

<u>Theme</u>	<u>Discussion</u>
Medical Report <u>Subthemes</u> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	Medical report absent. The document did not make any mention of a medical report being done either.
Interview with child <u>Sub-themes</u> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	The child disclosed and was deemed competent to testify in court.
Interview with collateral sources <u>Sub-themes</u> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	A collateral source was interviewed, but spoke positively about the perpetrator since it was a first time offence. The perpetrator did well in other areas of his life.
Interview with alleged perpetrator <u>Sub-theme</u> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	The alleged perpetrator confessed but was underage. The alleged perpetrator accepted responsibility and showed remorse for his actions. The child was not related to the perpetrator.

### 10.2.2.6 Document F1

- **No conviction: Lack of evidence**

**Table 16: Themes and sub-themes Document F1**

<u>Theme</u>	<u>Discussion</u>
<p>Medical Report</p> <p><u>Subthemes</u></p> <ul style="list-style-type: none"> <li>• Medical report absent</li> <li>• No findings in report</li> <li>• Findings of sexual abuse</li> <li>• Findings can be caused by something else</li> </ul>	<p>The medical report shows the possibility of sexual abuse, but also states that something else could have caused the damage to the genital area</p>
<p>Interview with child</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• The child disclosed</li> <li>• The child did not disclose</li> <li>• The child disclosed but was not consistent</li> <li>• The child disclosed but recanted</li> </ul>	<p>The child was reluctant to disclose, never gave enough information and eventually recanted her statement.</p>
<p>Interview with collateral sources</p> <p><u>Sub-themes</u></p> <ul style="list-style-type: none"> <li>• Collateral sources were not interviewed</li> <li>• Collateral sources contradicted the child</li> <li>• Collateral sources supported the child</li> </ul>	<p>The child's and the collateral source's recollection of events correlated. The collateral source was the person who the child disclosed to and who reported the case. The collateral source did not witness the incident. The collateral source was related to the victim.</p>
<p>Interview with alleged perpetrator</p> <p><u>Sub-theme</u></p> <ul style="list-style-type: none"> <li>• Perpetrator was not interviewed</li> <li>• The perpetrator confessed</li> <li>• The perpetrator did not confess</li> </ul>	<p>The perpetrator was not interviewed. The perpetrator was related to the child.</p>

### 10.3 Discussion of factors leading to conviction and no conviction

In the following section the factors that lead to conviction and those that did not will be discussed. The graphics represent the subthemes that were explored and how many documents that were explored had this specific factor.

#### 10.3.1 Medical reports

According to Dawes *et al.*, Borel-Saladin and Parker (2007:195), medical reports from general practitioners (GP's), district surgeons and hospitals, are all potentially useful sources of data on child sexual abuse, particularly where injury to the child occurred. Data received from the documents that lead to conviction will be discussed and is shown Figure 1.

**Figure 1: Medical reports in conviction and no conviction cases**



- **Medical reports in conviction documents**

As seen in the above figure, in four of the cases that lead to conviction, no medical report was available. In one of the cases there was a medical report, but there were no findings in the medical report. Only one of the cases that lead to conviction spoke about a medical report and showed evidence of sexual abuse.

It seems from the data in the above figure, that medical reports weren't present in most documents. If Document F is taken into consideration it seems that even if the medical report does not show supportive information, the conviction rate is not influenced. It should, however, be taken into consideration, that although Document

F's medical report had no supportive information, the child was still consistent, there was a witness to the incident and the perpetrator confessed to the incident. A medical report could, however, be a very strong piece of evidence, if supported by other evidence.

According to a study done by Hedger *et al.* (2002), 96.3% of children who were referred for medical assessment had a normal medical examination. Research has shown that social, medical and legal professionals have relied on the outcome of the medical report to heavily. Palusci *et al.* (1999) and Lewis and Klettke (2012:142) support this finding by stating that most children who are referred for medical assessment have non-specific findings or no findings of sexual abuse at all.

According to Dejong and Rose (1991), physical evidence was not essential nor predictive for conviction rates. Successful prosecution, especially in cases involving younger victims, depended on the effectiveness of the child victim's testimony and the quality of the verbal evidence.

- **Medical reports in no conviction documents**

While looking at the Figure 1, three documents did not have a medical report. One of the documents had a medical report, but there was no evidence of sexual abuse. Two had evidence of sexual abuse, but in one of the cases the injuries could have been caused by something else.

When looking at the documents that did not lead to conviction, it seems as if even if the medical report showed the possibility of sexual abuse, such as in document F1, the medical report was not sufficient enough to lead to a conviction, without the child's disclosure. If data is viewed holistically it seems as if the medical report alone is not deemed as a strong piece of evidence, if not supported by other evidence. The importance of the child's disclosure is discussed in 10.3.2. From the researcher's experience in forensic assessment, it seems as if a child sexual abuse case rarely goes to court if there is no disclosure from the child.

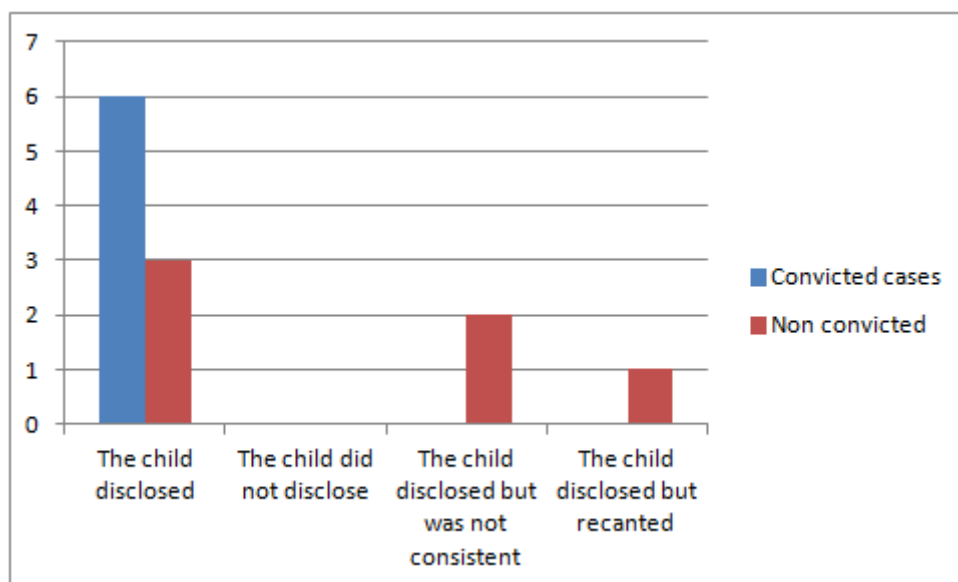
Palusci *et al.* (1999), U.S. Department of Justice (2013:52-95) and Lewis and Klettke (2012:141) have found that the medical assessment plays an important role in guilty conviction rates, but also mention that the child's disclosure and behaviour

play an important role. Ultimately they indicate that a multitude of factors influence the conviction rate of child sexual abuse cases. Although it is assumed that physical examinations and medical interviews will have a positive effect on the investigations, reports have shown a variation in prosecution rates and criminal penalties. According to Lewis and Klettke (2012:142), the presence of medical evidence did not necessarily mean that the medical expert was 100% assured that the abuse had occurred. According to Fouché (2006:213), members of the South African Police Service have to exercise discretion before requesting a medical examination especially if the child is very young and the report does not specifically refer to the possibility of penetration. In most cases of sexual abuse disclosure is only later on, which has an effect on the conviction rates (Faller, 2007:177).

### 10.3.2 Interview with child

A child that has been sexually abused has to talk to at least to 2.3 people about the sexual abuse, before they go to the necessary professional (Faller, 2007:50). It is very important to interview the child, since the child's disclosure can sometimes be the only proof that sexual abuse has occurred. Data received from the documents that lead to conviction will be discussed and are shown in Figure 2.

**Figure 2: Interview with child in conviction and no conviction cases**



- **Interview with children that lead to conviction**

Figure 2 shows that in all the cases that lead to conviction (6), the child disclosed.

In all the cases that lead to conviction, the children disclosed, were consistent and were deemed competent to testify in court. This seems to be the most important factor to influence conviction rates. However, it should be taken into consideration that in 3 of the cases (Document B, D and F) that lead to conviction, there was someone who witnessed the incident, and in one of the cases (Document F), the perpetrator confessed to the abuse, but blamed the child for it. The child's disclosure plus support from other resources, seem to lead to higher conviction rates. This statement is supported by Walsh *et al.* (2010:449), Lewis and Klettke (2012:142) and is discussed more thoroughly in 10.3.3.

According to Faller *et al.* (2010:572), the forensic interview is currently the best method to obtain information regarding sexual abuse. Information obtained during the forensic interview can be used in court to protect the child against the perpetrator. In many cases the child's disclosure during the forensic interview is the only evidence that sexual abuse has occurred. Faller *et al.* (2010:572) also state that problems exist when the child is not able to disclose. The non-disclosure of sexual abuse by a child is a worldwide problem. According to Lyon and Ahern (2011:235), there is consensus among various researchers who survey representative groups of adults about their childhood sexual experiences, that "failure to disclose is common among sexual abused children". Several researchers such as Flemming (1997), Kogan (2004) and Smith *et al.* (2000) cited in Lyon and Ahern (2011:235) found that closer relationships are one of the most important factors that lead to lower rates of disclosure

- **Interview with children that did not lead to conviction**

In the child sexual abuse cases that did not lead to conviction, as seen in the Figure 2, two children disclosed but were not consistent and one child disclosed but recanted.

In two of the cases (Document B1 and C1) where the child disclosed, there was not enough evidence, and it seemed to be the child's word against that of the

perpetrator. In the third case (Document E1) the perpetrator was a child that showed promise of rehabilitation and was thus acquitted. Without the child's disclosure (Document A1, D1 and F1) the case lead to no conviction, no matter other contradictory evidence.

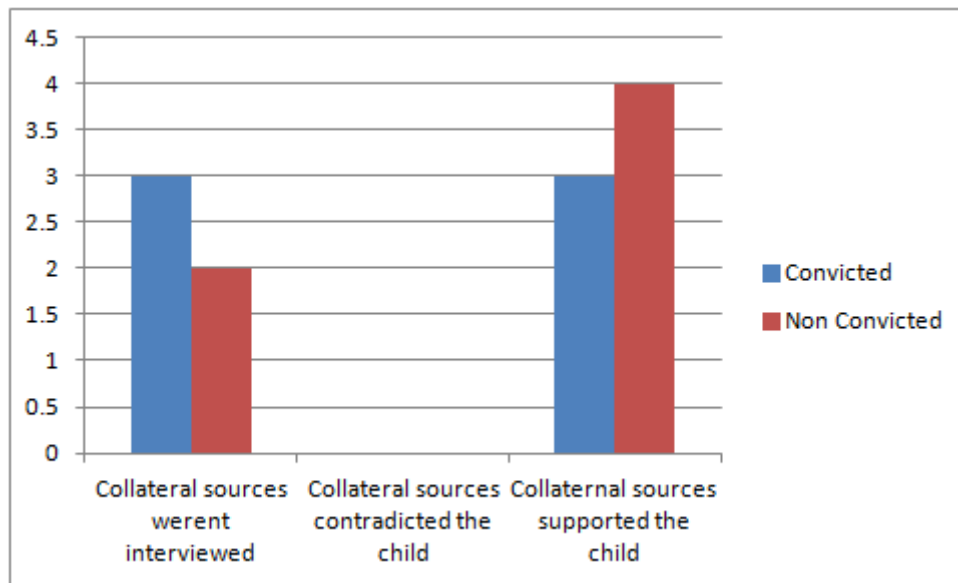
Before a child can testify, it needs to be determined if a child is competent to testify. This means that a child needs to be able to understand the difference between a truth and a lie and be able to speak in the narrative form. The court is sceptical about the trustworthiness and reliability of young children (Weiner, 2003:443). According to London *et al.* (2005:64), the main purpose of the investigative interview is thus to find out what the child's account of the incident is, to establish if the child is in need of protection and lastly to determine if a crime has been committed. Goodman-Brown *et al.* (2003:536) also state that the type of abuse, age and perceived responsibility contribute to the child's disclosure.

Thus although the child's disclosure is very important, as discussed above, corroborating evidence is also needed sometimes. Walsh *et al.* (2010:449) state that four types of evidence lead to higher conviction rates namely a corroborating witness; the victim's disclosure; an additional report against the perpetrator, additional victims, as well as the perpetrator's confession. Thus although the victim's disclosure was needed for a guilty conviction to take place it was not always enough.

### **10.3.3 Interview with collateral sources**

Weiner (2003:294) states that the collateral interview is the developing standard in forensic interviewing. Collateral interviewing refers to interviewing people who know the child or perpetrator in some significant way. Data received from the documents that lead to conviction will be discussed and is shown Figure 3.

**Figure 3: Interview with collateral sources in conviction and no conviction cases**



- **Collateral sources interviewed in convicted cases**

In the cases that lead to conviction, three of the cases had no collateral interviews, while the other cases contained collateral sources that supported the child. None of the cases had collateral sources that contradicted the child.

In documents A, D and F collateral sources were interviewed. All of the collateral sources that were interviewed supported the child in his or her statement. In two of the cases (Document D and F), the collateral source was also a witness. In the other case (Document A), the collateral source was the person the child first disclosed to.

As mentioned earlier by Walsh *et al.* (2010:436) and Lewis and Klettke (2012:142), a corroborating witness can make a big difference between a guilty conviction and a non-conviction. Walsh *et al.* (2010:436) go as far as saying that cases that had a corroborating witness were twice as likely to lead to a guilty conviction. According to Austin (2005) and Nanton (2015), collateral information is very important when trying to assess the validity and credibility of the information obtained. Information from neutral parties or parties that have access to key information play an especially important role. When a neutral collateral source agrees with the information from the victim, credibility is enhanced. Collateral sources might play a very important role in

understanding the situation surrounding the allegation and the family dynamics (Bow *et al.*, 2002:574).

Weiner (2003:294) states that the child's family members, neighbours and religious groups can all be seen as useful sources of information. It is also important to obtain written consent from the child's parents before these people are contacted. Collateral interviews offer additional perspectives on information given by the child and other records. It is also important to determine if the collateral source might be bias or not (Nanton, 2015).

- **Collateral sources interviewed in cases that did not lead to conviction**

According to Figure 3, more collateral sources were interviewed in cases that did not lead to conviction, than those that did. In two of the cases, collateral sources were not interviewed.

A difference in these sources compared to the cases that did lead to conviction, is that the collateral source in this category did not witness the incident, and was only the person the child first disclosed to (Document C1, E1 and F1). It should also be considered that in Document E1, there were collateral sources that stated that the perpetrator was a first time offender and did not have a prior criminal record. Thus although no one contradicted the victim, the perpetrator was not painted in a negative light either. The role of the perpetrator and the interviewing of the perpetrator will be discussed in the next section.

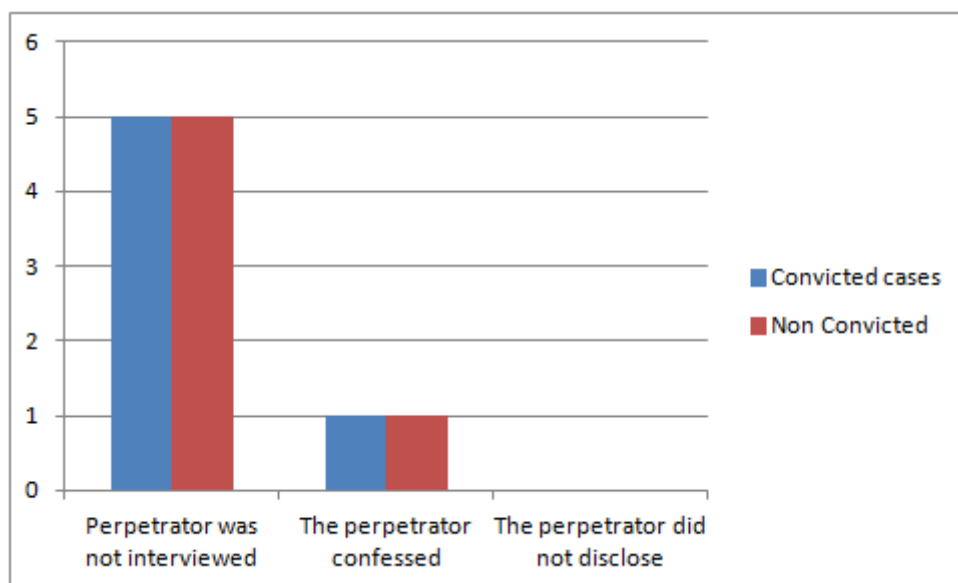
As mentioned above, collateral sources do carry an important weight when it comes to guilty conviction. It is, however, important that the collateral source is a neutral party or has access to key information. When looking at the documents all of the collateral sources that were interviewed were related to the child and were the person the child disclosed to, except in Document E1. It is possible that the credibility and neutrality of these collateral sources were questioned by the court. According to Heilbrun *et al.* (2014:166) it is important to interview collateral sources that the child is familiar with, for example family members, but potential bias needs to be taken into consideration. The accuracy of collateral information can be improved by interviewing multiple sources, such as teachers, friends or other people that might have important information regarding a certain subject. As mentioned earlier by

Nanton (2015), Austin (2005) and Bow *et al.* (2002:574), interviewing collateral sources might provide alternative perspectives. It might inform the forensic interviewer of alternative hypothesis. For example, if the child's knowledge of sexual abuse is above that of his or her age, a collateral source might inform the forensic worker that the child was exposed to porn, rather than sexually assaulted or penetrated. On the other hand if the collateral source supports the child's statement, it might make the child more believable to the criminal justice system.

### 10.3.4 Interview with the perpetrator

A perpetrator is a person who has caused or knowingly allowed a child to be abused (Child Welfare information gateway, 2015). It is very important to be thorough when interviewing a perpetrator, since they have a tendency to minimise or deny what they did (Stapleton, 2007:26). Data received from the documents that lead to conviction will be discussed and are shown in Figure 4.

**Figure 4: Interview with perpetrator**



- **Interview with perpetrator in convicted cases**

When looking at Figure 4, it is clear that in five of the documents, the perpetrator was not interviewed. The perpetrator was only interviewed in one of the cases that lead to conviction.

In Document F it was reported that the perpetrator confessed, but blamed the incident on the child. According to Johnson (2004), the perpetrator might try and

rationalise his or her behaviour by suggesting that the child enjoyed the experience or willingly participated. As mentioned earlier by Stapleton (2007:23-26), some perpetrators have the tendency to minimise their behaviour. It is also stated that it is important that the perpetrator take accountability for his or her actions, for future intervention with the perpetrator to be successful.

None of the perpetrators that were convicted were blood related to the child. Research regarding the conviction rates of family members who abuse their own children and their families, children are contrasting to what was found in this research. According to Collings (2007:14) and Lyon and Ahern (2011:239), some findings show that family members are more likely to be convicted, while others show that family members are less likely to be convicted. In research done by Smallborne and Wortley (2001) cited in Lyon and Ahern (2011:23) with 182 child sex offenders “only 6.5 percent of offenders had their first sexual contact with a stranger”.

- **Interview with perpetrator in non-convicted cases**

According to the Figure 4 most perpetrators were not interviewed. The perpetrator was only interviewed in one of the cases.

In documents A1, B1, C1, D1 and F1 the perpetrator was not interviewed. In Document E1 the perpetrator confessed. The perpetrator was underage, and showed remorse towards his actions, and was thus acquitted. According to Ward (2006:131), many courts have found remorse to be an important factor to determine the punishment of the perpetrator. Two of the perpetrators were related to the child, while the others were not.

As mentioned earlier by Collings (2007:14) and Lyon and Ahern (2011:239), findings regarding the conviction rates of family members versus strangers differ. The absence of interviews with the perpetrator in these documents make it difficult to determine if interviewing the perpetrator on a more regular basis might have had an influence on conviction rates. As mentioned earlier by Walsh *et al.* (2010:436), a confession by the alleged perpetrator leads to a higher conviction rate in sexual abuse cases. Confession is prosecutors’ most potent weapon. Confession from a perpetrator can make all the other factors in a case irrelevant. For a confession to

be viable it cannot be brought out by brute force, deprivation of basic needs, prolonged isolation, promises of immunity, threat of punishment or without notifying the alleged perpetrator of his or her rights (Kassin, 2001:2517, Kassin & Gudjonsson, 2005:35).

## **11. RESEARCHER'S OBSERVATION**

### **11.1 Interviews with child**

During the document analysis the researcher made several observations. In most of the documents that the researcher analysed, the interviews were only with the child and the social worker solely relied on the disclosure of the child. As concluded earlier, although the confession of the child is very important, supporting evidence can be the difference between a conviction and a non-conviction.

### **11.2 Interview with collateral sources**

In most of the cases the person who opened the case was the only person who was interviewed, which in all cases turned out to be the child's parent. The presence of corroborating evidence can contribute to guilty findings (Walsh *et al.*, 2010:436; Lewis & Klettke, 2012:142). Weiner (294:2003), (Nanton, 2015), Austin (2005) and Bow *et al.* (2002:574) highlight the importance of collateral sources in the forensic assessment. Collateral sources provide supportive evidence, alternative hypothesis and key information.

### **11.3 Interview with perpetrator**

The perpetrator was only interviewed in two of the cases. Due to the lack of interviews with perpetrators, it is difficult for the researcher to determine what impact it might have. In two documents that were analysed, the perpetrators confessed. This is not always the case. As mentioned by Stapleton (2007:23-26) and Johnson (2004), perpetrators often minimise their behaviour, blame the victim or deny that they committed the incident.

### **11.4 High caseloads and time constraints**

Time constraints and high caseloads can hinder the social worker in interviewing collateral sources and the perpetrator.

It can also be difficult to get the contact details of collateral sources. Police officers working on the case are also busy, and cannot always drive other witnesses to the offices of The Teddy Bear Clinic. The Social work policy institute (2010) notes that high caseloads have the following impact on the social service profession:

- A higher turnover rate of staff.
- It can lead to emotional exhaustion of social worker (Which might also affect the social workers ability to do the forensic assessment to the best of his/her ability).
- They also found that to reach policy requirements for cases, social workers could not have more than 15 cases a month. At the Teddy Bear Clinic, social workers have to see at least 30 clients per month.

### **11.5 Report writing**

While analysing the documents, the researcher once again recognised the importance of detailed process notes. Sometimes process notes hold important information that can be used in a case. According to the Columbia University, School of Social Work (2015:3), process notes allow for close oversight by the organisation and social worker himself.

Many of the process notes were not detailed. The social workers often wrote in acronyms and symbols. This made it difficult to determine what the social worker was saying. According to Nanton (2015), the court can sometimes request the documents of the social worker. This needs to be taken into consideration when writers process notes, since it can influence the case.

Some of the information given in the reports was supported by resources, although no reference list was available. Nanton (2015) also states that written reports list sources used to compile the report. Once again it is important to realise that forensic reports are used in court as an expert opinion, since expert opinion can take the form of a written report (Faller *et al.*, 2010:572).

### **11.6 Forensic interviewing in multi-disciplinary**

The clinic has strong partnerships with different organisations in the community such as the National Prosecution Service (NPS), the South-African Police Service (SAPS), national courts and child protection services. SAPS refer most of their child

abuse cases to The Teddy Bear Clinic for psychological, forensic and medical treatment and examination. The clinic thus has a strong bond with other professions working with child sexual abuse.

## 12. SUMMARY

As seen in the above discussions, a wide range of factors can influence the conviction rates of sexually abused children, as seen from the document analysis done at the Teddy Bear Clinic. Factors that might influence conviction rate include the medical report, the child's disclosure, collaborating evidence from a collateral witness and the perpetrators confession.

According to Jones *et al.* (2010:296), there are procedures identified that will improve the outcome of sexual abuse cases, for example collecting more information from corroborating witnesses. Long *et al.* (2011:1) suggest several strategies to increase prosecution rates namely:

- Understanding the perpetrators grooming technique as it plays an important role in the child's commission to sexual abuse.
- To recognise that a child's disclosure of sexual abuse is delayed. a Judge confused by the child's delay, may need an explanation to hold the perpetrator accountable.
- To create a multi-disciplinary team to child sexual abuse. This will keep the witness safe and allow them to participate in the prosecution process. Coordination of services promote and encourage victims to cooperate and interagency networking.
- It is important that the people conducting the forensic interview are competent, as defence attorneys frequently question the content and format of the forensic interview and the expertise of the interviewer.
- The offender and sometimes the non-offending parents place much pressure on the child after disclosure. Recantation needs to be explained to the judge, so it can be understood.
- Expert testimony is sometimes needed to explain the victim's behaviour.

A multitude of factors can influence the child's ability to give information regarding the case, for example the techniques that the interviewer is using, the age of the

child and the characteristics of the case. It is also important to take into consideration that constant retelling of events can have a traumatic effect on the child (Lamb *et al.*, 2008:19). From the document analysis the researcher observed that it is important that a certain protocol must be used during the forensic interview as discussed by Hershkowitz *et al.* (2006:774-775). According to Hershkowitz *et al.* (2006:774-775) and Hershkowitz & Terner, 2007:1131), it is important for the interviewer to:

- Mention certain ground rules to the child, for example that if the interviewer says something that is not true the child can correct the interviewer. This might influence the amount of disclosures the forensic social worker gets during the interview.
- It is also important that children are not interviewed by more than one forensic social worker as it may increase the likelihood of false allegations due to suggestions and leading questions (Hershkowitz *et al.*, 2006:754). In turn this may affect the conviction rate of child sexual abuse cases, since it influences the credibility of the child.

Perpetrators usually normalise or deny their behaviour and it can be difficult to communicate this to the criminal justice system (Quadara, 2014). It, therefore, might be necessary to provide training to judges and prosecutors in South Africa to inform them of the dynamics of sexual abuse like the Teddy Bear Clinic South Africa already did. The Teddy Bear Clinic provides training to prosecutors, judges, and police officers in crimes against children and public prosecutors are also shown how to deal with children who have been abused (Lamprecht, 2001).

As seen from the document analysis in this research the interviewing of collateral sources is very important. Collateral sources are the most valuable pieces of evidence and are sometimes placed above the child's disclosure and the interviewers observation (Bow *et al.*, 2002:570). It is thus important for social workers who conduct forensic interviews to place more value on the collection of collateral information.

### **13. RECOMMENDATIONS**

In the view of findings in this study the following recommendations can be made:

- Further research regarding factors contributing to the conviction rates of child sexual abuse should be conducted on a larger sample in South Africa.
- Further research on factors that influence the child's disclosure, as this seems to be one of the factors that contribute to conviction rates the most.
- More thorough investigations need to be done during forensic assessments. The social worker needs to interview more collateral sources and the perpetrator where possible.
- It might be wise to provide social workers that are conducting forensic interviews with a checklist. This checklist can be used as a guideline to determine what type of evidence still needed to be collected by the forensic interviewer.
- The legal professions knowledge regarding child sexual abuse needs to be improved. The Teddy Bear Clinic already provides services like this. It should be an on-going service.
- Process notes and other reports in the document need to be detailed and clear, so that other professionals can also make sense of it.
- Certain statements in forensic reports need to be explained and supported by resources. Resource lists need to be attached to the forensic report, as this will enhance the credibility of the social worker doing the forensic assessment.

### **14. CONCLUSION**

The research discusses the factors that influence conviction rates and those that do not. As mentioned earlier conviction rates for sexual abuse cases in South-Africa and in the rest of the world are very low (Barret, 2014:1; Collings, 2007:14; Müller & Hollely, 2000:340-341). Factors that influence this are inexperienced social workers and incomplete documentation. Incomplete documentation also makes it extremely difficult to analyse documents on sexual abuse (Cussons, 2011:33; Faller, 2007:58; Ntlatleng, 2011:2-3; Stern & Walsh, 1997:10).

From the documents analysed in this research it seems that the child's disclosure is the one of the most important factors contributing to the conviction rates of child sexual abuse cases. This being said, the child's statement also needed to be

supported by other pieces of evidence, such as the medical report, a collateral source or the perpetrators confession. The child's disclosure, with corroborating witnesses, medical findings, perpetrators confession, or an additional report from another victim lead to guilty convictions (Lewis and Klettke (2012:14; Palusci *et al.* 1999:2; Walsh *et al.*, 2010:436; U.S. Department of Justice, 2013:52-95). Although all the factors that were investigated were important, one piece of evidence on its own, without supporting documents, rarely carried enough weight to lead to a guilty conviction.

The successful conviction in sexual abuse cases can provide the child with a sense of safety, move the perpetrators out of the community and assure that perpetrators are accountable for their crimes. Success in this area might also encourage victims and their families to be more cooperative, or more willing to disclose sexual abuse (Walsh, 2010:463). Professionals such as social workers must always take action in the best interest of the child.

## 15. REFERENCES

Austin, W. G. 2005. Guidelines for using collateral sources of information in child custody evaluations. <http://onlinelibrary.wiley.com/doi/10.1111/j.174-1617.2002.tb00828.x/abstract> Date of access: 30 Oct. 2015.

Babbie, E. & Mouton, J. 2001. The practice of social research. Cape Town: Oxford University Press.

Barret, D. 2014. Conviction rate for sex crime in sudden drop. [www.telegraph.co.uk/news/crime/10834569/conviction-rate-for-sex-crime-in-sudden-drop.html](http://www.telegraph.co.uk/news/crime/10834569/conviction-rate-for-sex-crime-in-sudden-drop.html) Date of access: 18 Mar. 2015.

Baxter, P. & Jack, S. 2008. Qualitative case study methodology: study design and implementation for novice researchers. *The qualitative report*, 13(4):544-559.

Berg, B.L. 2007. Qualitative research methods for the social science. Boston: Allyn and Bacon.

Botma, Y., Greeff, M., Mulaudzi, F.M. & Wright, S.C.D. 2010. Research in Health Science. Cape Town: Heinemann, Pearson Education South Africa.

Bow, J.M., Quinnell, F.A., Zaroff, M. & Assemany, A. 2002. Assessment of sexual abuse allegations in child custody cases. *American psychological association*, 33(6):566-575.

Butz, D. 2008. Sidelined by the guidelines: reflection of the limitations of standard informed consent procedures for the conduct of ethical research. *ACME: An International Journal for Critical Geographs*, 7(2):239-259.

Carstens, R. 2006. The expert witness in cases of child sexual abuse. (In Spies, G.M. ed. Sexual abuse: dynamics, assessment and healing. Pretoria: Van Schaik. p. 185-201).

Collings, S.J. 2007. Criminal justice outcomes in child rape: a case flow analysis. *Acta Criminology*, 20(4):14-18.

Child welfare information gateway. 2015. Perpetrators of child abuse and neglect. <https://www.childwelfare.gov/topics/can/perpetrators/> Date of access: 9 Nov. 2015.

Columbia University School of Social Work. 2015. Handbook for student social work recording. Columbia: Department of field education.

Cornell University Law School. 2015. Acquittal.

<https://www.law.cornell.edu/wex/acquittal> Date of access: 4 Nov. 2015.

Cresswell, J.W. 2007. Qualitative inquiry and research design: choosing among five approaches. London: SAGE.

Cresswell, J.W. 2009. Research design: qualitative, quantitative and mixed methods approach. Los Angeles: SAGE.

Cussons, M.J. 2011. The experience of social workers in the process of investigating child sexual abuse. Potchefstroom: North-West University. (Dissertation: MSW in Forensic Practice).

Dawes, A., Borel-saladin, J. & Parker, Z. 2007. Measurement and monitoring. (*In* Richter, L., Dawes, A. & Higson-Smith, C., eds. Sexual abuse of young children in South Africa. Cape Town: HSRC Press. p. 176-205).

Dejong, A.R. & Rose, M. 1991. Legal proof of child sexual abuse in the absence of physical findings.

[http://pediatrics.aappublications.org/content/88/3/506?variant=short&sso=1&sso\\_redirect\\_count=1&nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token](http://pediatrics.aappublications.org/content/88/3/506?variant=short&sso=1&sso_redirect_count=1&nfstatus=401&nftoken=00000000-0000-0000-0000-000000000000&nfstatusdescription=ERROR%3a+No+local+token) Date of access: 30 Oct. 2015.

Delpont, C.S.L., Fouché, C.B. & Schurink, W. 2011. Theory and literature in qualitative research. (*In* De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L., eds. Research at grass roots: for the social sciences and human service professions. Pretoria: Van Schaik. p. 297-306).

Department of Correctional services. 2012. Community corrections.

<http://www.dcs.gov.za/Services/CommunityCorrections.aspx> Date of access: 4 Nov. 2015.

Department of Justice and Constitutional Development. 2015. Bail.  
<http://www.justice.gov.za/faq/faq-bail.html> Date of access: 8 Nov. 2015.

Dictionary.com. 2015. Definitions. <http://dictionary.reference.com/browse/factor>  
Date of access: 30 Oct. 2015.

Elo, S. & Kyngas, H. 2007. The qualitative content analyses process. *Journal of Advanced Nursing*. 62(1):107-115.

Ewing, D. 2007. Advocacy on behalf of sexually abused children: research and policy issues arising from a case study. (In Richter, L., Dawes, A & Higson-Smith, C., eds. *Sexual abuse of young children in South Africa*. Cape Town: HSRC Press. p. 276-303).

Faller, K.C. 2007. Interviewing children about sexual abuse: Controversies and best practice. New York: Oxford University Press.

Faller, K.C., Cordisco-Steele, L. & Nelson-Gardell, D. 2010. Allegations of sexual abuse of a child: What to do when a single forensic interview isn't enough. *Journal of Child Sexual Abuse*. 19:572-589.

Fink, A. 2006. How to conduct surveys: A step-by-step guide. California: Sage Publications.

Fouché, A. 2006. Assessment of the sexually abused child. (In Spies, G.M. eds. *Sexual abuse: dynamics, assessment and healing*. Pretoria: Van Schaik Publishers. p. 205-240).

Fouche, C.B. & Delpont, C.S.L. 2011a. In-depth review of literature. Quantitative research designs. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L., eds. *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik. p. 133-140).

Fouché, C.B., & De Vos, A.S. 2011. Formal formulations. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L., eds. *Research at grass roots: for the social sciences and human service professions*. Pretoria: Van Schaik. p. 89-100).

Fouché, C.B. & Schurink, W. 2011. Qualitative research designs. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L., eds. *Research at grass roots: for the social sciences and human services professions*. Pretoria: Van Schaik. p. 307-327).

Goodman-Brown, T.B., Edelstein, R.S., Goodman, G.S., Jones, D.P.H. & Gordon, D.S. 2003. Why children tell: a model of children's disclosure of sexual abuse. *Child Abuse and Neglect*, 27:525-540.

Gray, D.E. 2009. *Doing Research in Real World*. Los Angeles: Sage Publishers.

Grinnell, R.M. 2001. *Social work research and evaluation: quantitative and qualitative approaches*. New York: Peacock.

Groves, R.M., Fowler, F.J., Couper, M.P., Lepkowski, J.M., Singer, E. & Tourangeau, R. 2009. *Survey Methodology*. New Jersey: John Wiley & Sons.

Hedger, A., Tiscon, L., Velasquez, O. & Bernier, R. 2002. Children referred for possible sexual abuse: medical findings in 2384 children. *Child Abuse & Neglect*, 6(7):645-659.

Heilbrun, K., Dematteo, D., Holliday, S.B. & Laduke, C. 2014. *Forensic mental health assessment*. New York: Oxford University Press.

Hershkowitz, I., & Terner, A. 2007. The effects of repeated interviewing on children's forensic statements of sexual abuse. *Applied Cognitive Psychology*, 21:1131-1143.

Hershkowitz, I., Orbach, Y., Lamb, M.E., Sternberg, K.J. & Horowitz, D. 2006. Dynamics of forensic interviews with suspected abuse victims who do not disclose abuse. *Child Neglect & Abuse*, 30:753-769.

Irwin, S. & Winterton, M. 2011. Debates in qualitative secondary analysis: critical reflections. *Economic and Social Research Council*, 4:1-23.

Johnson, C.F. 2004. Child sexual abuse.  
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(04\)16771-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(04)16771-8/fulltext)  
Date of access: 30 Oct. 2015.

Jones, L.M., Atoro, T.P., Walsh, W.A., Cross, T.P., Shadoin, A., & Magnuson, S. 2010. A content analyse of non-offending caregiver and youth experiences with child sexual abuse investigations. *Journal of Interpersonal Violence*, 25(2): 291-314.

Kassin, M. 2001. Confessions: Psychology and forensic aspects. *International Encyclopaedia of the Social and Behaviour Science*, 2516-2520.

Kassin, M. & Gudjonsson, G.H. 2005. The psychology of confessions. *Psychological Science in the Public Interest*, 5(2):33-67.

Lamb, M.E., Hershkowitz, I., Orbach, Y. & Esplin, P.W. 2008. Tell me what happened: Structured investigative interviews of child victims and witnesses. Chichester: Wiley & Sons.

Lamprecht, L. 2001. Teddy bear clinic for abused children.  
<http://impumelelo.org.za/media/publications/teddy-bear-clinic-for-abused-children>  
Date of access: 31 Jan. 2015.

Lewis, T. & Klettke, B. 2012. Medical evidence in child sexual assault cases. *Journal of Criminal Psychology*, (2)2:140-152.

Library of Congress. 2015. Sentencing Guidelines: South-Africa.  
<http://www.loc.gov/law/help/sentencing-guidelines/southafrica.php> Date of access:  
4 Nov. 2015.

London, K., Bruck, M., Shuman, D.W. & Ceci, S.J. 2005. Disclosure of child sexual abuse: What does the research tell us about the ways that children tell?  
*Psychology, public policy and law*, 11(1):194-226.

Long, J., Wilkonson, J. & Kays, J. 2011. 10 Strategies for prosecuting child sexual abuse at the hands of a family member. *The Prosecutors Newsletter on Violence against Woman*, 1-7.

Lu, A. 2012. 5 Reasons prosecutors drop criminal charges.  
<http://findlaw.com/blotter/2012/09/5-reasons-prosecutors-drop-criminal-charges.html>  
Date of access: 4 Nov. 2015.

Lyon, T.D. & Ahern, E.C. 2011. Disclosure of child sexual abuse. (In Myers, J.E.B. ed. The APSAC handbook on child maltreatment. London: SAGE. p. 233-252).

Meel, B. L. 2008. Trends of rape in the Mthatha area: Eastern Cape, South Africa. *SA Fam Pract*, 50(1):69.

Monette, D.R., Sullivan, T.J. & De Jong, C.R. 2005. Applied Social Research: A Tool for the Human Services. London: Thomson Brooks/Cole Publishers.

Müller, K.D. & Hollely, K. 2000. Introducing the child witness. Port Elizabeth: Printrite.

Nanton, A. 2015. Psychiatric forensic interview.

<http://emedicine.medscape.com/article/2009478-overview#showall> Date of access: 8 Nov. 2015.

Neuman, W.L. 2000. Social research methods: qualitative and quantitative approaches. London: Allyn and Bacon.

New Dictionary of Social Work. 1995. Revised and comprehensive edition. Cape Town: CTP Book Printers.

Nieuwenhuis, J. 2010. Qualitative research designs and data gathering techniques. (In Maree, K. ed. First steps in research. Pretoria: Van Schaik. p. 70-97).

Ntlatleng, M.J. 2011. Circumstances that influence the finalisation of child sexual abuse cases in Tembisa. Potchefstroom: North-West University. (Dissertation: MSW in Forensic Practice).

Oxford Dictionaries. 2015. Oxford dictionaries: Language matters.

<http://www.oxforddictionaries.com/definition/english/case-file> Date of access: 30 Oct. 2015.

Palusci, V.J., Cox, E., Cyrus, T.A., Heartwell, S.W., Vandervort, F.E. & Pott, E.S. 1999. Medical assessment and legal outcome in child sexual abuse.

<http://archpedi.jamanetwork.com/article.aspx?articleid=346461> Date of access: 30 Oct. 2015.

Patton, M.Q. 1999. Enhancing the quality and credibility of qualitative analysis. *Health Service Research*, 34(5):1189-1208.

Patton, M.Q. 2002. *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.

Quadara, A. 2014. Prosecuting child sexual abuse: The role of social science evidence. <http://www.aifs.gov.au/institute/pubs/fpl/fpl26.html> Date of access: 1 May 2015.

Rape Statistics South Africa and Worldwide. 2007/2008. <http://urbanza.mimachines.hop.clickband.net> Date of access: 22 Oct. 2014.

Responsible conduct of research. 2004. Conflict of interest. [http://ccnmtl.columbia.edu/projects/rcr/rcr\\_conflicts/foundation/#5](http://ccnmtl.columbia.edu/projects/rcr/rcr_conflicts/foundation/#5) Date of access: 7 Jun. 2015.

Sadan, M. 2007. Challenges of service evaluation in the Wynberg and Cape Town Sexual Offences Courts and their related services. (In Richter, L. & Dawes, A. & Higson-Smith, A. eds. *Sexual abuse of young children in Southern Africa*. Cape Town: Human Sciences Research Council. p. 227-249).

SAPAC. 2015. Sexual assault prevention and awareness. <https://sapac.umich.edu/article/196> Date of access: 30 Oct. 2015.

Saywitz, K.J. 2002. Developmental underpinning of children testimony. (In Westcott, H.L., Davies, G.M. & Bull, R.H.C. eds. *Children's testimony*. New York: John Wiley & Sons. p. 3 -19).

September, R. 2007. The report of the Parliamentary task group on sexual abuse of children 2002: a commentary. (In Richter, L. & Dawes, A. & Higson-Smith, A. eds. *Sexual abuse of young children in Southern Africa*. Cape Town: Human Sciences Research Council. p. 304-331).

Shenton, A.K. 2004. Strategies for ensuring trustworthiness in qualitative research project. *Education for Information*, 22:63-75.

Social work policy institute. 2010. High caseloads: How can they impact delivery of health and human services. <http://www.socialworkpolicy.org/wp-content/uploads/2010/02/r2p-cw-caseload-swpi-1-10.pdf> Date of access: 31 Oct. 2015.

South-Africa. 2005. Children's Act, Act 38 of 2005. Pretoria: Government Printer.

South Africa. 2007. Criminal Law (Sexual Offences and related matters) Amendment Act 32 of 2007. Pretoria: Government Press.

South Africa. 2012. Department of Social Development (DSD). Violence Against Children in South Africa. Pretoria: Government Press.

South Africa. 2012/2013. South African Police National Statistics. Pretoria: Government Printer.

South Africa. 1977. Criminal procedure act, No.51 of 1977 (As amended). Pretoria: Government Printer.

Stapleton, U. 2007. Working with perpetrators of domestic violence- An evaluation of the South East domestic violence intervention programme. US Department of Justice. (Dissertation: MSW in Social Work).

Stern, P. & Walsh, B. 1997. The role of child interview specialists. *The APSAC Advisor*, 8(2):10-12.

Steward, D.W. & Kamins, M.A. 1993. Secondary sources. Thousand Oaks: SAGE Publications.

Strydom, H. 2011a. Sampling in the quantitative paradigm. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpport, C.S.L., eds. Research at grass roots: for the social sciences and human service professions. Pretoria: Van Schaik. p. 222-228).

Strydom, H. 2011b. Ethical aspects of research in the social science and human service professions. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpport, C.S.L., eds. Research at grass roots: for the social sciences and human services professions. Pretoria: Van Schaik. p. 113-129).

- Strydom, H. & Delport, C.S.L. 2011a. Sampling and pilot study in qualitative research. (*In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots: for the social sciences and human service professions. Pretoria: Van Schaik. p. 390-396).*
- Strydom, H. & Delport, C.S.L. 2011b. Information collection: document study and secondary analysis. (*In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots: for the social sciences and human service professions. Pretoria: Van Schaik. p. 376-389).*
- The Teddy Bear Clinic. 2015. <http://ttbc.org.za/> Date of access: 31 Jan. 2015.
- Thyer, B.A. 2001. The handbook of social work research methods. London: SAGE.
- Townsend, L. & Dawes, A. 2007. Individual and contextual factors associated with the sexual abuse of children under 12: a review of recent literature. (*In Richter, L. & Dawes, A. & Higson-Smith, A. eds. Sexual abuse of young children in Southern Africa. Cape Town: Human Sciences Research Council. p. 55-94).*
- USLegan. 2015. Definitions. <http://definitions.uslegal.com/c/conviction-rate/> Date of access: 30 Oct. 2015.
- U.S. Department of justice, office of violence against woman. 2013. A national protocol for sexual assault medical forensic examinations. <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf> Date of access: 1 May 2015.
- Van Niekerk, J. 2007. At the coalface: the Childline experience. (*In Richter, L. & Dawes, A. & Higson-Smith, A. eds. Sexual abuse of young children in Southern Africa. Cape Town: Human Sciences Research Council. P. 263-275).*
- Walsh, W.A., Jones, L.M., Cross, T.P. & Lippert, T. 2010. Prosecuting child sexual abuse: the importance of evidence type. *Crime and delinquency*, 56(3):436-454.
- Ward, B.H. 2006. Sentencing without remorse. *Law Commons*, 38(1):131-167.
- Weiner, I.B. 2003. Handbook of psychology, forensic psychology. New Jersey: John Wiley & Sons.

Zastrow, C. & Kirst-Ashman, K.K. 2007. Understanding human behaviour and the social environment. Belmont: Thomson Brooks/Cole.

**SECTION B**

**ANNEXURES**

## ANNEXURE 1: ETHICAL PERMISSION



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOPHIRI-BOPHERIMA  
NOORDWES-UNIVERSITEIT  
POTCHEPSSTROOM CAMPUS

Private Bag 30201, Potchefstroom  
South Africa 2520

Tel: 018 299-1111/2222  
Web: <http://www.nwu.ac.za>

Ethics Office  
Tel: 018-299 3082  
Fax: 018-299 3088  
Email: [Ethics@nwu.ac.za](mailto:Ethics@nwu.ac.za)

30 October 2015

Dr AA Roux  
Social Work

Dear Dr Roux

### **HREC APPROVAL OF YOUR APPLICATION**

**Ethics number: NWU-00194-15-S1**

Kindly use the ethics reference number provided above in all correspondence or documents submitted to the Health Research Ethics Committee (HREC) secretariat.

**Project title: A case study of factors that may influence the conviction rates of child sexual abuse cases**

**Project leader/supervisor: Dr AA Roux**

**Student: S Brits**

**Application type: Full Single**

**Risk level descriptor: Medium**

You are kindly informed that at the meeting held on 12/08/2015 of the HREC, Faculty of Health Sciences, the aforementioned was approved.

The period of approval for this project is from 30/10/2015 to 30/11/2016.

#### **After ethical review:**

Translation of the informed consent document to the languages applicable to the study participants should be submitted to the HREC (if applicable).

The HREC requires immediate reporting of any aspects that warrants a change of ethical approval. Any amendments, extensions or other modifications to the protocol or other associated documentation must be submitted to the HREC prior to implementing these changes. Any adverse/unexpected/unforeseen events or incidents must be reported on either an adverse event report form or incident report form.

A progress report should be submitted within one year of approval of this study and before the year has expired, to ensure timely renewal of the study. A final report must be provided at completion of the study or the HREC must be notified if the study is temporarily suspended or terminated. The progress report template is obtainable from Carolien van Zyl at

[Carolien.VanZyl@nwu.ac.za](mailto:Carolien.VanZyl@nwu.ac.za). Annually a number of projects may be randomly selected for an external audit.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.

Please note that for any research at governmental or private institutions, permission must still be obtained from relevant authorities and provided to the HREC. Ethics approval is required BEFORE approval can be obtained from these authorities.

The HREC complies with the South African National Health Act 61 (2003), the regulations on Research with Human Participants of 2014 of the Department of Health and Principles, the Declaration of Helsinki, 2013, the Belmont Report and the Ethics in Health Research: Principles, Structures and Processes (SANS document).

We wish you the best as you conduct your research. If you have any questions or need further assistance, please contact the Ethics Office at [Carolien.VanZyl@nwu.ac.za](mailto:Carolien.VanZyl@nwu.ac.za) or 018 299 2089.

Yours sincerely



Prof Minnie Graeff  
HREC Chairperson

Current version: (133) (2017) CA/Amend(133) (2017) Constitution of the HREC - Application of the Application/Application 07 - 01 August 2018/01/2018/01/01 (AA Research Ethics) (2018) (2018) (AA Research Ethics) - A/Updated HREC Approval form\_1 (Rev. 2018) 1.docx  
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NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom  
South Africa 2520

Tel: (018) 299-4900  
Faks: (018) 299-4910  
Web: <http://www.nwu.ac.za>

Institutional Research Ethics Regulatory  
Committee  
Tel +27 18 299 4849  
Email [Ethics@nwu.ac.za](mailto:Ethics@nwu.ac.za)

#### ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by Health Research Ethics Committee (HREC), the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

<b>Project title:</b> A case study of factors that may influence the conviction rates of child sexual abuse cases.					
<b>Project Leader:</b> Dr AA Roux					
<b>Ethics number:</b>	N	W	U	-	0 0 1 9 4 - 1 5 - A 1
	Institution	Project Number	Year	Status	
	<small>S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>				
<b>Approval date:</b> 2015-10-30	<b>Expiry date:</b> 2016-11-30		<b>Risk</b>	<b>Medium</b>	

Special conditions of the approval (if any): None

**General conditions:**  
While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC:
  - annually (or as otherwise requested) on the progress of the project;
  - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-IRERC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC and new approval received before or on the expiry date.
- In the interval of ethical responsibility the NWU-IRERC retains the right to:
  - request access to any information or data at any time during the course or after completion of the project;
  - withdraw or postpone approval if:
    - any unethical principles or practices of the project are revealed or suspected;
    - it becomes apparent that any relevant information was withheld from the NWU-IRERC or that information has been false or misrepresented;
    - the required annual report and reporting of adverse events was not done timely and accurately;
    - new institutional rules, national legislation or international conventions deem it necessary.

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC for any further enquiries or requests for assistance.

Yours sincerely

Linda du Plessis

Digitally signed by Linda du Plessis  
DN: cn=Linda du Plessis, o=IRERC,  
ou=Institutional Research Ethics Regulatory Committee,  
ou=NWU,  
c=ZA  
Date: 2016.11.09 12:02:48 +0200

Prof Linda du Plessis

Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

## ANNEXURE 2: CONSENT FROM TEDDY BEAR CLINIC



**Head Office**  
The National Institute for  
Child Health and Development  
13 Joubert Street Bld.  
Parktown  
Pretoria 2001  
Private Bag 290500  
Houghton 2041  
[www.tbcc.org.za](http://www.tbcc.org.za)

**Branches**  
**Head Office and Johannesburg**  
Tel: (011) 434-4354/4634  
Cell: 083 992 4100  
Fax: (011) 434-4351  
**Midrand**  
Tel: (011) 846-8877  
Cell: 071 794 8988  
**Gereke**  
Tel: (011) 346-8160/4673  
Cell: 060 888 2897  
**Edinburgh Programme**  
Cell: 078 374 4881

5 June 2015

Dr. AA ROUX STUDY LEADER

MISS SHEREE BRITS MA-STUDENT IN SOCIAL WORK: FORENSIC PRACTICE

**RESEARCH PROJECT: MISS SHEREE BRITS MA-STUDENT IN SOCIAL WORK:  
FORENSIC PRACTICE**

### CONSENT FORM OF ORGANISATION PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.

The Teddy Bear Clinic for abused children, Krugersdorp, hereby voluntarily consent to participate in the above mentioned study. The organisation was not coerced in any way to participate and understand that we can withdraw at any time should we feel uncomfortable during the study. We also understand that our client's names will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to our clients names at any stage. We also understand that we might benefit from participation in this project and are aware of the possible risks. Should we need further discussions someone will be available to assist us.

Kind Regards

Shaheda Omar  
Director

## CONSENT FORM FOR SEXUAL ABUSE EVALUATION

The Teddy Bear Clinic for Abused Children is a medico legal clinic and conducts forensic assessments in cases of allegations of abuse and neglect and provides therapy to children who have been victims of or exposed to abuse or neglect. The Clinic acts to promote the best interests of children and as such acts as an independent entity protecting and promoting the rights of children.

1. I, \_\_\_\_\_ (full name) with Identity Number (passport / permit number) \_\_\_\_\_ living at \_\_\_\_\_

acknowledge and understand that in signing this form I am agreeing to the child being evaluated by the Teddy Bear Clinic for Abused Children ("TTBC") and the terms and conditions below.

2. I understand that I/the child will be required to provide detailed information in response to questions raised by the employees and/or representatives of the TTBC. I hereby undertake to provide only information given by me could affect the outcome of the process.
3. I acknowledge that certain information relating to me and/or the child is by law required to be disclosed by the TTBC to the Director General of the Department of Health and Social Development, for the purposes of maintaining the National Child Protection Register in terms of Chapter 7 of the Children's Act 38 of 2005 and I give consent in this regard.
4. I acknowledge and agree that certain information relating to me and/or the child is by law required to be disclosed by the TTBC to the SAPS, Court and prosecutors, as the case may be.
5. I acknowledge, understand and agree that the information collected may be used for research purposes in order to further the TTBC's knowledge about abuse. Nowhere will any personal details of mine, or the child's be revealed publicly or in research.
6. I hereby consent to the evaluation of the child and if necessary an assessment/therapeutic intervention/support of the child and to the recording and release of the findings for legal purposes irrespective of the outcome of the findings. Should the findings not meet my needs I cannot hold the TTBC legally liable.
7. Furthermore, I provide permission to the TTBC to gather information from other professionals and caregivers as well as to share confidential information with other professionals where it is in the best interest of the child and necessary for the evaluation.
8. I acknowledge, understand and agree that if a custody matter or any matter involving parental rights and responsibilities is pending I will arrange and attend mediation and pending the report from the mediator a forensic assessment may be completed by the TTBC.
9. I do understand that evaluation is a process and therefore will not be provided with feedback at the end of each session. It will be at the discretion of the evaluator as to if and when the feedback will be provided. I will not ask questions nor will I discuss any information in the presence of the child as this may be harmful to my child or the progress of the evaluation.
10. I acknowledge, understand and agree that legal reports, process notes, accounts of the sessions or any record of what has been discussed with the child will be submitted directly to

the department of public prosecutions and/or the South African Police Service and that I will have no claim to the information supplied to those bodies.

11. I acknowledge, understand and agree that I have no claim or right or legitimate expectation to access or to be privy to any of the TTBC's process notes, accounts of the sessions or any recordal of that which has been disclosed by the child or discussed with the child.
12. I acknowledge, understand and agree that the evaluator is a representative of the TTBC and therefore no legal action or complaints to regulatory bodies will be directed to him/her in their personal capacity.
13. I acknowledge, understand and agree to the fact that the evaluation is a process which is independent of time and will allow reasonable time frame for the conducting and completion of the report.
14. I agree that I will switch of my cell phone during the evaluation sessions. I further agree not to record any of the sessions in any way or manner.
15. I hereby state that this evaluation is in no way an attempt to gain advantage in any matter regarding custody, visitation or divorce proceedings. Should it be discovered by the TTBC at any stage that the purpose of such consultation and report is for such purposes the TTBC has the right to refuse to furnish a report.
16. I acknowledge and understand that the TTBC provides a free service aimed at assisting children who have been victims of abuse, as such I understand and agree that I cannot utilize this service if I have been to other practitioners, NGOS or clinics for the same purpose as I would be further victimising the child.
17. I have read and agree to the Code of Confidentiality and shall do nothing which will affect my child's right to confidentiality.

Who referred you to the Teddy Bear Clinic: \_\_\_\_\_

Is there another legal matter pending ? Y/N

If yes, in what court: \_\_\_\_\_

Have all parties to the above been informed of this process ? Y/N

If not, who has not been informed \_\_\_\_\_

(full name and relationship to the child)

Why has such person not been informed \_\_\_\_\_

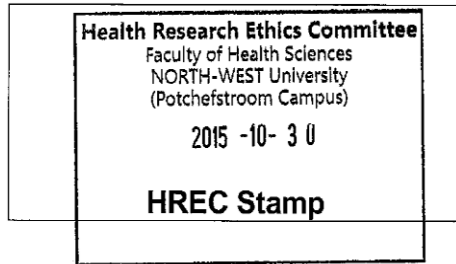
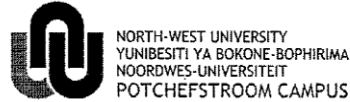
Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Name of Witness : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

# ANNEXURE 3: CONSENT LETTER TEDDY BEAR CLINIC

## ATTACHMENT 5 : INFORMED CONSENT FORM FOR TEDDY BEAR CLINIC



### TEDDY BEAR CONSENT FORM

**TITLE OF RESEARCH PROJECT:** Factors contributing to the conviction rates of child sexual abuse cases

**REFERENCE:** NWU-00194-15-S1  
**PRINCIPAL INVESTIGATER:** Miss Sheree Brits  
**ADDRESS:** 110 Ockerse Street  
Krugersdorp  
1754.  
**CONTACT NUMBER:** 083 411 1164

The Director  
The Teddy Bear Clinic for abused children  
Krugersdorp

Dear Dr. Shaheda Omar

You as Director of the Teddy Bear Clinic are invited to take part in a research project that forms part of my masters study (Masters of Social Work in Forensic practice). Please take some time to read the information presented, which will explain the details of this project. Please ask me the researcher any questions about any part of this project. It is very important that you are fully satisfied and that you completely understand what this research entails and how you could be involved. Your participation is entirely voluntary and you are free to decline to participate. Declining to take part in this study will not influence you negatively in any way. If you decide to terminate your participation, you can do it at any time, without explaining why.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00194-15-S1) after the researcher send back the revision application regarding the reviewer reports. It will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

### **What is this research study all about?**

*This study will be conducted at the Teddy Bear Clinic in Krugersdorp and will involve the analysis of only documents between 2012 and 2013 of sexually abused children at the Teddy Bear Clinic in Krugersdorp. Information on the documents will be anonymized by you as the manager. The study will be conducted by experienced health researchers trained in Forensic Social Work.*

### **Objectives of the research**

- To obtain an understanding of the factors that might influence the conviction rates in cases of child sexual abuse at the Teddy Bear Clinic by means of an analysis of documents at Teddy Bear Clinic.
- To make recommendations to the Teddy Bear Clinic in Krugersdorp regarding these factors and interventions needed to increase the conviction rates in cases of child sexual abuse.

### **Why have you been invited to participate?**

- You have been invited to participate because we want to analyse documents of sexually abused children at the Teddy Bear Clinic in Krugersdorp to determine why some cases lead to conviction, while others did not.
- You have also complied with the following inclusion criteria:
  - The Teddy Bear Clinic in Krugersdorp has documents finalised in 2012 and 2013 with rich textual information for analysis.
  - These documents contain the necessary consent letter from the legal guardians of the sexual abused **children do conduct** the research.

### **What will your responsibilities be?**

- *As manager of the Teddy Bear Clinic you will be expected to sign a CONSENT Letter to give consent that you are willing to participate in the research. The information received from this document analyses will be used to complete a Masters in Social work in Forensic Practice dissertation at the North-West University Potchefstroom Campus.*

### **Who will benefit from taking part in this research?**

The *direct benefits* for the Teddy Bear Clinic in Krugersdorp from this research will be that social workers can receive information about the factors that may influence the conviction rates of child

sexual abuse cases. Findings of this study may, in future lead to higher conviction rates of perpetrators as well as more effective implementation of organizational and government policies during investigations of child sexual abuse. Furthermore other professionals who do assessments with sexually abused children may indirectly benefit from the findings of this research.

### **Are there risks involved in taking part in this research?**

The researcher will analyse the documents in the safety of the Teddy Bear Clinic Krugersdorp offices. The research is of low to minimal risk because it is only documents that the researcher will analyse and there will be no direct contact with a child as an individual. The benefits in this study will outweigh the risks.

### **What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?**

*Should you experience any discomfort, or feel the need for further discussion after giving consent, the researcher or her study leader will be available to handle the discomfort.*

### **Who will have access to the data?**

- *Anonymity will be ensured because no private information of a child will be given to the public. The documents will be allocated with a number, beforehand such as document 1, instead of a child's name. You as the manager will depersonalise the documents by taking out all personal details on the documents so that names and other details on the documents are not known to the researcher. Reporting of the findings will be anonymous and only the researcher, the researchers' study leader and co-study leader, who are registered social workers and who signed a letter of confidentiality, will have access to the data.*
- *Confidentiality will be ensured by locking documents in a locked fire proof cabinet in the researcher's office and electronic data will be password protected. As soon as data has been analysed, it will be deleted from the researcher's computer.*

### **What will happen with the data/samples?**

- *This is a once off collection and data. Analysed data will be stored in a room at the Social work Division of the North-West University, Potchefstroom Campus for five years, prohibiting all people, including the researcher and study leader from having access to the material. After five years the University will destroy all the data. The findings of the study will be introduced to the reading public in written form by means of a dissertation as well as an article in an accredited journal.*

### **Will you be paid to take part in this study and are there any costs involved?**

No, you will not be paid to take part in the study. There will thus be no costs involved for you.

**Is there anything else that you should know or do?**

- You can contact the researcher at the contact number provided above or the research study leader Dr AA Roux if you have any further queries or encounter any problems at 018 290 5760 or 082 704 3922. Email address: adrie.roux@nwu.ac.za.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2089 or carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

**How will you know about the findings?**

The findings of the study will be given to the Director and to you and will also be introduced to the reading public in written form by means of a dissertation and an accredited Social Work article.

Thank you for your time and consideration in this matter.

Yours sincerely,

Mrs S Brits

Cell no. 083 411 1164

Email address: sheree.brits@gmail.com

**DECLARATION BY MANAGER OF THE TEDDY BEAR CLINIC**

By signing below, I ..... agree to take part in a research study titled:

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.



**DECLARATION BY RESEARCHER**

I (*name*) ..... declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
**Signature**

# ANNEXURE 4: CONFIDENTIALITY AGREEMENT

## CONFIDENTIALITY UNDERTAKING



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT

## CONFIDENTIALITY UNDERTAKING

entered into between:

I, the undersigned

Prof / Dr / Mr / Ms \_\_\_\_\_

Identity Number: \_\_\_\_\_

Address: \_\_\_\_\_

hereby undertake in favor of the **NORTH-WEST UNIVERSITY**, a public higher education institution established in terms of the Higher Education Act No. 101 of 1997

Address: Office of the Institutional Registrar, Building C1, 53 Borchard Street, Potchefstroom, 2520 (hereinafter the "NWU")

### 1 Interpretation and definitions

1.1 In this undertaking, unless inconsistent with, or otherwise indicated by the context:

1.1.1 "Confidential Information" shall include all information that is confidential in its nature or marked as confidential and shall include any existing and new information obtained by me after the Commencement Date, including but not be limited in its interpretation to, research data, information concerning research **respondents**, all secret knowledge, technical information and specifications, manufacturing techniques, designs, diagrams, instruction manuals, blueprints, electronic artwork, samples, devices, demonstrations, formulae, know-how, intellectual property, information concerning materials, marketing and business information generally, financial information that may include remuneration detail, pay slips, information relating to human capital and employment contract, employment conditions, ledgers, income and expenditures and other materials of whatever description in which the NWU has an interest in being kept confidential; and

1.1.2 "Commencement Date" means the date of signature of this undertaking by myself.

1.2 The headings of clauses are intended for convenience only and shall not affect the interpretation of this undertaking.

### 2 Preamble

2.1 In performing certain duties requested by the NWU, I will have access to certain Confidential Information provided by the NWU in order to perform the said duties and I agree that it must be kept confidential.

**2.2** The NWU has agreed to disclose certain of this Confidential Information and other information to me subject to me agreeing to the terms of confidentiality set out herein.

### **3 Title to the Confidential Information**

I hereby acknowledge that all right, title and interest in and to the Confidential Information vests in the NWU and that I will have no claim of any nature in and to the Confidential Information.

### **4 Period of confidentiality**

The provisions of this undertaking shall begin on the Commencement Date and remain in force indefinitely.

### **5 Non-disclosure and undertakings**

I undertake:

- 5.1** to maintain the confidentiality of any Confidential Information to which I shall be allowed access by the NWU, whether before or after the Commencement Date of this undertaking. I will not divulge or permit to be divulged to any person any aspect of such Confidential Information otherwise than may be allowed in terms of this undertaking;
- 5.2** to take all such steps as may be necessary to prevent the Confidential Information falling into the hands of an unauthorised third party;
- 5.3** not to make use of any of the Confidential Information in the development, manufacture, marketing and/or sale of any goods;
- 5.4** not to use any research data for publication purposes;
- 5.5** not to use or disclose or attempt to use or disclose the Confidential Information for any purpose other than performing research purposes only and includes questionnaires, interviews with respondents, data gathering, data analysis and personal information of respondents/research subjects;
- 5.6** not to use or attempt to use the Confidential Information in any manner which will cause or be likely to cause injury or loss to a research participant or the NWU; and
- 5.7** that all documentation furnished to me by the NWU pursuant to this undertaking will remain the property of the NWU and upon the request of the NWU will be returned to the NWU. I shall not make copies of any such documentation without the prior written consent of the NWU.

### **6 Exception**

The above undertakings by myself shall not apply to Confidential Information which I am compelled to disclose in terms of a court order.

### **7 Jurisdiction**

This undertaking shall be governed by South African law be subject to the jurisdiction of South African courts in respect of any dispute flowing from this undertaking.

### **8 Whole agreement**

- 8.1** This document constitutes the whole of this undertaking to the exclusion of all else.

**8.2** No amendment, alteration, addition, variation or consensual cancellation of this undertaking will be valid unless in writing and signed by me and the NWU.

Dated at Potchefstroom this \_\_\_\_\_ 20\_\_\_\_

Witnesses:

1 .....

2 .....

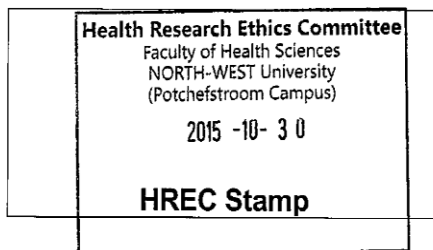
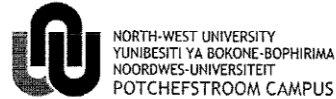
*(Signatures of witnesses)*

.....

*(Signature)*

# ANNEXURE 5: CONSENT FROM LEGAL PRIMARY CAREGIVERS

ATTACHMENT 5: CONSENT OFF LEGAL PRIMARY CAREGIVERS



## PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

**TITLE OF RESEARCH PROJECT:** Factors contributing to the conviction rates of child sexual abuse cases

**REFERENCE:** NWU-00194-15-S1  
**PRINCIPAL INVESTIGATER:** Miss Sheree Brits  
**ADDRESS:** 110 Ockerse Street  
Krugersdorp  
1754.  
**CONTACT NUMBER:** 083 411 1164

You are invited to take part in a research project that forms part of my masters study (Masters of Social Work in Forensic practice). Please take some time to read the information presented, which will explain the details of this project. Please ask me the researcher any questions about any part of this project. It is very important that you are fully satisfied and that you completely understand what this research entails and how you could be involved. Your participation is entirely voluntary and you are free to decline to participate. Declining to take part in this study will not influence you negatively in any way. If you decide to terminate your participation, you can do it at any time, without explaining why.

This study has been approved by the Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00194-15-S1) after the researcher send

The research will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

### **What is this research study all about?**

- The purpose of this study is to obtain an understanding of the potential influence some factors might have on the successful outcomes in child sexual abuse cases. The study will focus on the years 2012 and 2013 at The Teddy Bear Clinic Krugersdorp. No interview will be conducted, the researcher will analyse documents at the Teddy Bear Clinic, to determine which cases lead to conviction, and which cases did not, and why. Documents will be analysed until a sense of closure is obtained, because new data yields redundant information.
- The objectives of the research are:
  - To obtain an understanding of the factors that might influence the conviction rates in cases of child sexual abuse at the Teddy Bear Clinic by means of an analysis of documents at Teddy Bear Clinic.
  - To make recommendations to the Teddy Bear Clinic in Krugersdorp regarding these factors and interventions needed to increase the conviction rates in cases of child sexual abuse.

### **Why have you been invited to participate?**

- You have been invited to participate because we want to analyse your document, to determine why some cases lead to conviction, while others did not.
- You have also complied with the following inclusion criteria:

#### **Inclusion criteria**

- Documents of convicted and non-convicted cases that were finalised in 2012 and 2013 at the Teddy Bear Clinic in Krugersdorp will be included purposefully.
- Document containing insufficient information will be classified separately as this may constitute a particular meaning in the context of this study.
- Only documents containing the necessary consent letter from the Teddy Bear Clinic will be selected.
- Only documents containing the necessary consent letter from the primary caregivers of the child at the time of the investigation will be selected.

#### **Exclusion criteria**

- Sexual abuse cases that were finalised before 2012 and after 2013.
- Documents lacking the consent letter from the Teddy Bear Clinic.
- Documents that do not have the necessary consent letter from the primary caregivers of the child to be researched.

- Documents of cases between 2012 and 2013, where information is limited and documents where it is not clear which evidence was available during the assessment.

### **What will your responsibilities be?**

- *As caregiver of the child, you will be expected to sign the PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM to give assent and consent that you are willing to participate in the research. Your consent is needed for the researcher to analyse the necessary documents. The information received from this document analyses will be used to complete a Masters in Social work in Forensic Practice at the North-West University Potchefstroom Campus.*

### **Will you benefit from taking part in this research?**

Although respondents do not directly benefit from this study findings of this study may in future lead to higher conviction rate of perpetrators as well as more effective implementation of organizational and government policies during investigations of child sexual abuse.

### **Are there risks involved in your taking part in this research?**

The research is of low to minimal risk, because it is documents that the researcher will analyse. There will be no direct contact with an individual. If trauma is reactivated while asking for consent, **respondents** are welcome to come to the clinic for therapeutic services. The benefits of this study outweigh the risk.

### **What will happen in the unlikely event of some form of discomfort occurring as a direct result of your taking part in this research study?**

If the participant should experience any discomfort, or feel the need for further discussion after signing the consent form, therapeutic services will be available at the clinic.

### **Who will have access to the data?**

To protect confidentiality in this study, the researcher will use certain codes to identify the document and the different persons mentioned in the document. The researcher will analyse the documents at the offices of the Teddy Bear Clinic, to protect their identity. The hard copies of the analysed data, that is gained from the case documents of the Teddy Bear Clinic in Krugersdorp, will be stored safely in a locked fire proof cabinet in the researcher's office, where no one has access to the data. Analysed data on the researchers' computer will be password protected. A social worker registered with the South African Council for Social Service Professions, will assist as co-coder separately, after the researcher analysed the data to enhance trustworthiness. The co-coder will sign an agreement to assure confidentiality. Thereafter, it will be locked in a store room, in a cabinet, that is protected at the Social Work Division of the North-West University, Potchefstroom Campus for five

years. This will prohibit all people, including the researcher and study leader, from having access to the material. After five years all data will be shredded by the University.

### **What will happen with the data?**

This is a once off collection of data will be analysed in the offices of Teddy Bear Clinic. As mentioned previously data will be locked in a store room, in a cabinet, that is protected at the Social Work Division of the North-West University, Potchefstroom Campus for five years. This will prohibit all people, including the researcher and study leader, **from** having access to the material. After five years all data will be shredded by the University.

### **Will you be paid to take part in this study and are there any costs involved?**

- There will be no cost as a result of your participation in this study.
- You will not receive any payments for taking part in the study.

### **Is there anything else that you should know or do?**

- You can contact the researcher at the contact number provided above or the research study leader Dr AA Roux if you have any further queries or encounter any problems at 018 290 5760 or 082 704 3922. Email address: adrie.roux@nwu.ac.za.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 2089 or carolien.vanzyl@nwu.ac.za if you have any concerns or complaints that have not been adequately addressed by the researcher.
- You will receive a copy of this information and consent form for your own records.

### **How will you know about the findings?**

If you wish to view the findings of this research, you can contact the researcher, and a copy of the research report will be sent to you.

Thank you for your time and consideration in this matter.

Yours sincerely,

Mrs S Brits  
Cell no. 083 411 1164  
Email address: sheree.brits@gmail.com

**DECLARATION BY PARTICIPANT**

By signing below, I ..... agree to take part in a research study entitled: **An identification of factors that may influence the successful outcomes of child sexual abuse cases.**

I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable in.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) ..... 20....

.....

.....

**Signature of participant**

**Signature of witness**

**Declaration by investigator**

I (*name*) ..... declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter.

Signed at (*place*) ..... on (*date*) ..... 20....

.....

.....

**Signature of person obtaining consent**

**Signature of witness**

**Declaration by researcher**

I (*name*) ..... declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use an interpreter.

Signed at (*place*) ..... on (*date*) ..... 20....

.....

**Signature of researcher**

.....

**Signature of witness**