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**Approaching the language and processes for addressing and  
evaluating allegations of child sexual abuse in South Africa**

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*This work has not been previously submitted in whole, or in part, for the award of any degree.  
It is my own work. Each significant contribution to, and quotation in, this dissertation from  
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Signed by candidate

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## ABSTRACT

The two studies conducted focus on the processes for addressing allegations of child sexual abuse (CSA) in South Africa. A comprehensive literature review revealed some of the pitfalls in South African systems for dealing with CSA allegations including a lack of guidelines for assessing allegations and insufficient research in the area. In the first study, mental health and legal/forensic professionals completed a questionnaire designed by the researcher to investigate the criteria they would use to establish the veracity of an allegation of sexual abuse. An indication of the degree of relevance of certain criteria (e.g. 'medical evidence of abuse') to assessment was established based on these results. In general, the responses of the two groups correlated but there were seven criteria on which they differed. Many of the participants also provided specific criteria in response to qualitative questions asking if there were any criteria they believe indicate that an allegation is *definitely* true or *definitely* false, indicating a belief that there are certain factors that conclusively point to sexual abuse and other factors that unambiguously indicate that an allegation is fictitious. In the second study a discourse analysis was conducted on two interviews (with a policeman and a social worker) and two sets of records of criminal trials, each involving an allegation of the rape of a child under the age of 16. The conclusion reached was that systems for addressing CSA in South Africa are impeded by the ambiguous language used within them which functions in a number of hidden ways. This finding was attributed to the lack of an established interpretive repertoire for child sexual abuse within South African legalistic discourse. The dissertation ends with a discussion on the strengths and weaknesses of these systems and processes and how they can be improved, followed by the development of a set of tentative guidelines for the professional assessment of CSA allegations in South Africa.

# **CHAPTER 1: AN INTRODUCTION TO CHILD SEXUAL ABUSE IN SOUTH AFRICA**

## **Introduction**

This first chapter provides a comprehensive overview of the relevant literature on assessing and addressing child sexual abuse allegations in South Africa and globally. The review will reveal that there is a dearth of South African research in this area and it will also highlight some of the ways in which the South African systems for addressing abuse are inadequate. Finally, in this chapter it will emerge that there are no guidelines for assisting professionals in assessing sexual abuse allegations in South Africa (and that there has in fact been no research conducted to establish how professionals currently perform this task). These conclusions form the foundations upon which the two studies that make up the dissertation are built.

I begin by defining the many aspects of child sexual abuse (CSA) before examining this global issue within a specifically South African context. This is followed by an in-depth review of the literature on assessing and approaching allegations of CSA and the many inconsistencies and conflicting discourses within this body of research are then highlighted. This chapter forms the basis of the dissertation in which (mental health, legal and forensic) professionals' beliefs regarding the assessment of allegations of CSA in South Africa are examined. The ways in which they use the available literature to construct the issue are also investigated in this research. Due to the detailed nature of the research that has been conducted in the area, I did not feel that a brief overview of the relevant literature would have provided an adequate introduction to this paper. I thus present a detailed and comprehensive review of the research and literature on CSA in this chapter.

### **Defining child sexual abuse**

According to Marais (1990) child sexual abuse has pervaded societies throughout history. In Ancient Greece, it was common for an older man to take on the role of mentor to a young boy, and guide his educational, and sometimes sexual development. This practice was also customary amongst Buddhist monks in Japan in the tenth century AD. In the second and third centuries AD in India, girls were married as young as eight years old, and child brothels were commonplace in Victorian England (Tannahill, 1989; in Marais, 1990).

The current child pornography industry extends to Germany, Sweden, the Philippines and the United States of America, and today, child prostitution rings can be found across the globe, from India to South Africa (Marais, 1990), illustrating that child sexual abuse and exploitation is by no means a modern phenomenon, nor is it confined to certain cultures and societies.

In all western societies today, any form of child sexual abuse is unacceptable, most commonly because a child victim's personal and physical development can be affected by a sexually abusive experience. Child sexual abuse is usually traumatic for the child in some way: in addition to the bodily harm sustained by many child victims, the experience of having been involved in an act that violates societal taboos is emotionally harrowing for the child (Bagley & King, 1990). The fact that victims of CSA are often abused repeatedly adds to this trauma, as does the common use of force and the element of betrayal in these crimes (Glaser & Frosh, 1988).

#### **What constitutes child sexual abuse?**

Despite the fact that CSA appears to be a universal problem, no single, unanimous definition of the term exists (Levesque, 1999). This is because accepted and prohibited sexual behaviours vary across cultures and societies, making any definition of the concept context specific (Kinnear, 1995). For example, some definitions of CSA include an adult's undressing in the presence of the child (Sgroi, 1988), but in many parts of Africa, large and extended families live together in small one-room shacks, in which adults change clothing in front of younger inhabitants out of necessity. This behaviour that is abusive by definition would therefore generally not be considered sexual abuse in those societies (Marshall & Herman, 2000).

Nevertheless, while definitions of the term *child sexual abuse* tend to vary across cultures and societies, most attempts at defining the concept contain three common aspects that are clearly outlined by Kinnear (1995):

1. The child is exploited in some way,
2. The child's participation in the act is coerced (either physically or through more subtle forms of manipulation), and

3. The abuser attains satisfaction or fulfilment of some kind from the event.

Gillham (1991) includes two further elements in this definition: that the perpetrator is older or more sexually developed than the child and that the context of the deed and the objectives of the perpetrator indicate whether or not the abuse is sexual. The American Academy of Pediatrics' (AAP) Committee on Child Abuse and Neglect (1999) includes in its definition that the event contravenes the social taboos of a culture. In South Africa, any person younger than 18 years of age is considered a child, and children younger than 16 years old are not deemed capable of consenting to sexual intercourse. Although broad, the accepted legal definition of CSA in this country is any forced sexual contact with a child by an adult or by any person five or more years older than the child (Snyman, 2002).

Perpetrators of CSA are in a position of power over their younger, more vulnerable victims and this authority makes it possible for them to intimidate children into submission to the abuse (Sgroi, Blick & Porter, 1982), so that exploitation is a key facet of the definition of the term. Furthermore, in no society are children expected to understand the implications of the proposed sexual act, and they are thus psychologically and physically ill-equipped to resist adults' sexual advances. For that reason, a child is deemed unable to consent to any form of sexual interaction (Kinnear, 1995). Therefore, regardless of the child's role in the act, any such interaction between an adult and a child is believed to have been coerced by the adult.

Many behaviours can be classified under the heading *child sexual abuse*. These include nudity in the presence of a child, voyeurism (where the target is a child), intimate and inappropriate kissing or touching of the child, involving the child in masturbation or oral sex, anal or vaginal penetration with a penis or any other object, and sexual intercourse with the child (Giardino, 2002; Sgroi, Blick & Porter, 1982). Levesque (1999) includes child prostitution and pornography, virginity tests and genital mutilation in his definition of child sexual exploitation and abuse and incest, child rape and paedophilia can constitute abuse as well (Giardino, 2002).

In almost all present-day societies, sexually abusive behaviours are dealt with severely both because of their unfairness and because of the damage suffered by child victims as a

result. Physical effects include stomach and gynaecological disorders as well as somatization (Giardino, 2002). In addition to physical injury, sexual abuse can have serious psychological consequences for the child victim. Immediate effects include anxiety and shock, and personality development can be hindered as well (Gillham, 1991). Possible long-lasting effects include low self-esteem, sexual and relationship dysfunction (Marais, 1990), behavioural problems and posttraumatic stress disorder (Giardino, 2002). Osborn (1990) emphasises the feelings of powerlessness, guilt and betrayal experienced by incest victims and how incest can deeply affect a woman's body image and ability to engage in intimate relationships for the rest of her life. Thandeki Umlilo (2002) describes how she felt cheap, dirty, damaged and expendable as a result of long-term sexual abuse by her father. Her healing process extended well into her adult life and continues still.

Although CSA can have grave consequences for the victim, not all CSA victims experience intense emotional or physical distress as a result of the abuse. Such effects are generally mediated by the intensity and length of the abuse experience, the level of family functioning as well as how disclosure is dealt with by an adult. Thus, more severe symptoms are associated with more invasive abuse, family dysfunction, and lack of parental support after disclosure (Berliner & Elliot, 1996).

Finkelhor (1986) points out that while CSA can lead to manifest (emotional and physical) disturbance in the short term and additional impairment (and sometimes psychopathology) in the victim years later, it is important that these effects are not exaggerated. Such amplifying of the consequences of being the target of sexual abuse can lead to secondary victimization. This occurs when victims are not given the assistance that they require from the mental health, legal and medical systems to which they turn for help (Campbell & Raja, 1999). The help that they do receive is often inconsistent and insensitive, and, according to the South African Law Commission (2002), this is exacerbated by poor training of the officials who deal with such cases.

Summit (2000) has described the Child Sexual Abuse Accommodation Syndrome (CSAAS) as a pattern common to situations in which CSA occurs. In the first phase of the syndrome, the child is coerced into keeping the abuse secret, which is associated with

intense fear and anxiety. This leads to feelings of helplessness in the child, the second phase in the syndrome. The third phase, accommodative behaviour results from this feeling of powerlessness and entrapment. The last two stages are not necessarily reached by every child victim. They are disclosure and retraction: the feelings of helplessness may eventually lead to disclosure, which is often withdrawn based on a negative response from the targets of the disclosure (usually other close adults). This syndrome has raised much controversy, but Johnson (2000) emphasises that CSAAS was not proposed by Summit as a means for *diagnosing* sexual abuse, but rather as a way in which to *understand* the child's experience of the abuse.

### **Who Perpetrates Child Sexual Abuse?**

Perhaps because of the media or childhood warnings about strangers, one tends to think of the child sexual abuse perpetrator as a social outcast who is easily distinguishable from the rest of society. He is portrayed as a depraved and vindictive character who might have psychological and impulse control problems, abuse alcohol, be physically aggressive and of low socio-economic status. On the contrary, however, child sexual abusers are often socially respected, intelligent and functional people, and perhaps it is because of these societal perceptions that so many perpetrators escape detection. Nevertheless, there is no available profile of the CSA perpetrator, making it difficult (perhaps even impossible) to identify them before they engage in abusive and destructive behaviour (Marshall & Herman, 2000).

In spite of this, it is possible to access information (although limited and often inconclusive) on who perpetrates CSA. It is estimated that up to 80% of all incidences of sexual abuse occur within the home, at the hands of a family member (Marais, 1990). The perpetrator is usually an adult or teenager known to and trusted by the child: a father figure, sibling or other family member (Dobash, Carnie & Waterhouse, 1996; Kinnear, 1995) who develops a close relationship with the child before he initiates abuse (Giardino, 2002). He is generally a man who has access to children in some way and he might habitually seek to be alone with a child (Gillham, 1991). The perpetrator of such abuse often uses the child to satisfy an urge that is not necessarily sexual (Sgroi, Blick & Porter, 1982) and achieves secrecy via physical and psychological threats to the child (Kinnear, 1995). Abuse

committed by such an offender is seldom an isolated incident – it usually occurs repeatedly (Giardino, 2002), which, as was indicated earlier, increases the damage to the child.

### **Child Sexual Abuse in South Africa**

#### **South African Laws Regarding CSA**

According to the bill of rights outlined in the 1996 Constitution of the Republic of South Africa, every child is entitled to protection from mistreatment, neglect and humiliation. Here, the word ‘child’ refers to any person younger than 18 years of age. Furthermore, every South African has the right to emotional and physical integrity, including full control over his/her body.

As a result of these basic human rights, in South Africa any form of child maltreatment or abuse is illegal. These rights are further protected by the Sexual Offences Act 23 of 1957 (currently under review) which states that any adult who has or attempts to have sexual intercourse or commit indecent acts with a minor, is guilty of an offence. Additionally, according to the Child Care Act 74 of 1983, any person who ill-treats a child or allows a child to be ill-treated, abandons or neglects a child or commercially sexually exploits a child will be guilty of an offence. Despite these stringent legal restraints, the meaning of the concept ‘indecent acts’ is not clearly documented in the Sexual Offences Act, and so it is up to legal professionals to debate whether or not a child victim’s experience constitutes abuse. Thus, while it appears that the prevailing perception in South Africa is that CSA is both immoral and illegal, the definition of this abuse is blurred even within established legal discourse about the issue.

#### **Prevalence of Abuse in South Africa**

Child sexual abuse appears to be rampant in South Africa. Over the past 10 years there appears to have been a flood of occurrences and reports of sexual molestation in this country, and in 1994 a study conducted by Interpol found that South Africa had the highest incidence of CSA in the world (Marshall & Herman, 2000). While there appears to be a need for more detailed and specific local research into the prevalence of sex crimes against children (which could then usefully be examined and compared to statistics in other

countries), many agree that South Africa has one of the highest rates of CSA in the world (Naylor, 2002; Marshall & Herman, 2000).

The most recent available statistics on reported crime in South Africa relate to the period between January and September 2001. These were made available in 2003 by the Crime Information Analysis Centre of the South African Police Service. In this period in South Africa there were 15 680 reported cases of rape and attempted rape, and 3 060 reported cases of indecent assault against children under the age of 18, with the Western Cape as the province in which the most reports of indecent assault are made in the country. 101 cases of incest were reported in the same timeframe in South Africa. Alarming, it is suspected that only a fraction of sexual assault incidents are actually reported, which implies that these figures greatly underestimate the actual incidence of CSA (Bodibe, 2002).

A number of studies that have been conducted over the past two decades have investigated the prevalence of CSA in South Africa. According to the results of a study conducted by Levett (1988), 43.6% of a sample of 94 undergraduate women students taking a psychology course at the University of Cape Town had experienced sexual abuse in some form before the age of 18. Almost half of the incidents reported in the study included physical contact abuse such as rape or inappropriate fondling. Collings (1997) conducted a study in which 640 women university students were questioned about unwanted sexual experiences before the age of 18. Over 34% of the sample reported having been victims of sexual contact abuse at some stage during their childhoods. Lalor (2004) suggests that this finding is not dissimilar to those of international prevalence studies, such as those conducted in Canada and New Zealand, and research from some parts of America. Another, more recent prevalence study was conducted by Madu and Peltzer (2000) on high school pupils in the Northern Province. Over half of the 414 respondents reported having experienced sexual abuse (involving physical contact) before 18 years of age. In 2001 a report by the Human Rights Watch found that girls in South African schools are frequently subjected to varying forms of sexual abuse by other learners and teachers. The report was based on interviews with a number of school girls from different ethnic, social and economic backgrounds, and sexual abuse had been experienced by respondents from all of these different groups.

### **What is Unique about child sexual abuse in South Africa?**

Child sexual abuse in this country is uniquely influenced by a number of issues specific to the South African context. According to Marshall and Herman (2000), people living in South Africa are affected by three dominant principles: patriarchal cultures, authoritarianism in all societies, and the aftermath of the apartheid system, which deprived much of the population of basic rights and exposed millions of people to intense trauma.

A history of male-dominated societies in South Africa, as in other African countries, has left a legacy of power imbalances between men and women (Laylor, 2004; Marshall & Herman, 2000). Therefore, in many situations domestic abuse is condoned and from a young age children are indoctrinated into the belief that members of the male gender should be strong and powerful, and those of the female gender should be weak and subservient (Marshall & Herman, 2002; Simpson, 1993). The predominance of these values creates a culture in which rape and child abuse easily go unreported and unpunished. This is further compounded by the authoritarian nature of most South African societies which instils in children the notion of adults as powerful entities who must be obeyed in all circumstances, hence inhibiting disclosure of and resistance to abuse in many situations (Marshall & Herman, 2000).

Exacerbating this problem is the fact that although South Africa has been a democracy since 1994, the legacy of apartheid still affects the lives of many of its citizens (Naylor, 2002). Child victims of sexual abuse are no exception. The judicial system is overburdened and under-resourced, the majority of the population does not have the intellectual, emotional or financial resources to deal with abuse, and some victims receive preferential treatment based on the prejudices of those working within these systems (ANC Today, 2003; Marshall & Herman, 2000). This is compounded by the culture of violence in South Africa and an inadequate educational infrastructure left behind after apartheid (Simpson, 1993). Moreover, widespread poverty (over 70% of the population could be considered disadvantaged) leads to a lack of cohesion in many families, children being unsupervised for much of the day, and many unemployed men at home alone with children during working hours. Opportunities for abuse are created in this way and further sustained by inadequate conviction rates and lenient sentencing of perpetrators (Marshall & Herman, 2000).

It is clear that CSA is widespread in South Africa with its unique political issues, cultural norms and social problems. Authoritarianism, patriarchy and the aftermath of an oppressive system create an environment in which CSA and other violent crimes can flourish. A vast amount of energy and resources will be required to make this country a place in which children are secure and protected (Marshall & Herman, 2000). Some steps have been taken already to combat the problems and these will be discussed in the section that follows.

### **Confronting Sexual Abuse in South Africa**

In South Africa, support is available to the many victims of child abuse from a number of governmental and non-governmental organizations. These include Childline, RAPCAN, SASPCAN and the Child Protection Unit. Each of these establishments will be briefly discussed in this section.

Childline South Africa is an organization that aims to protect minors from abuse and offer help to needy and desperate children. The organization offers a number of services to children who have been abused. These include a 24-hour help-line, treatment, referral services, forensic evaluations, safe houses and assistance in preparing for court (<http://www.childline.org.za>).

RAPCAN (Resources Aimed at the Prevention of Child Abuse and Neglect) is an establishment that endeavours to prevent and address abuse issues which affect the lives of South African children. This is accomplished through campaigns and educational workshops, law-making advocacy, providing counselling services to victims, their families and friends, and preparing children and adults for daunting court processes ([www.rapcan.org.za/activities.htm](http://www.rapcan.org.za/activities.htm)).

The South African Police Services' Child Protection Unit (CPU) is another avenue through which child victims of abuse can seek assistance and protection. Its primary aim is to protect children and women from domestic and sexual abuse. There are currently 28 units in South Africa, 14 Family Violence, Child Protection and Sexual Offences Branches and

four Indecent Crimes Units. These units employ police officers who have undergone three weeks of training in crisis management, investigation skills, and other areas relating to abused children. Their aim is to treat victims of abuse in a caring and sensitive manner as they conduct their investigations and prepare cases for court. They also endeavour to provide support to members of the community who wish to report suspected abuse (Pienaar, 2000).

Finally, SASPCAN (the South African Society for the Prevention of Child Abuse and Neglect), founded in 1984, provides information to professionals working with children and in the general area of children's rights. The organization acts as a watchdog, ensuring that laws and policies serve to protect the fundamental rights of children. It also promotes interdisciplinary collaboration and synchronization of services available to abused children. It is associated with a number of resources, such as clinics that provide professional medical examinations, and social and police services ([www.saspcan.org.za](http://www.saspcan.org.za)).

While the organizations discussed above are valuable and necessary, they are not sufficient to address the many cases of CSA that need to be aggressively challenged in this country. A variety of professionals in law enforcement, mental health and legal fields are involved in tackling cases of alleged CSA, and a cooperative procedure should be followed by these people in dealing with CSA cases. Such a protocol might assist in achieving more effective prevention and management strategies without exposing the child to unnecessary trauma.

Robertson (1989) outlines the protocol that should be followed once an allegation of CSA is made in this country. An officer from the Child Protection Unit visits the person who has made the allegation (directly to the police or via one of the organizations mentioned above). He/she evaluates the case and decides whether it is necessary to call in more specialised investigators. A statement is taken from the alleged victim, and then a medical examination is conducted if necessary. The police collect evidence and approach the Senior Public Prosecutor, who decides how to continue with the case based on the available evidence. If a suspect is arrested, legal proceedings will ensue (in Marais, 1990).

Therefore, it is clear that there are services available to victims of CSA in South Africa, that a basic protocol for dealing with these allegations has been proposed, and that the issue has been recognised as a serious problem by the government, the police service and a number of independent organizations. However, this country's unique political history and diverse array of people generate a number of unique obstacles to combating the problem and ensuring that the proposed protocol is followed. Ways in which allegations of sexual abuse might be addressed will be discussed in the following section.

### **Assessing Allegations of Child Sexual Abuse**

Once a sexual abuse allegation has entered into the justice system it needs to be evaluated, usually by legal, mental health and medical professionals. Based on these evaluations, the suspect could be convicted or acquitted of the crime by a judge, making assessment a critical and consequential task. In the interests of fairness and thoroughness, when evaluating a case of CSA many factors from a variety of sources need to be taken into account. These factors will be discussed in this section.

### **The Reliability of Children's Memories**

An important consideration when trying to assess the veracity of an allegation of CSA is whether the child's memory can be relied upon. The issue of the reliability of children's memories can best be understood via a comparison to the reliability of adults' memories. Such a comparison reveals that under many conditions children's memories are not as dependable as those of adults; they do not retain quite as much information as their older equivalents (Loftus & Davies, 1984). In this sub-section, examples of such research will be discussed.

The reliability of children's memories compared to those of adults has been investigated extensively over the past two decades. Dent (1992) found no significant differences in the accuracy of children's and adult's reports in response to free recall and general questions, but when specific questions were asked, the adults' memories outperformed those of the children (except when the information was of interest to the children, in which case there was no significant difference in memory). Similarly, after a five month delay, younger children were found to have forgotten more information about a presentation

than older children. However, the amount of inaccurate information recalled did not differ between the two groups (Flin, Boon, Knox & Bull, 1992).

Children's memories for traumatic events were investigated by Goodman, Hirshman, McKee and Rudy (1998). They found that age did not affect ability to answer free recall questions, but younger children were less accurate than older children when answering specific and misleading questions. Additionally, children who experienced high levels of stress during the event could recall the experience more accurately than those who experienced low levels of stress. Goodman and Schwarz-Kenney (1992) investigated the same phenomenon when they interviewed children after a medical genital examination. This was considered to be a stressful and embarrassing event for the children, all of whom failed to spontaneously mention the genital exam during the interview. When probed with leading questions, however, some of the participants did mention the experience, but some children in a control group falsely reported genital touching in response to the same probes.

In the context of CSA, which often occurs over an extended period of time, children's memories for repeated events can be more relevant than their memories for isolated incidents. McNichol, Schute and Tucker (1999) found and Powell, Roberts, Ceci and Hembrooke (1999) confirmed that children's memories for unchanging aspects of repeated events are highly accurate, but memories for details that change across incidents are relatively inaccurate.

The accuracy of children's recollections can be improved through positive social interaction between the child and the interviewer and a supportive interview environment in which the child does not feel the need to please or impress the interviewer with his/her answers (Davies & Bottoms, 2002). Within the interview, if questions are posed in a linguistically straightforward manner, children are able to answer more accurately (Carter, Bottoms & Levine, 1996). Additionally, as has been suggested above, answers are likely to be more accurate if open questions are asked and specific and leading questions avoided.

The material presented above implies that obtaining accurate reports from a child is a challenging task. However, Berliner and Barbieri (1984) suggest that testimony should not

be overlooked purely because the witness supplying the information is a child. Additionally, Muller (2003) notes that children are often viewed by professionals as miniature adults, and the same standards are applied to their testimonies as to those of adults. She warns that there are many areas in which children differ from adults (most notably in terms of their cognitive and language development) and their reports should be viewed in this context.

In the study mentioned above by Dent (1992), it was found that children's recollections were as accurate as those of adults when the questions concerned information that caught their attention. Together with the research presented above, these findings suggest that while adults generally have more reliable memories than children, under optimal conditions children can resist leading questions and answer objective questions as effectively as adults can. Thus, when trying to obtain accurate information from children, it seems logical that these favourable conditions should be established.

### **Suggestibility of Children**

Suggestibility is the degree to which people adopt correct or incorrect post-event information and integrate it into their memories of an event (Gudjonsson, 1986; in Ceci & Bruck, 1995). Suggestions can arise from both internal and external sources and can be influenced by both pre-event and post-event information (Ceci & Bruck, 1995). A person's susceptibility to suggestion is affected by the scale of the suggestion, the degree to which the information to be recalled is important to them, the depth of the memory, their linguistic ability, and the power dynamics between the interviewer and the interviewee (Muller & Hollely, 2000)

Loftus (1975) has established that adults are highly suggestible, so that in the context of CSA, the issue is again not whether children are suggestible, but whether they are more suggestible than adults. This matter will be examined in this sub-section.

Suggestions often arise during interviews with children about an alleged abusive event (Pendegrast, 1995). They can be either *direct*, in which the subject is informed explicitly of what is expected of him/her, or *indirect*, in which the interviewer tries covertly to influence the interviewee's response. Some people comply with an interviewer's

suggestions consciously, in order to obtain some immediate personal gain. In these situations, the interviewee is aware that his/her responses are inaccurate. Usually, however, compliance with suggestion does not occur at a conscious level (Gudjonsson, 1992).

Experiments on suggestibility usually involve participants' witnessing an event, followed by a retention interval during which they are presented with biased or unbiased information about the event. Another retention period generally follows and the participants' memories for the original event are then tested in some way (Lampinen & Smith, 1995). While these studies provide insight into the suggestibility of adults, few have been conducted using preschoolers as their participants. Preschool-age children are the most common victims of sexual abuse and so it is important to establish their degree of suggestibility as such cases commonly require evaluation. A further criticism is that much of the research on suggestibility of children lacks external validity as the events on which the studies are based are often very different from abuse situations (Bruck, Ceci & Hembrooke, 1998).

The results of some of the few studies that have attempted to address these inadequacies will be briefly reviewed here. Lewis, Wilkins, Baker and Woobey (1995) found that some preschool children were unable to resist the suggestion that a character in a story was their "daddy" and Lampinen and Smith (1995) found that children would more easily resist a suggestion about the content of a story if the suggestions arose from another child or a discredited adult. Source-monitoring (a method of establishing from where memories and information are obtained) has been shown to increase the accuracy of accounts and resistance to suggestion for preschool children, but not for five and six-year-olds (Thierry, 2001). Bruck, Melnyk and Ceci (1999) found that drawing pictures about the event helped children remember the source of the information and this might help them resist suggestion when being interviewed about an event. Conversely, the use of anatomically-detailed dolls during forensic interviews was found to increase the accuracy of accounts and resistance to suggestion for older children (Goodman & Aman, 1990).

While children have been found to be somewhat suggestible, there are a number of techniques available that can increase their resistance to suggestion. Because of the

availability of these procedures the fact that children adopt suggestions should not necessarily be used to discredit their accounts. Adults too have been shown to be unable to resist suggestion in many instances and there are a number of reasons as to why children might even be less suggestible than their adult counterparts. Their relatively undeveloped linguistic abilities may restrict their susceptibility to suggestion, especially when the suggestion is made in a linguistically complicated manner (Loftus & Davies, 1984). Furthermore, children generally hold fewer prejudiced beliefs than adults and so are possibly less prone to selective remembering and suggestion (Meyer, 1997).

### **Childhood lying**

In the previous two sections I have discussed two ways in which children might provide false information within the context of an allegation of CSA. The first of these is through forgetting the correct information and the second is through incorporating inaccurate post-event information into their accounts of events. A third way in which children might provide inaccurate information about events is through lying, which is the focus of this section.

A lie is a purposefully false statement intended to mislead its target (Stern & Stern, 1999). It is intentional, deliberate and usually unexpected by its recipient. Lies can be achieved in two ways (Ekman, 1992): through concealment (withholding information without actually saying anything false) or through falsification (stating incorrect information as if it were true).

Technically, a child is only able to lie once he/she has developed an understanding of the concept of false beliefs (the recognition that another person could believe something to be true even though the child knows it to be false). Such awareness is limited until around age three. Once this concept has been grasped, children develop the potential to become more capable and convincing liars. Lies then develop with age from simple denials and misleading affirmations to more complex and elaborate stories with nonverbal deceptive features (Bussey, 1992). Lying ability tends to improve further with increased age (Carlson, Moses & Hix, 1998).

The many facets of lying abilities and behaviours in children have been widely and innovatively explored by a number of researchers. Haugaard and Reppucci (1992) investigated whether young children would think that a statement meets the criteria of truthfulness if they have been asked by a parent to make the statement, even if they know that the statement is untrue. This is an issue particularly relevant to cases in which allegations of abuse have arisen within the framework of a custody battle. They found that most children understand that, no matter what the motivations or justifications, a child who intentionally makes false statements is lying.

Siegal and Pieterse (1998) found that children could tell mistakes apart from lies when they were presented with situations involving a child and food contamination. Child participants did not anticipate negative reactions to innocent mistakes, but deliberate lies were expected to be greeted disapprovingly. They did, however, expect negative responses to negligent mistakes.

Bussey and Grimbeck (2000) found older children (between the ages of seven and ten) to be more accurate than four-year-olds in their classification of statements as truths or lies, and all children who participated understood the severity of telling a lie. Similarly, Talwar, Lee, Bala and Lindsay (2002) found that the majority of three-to-seven year-old participants could recognise a lie and judged it harshly. Other children in a study by Barnett et al. (2000) reacted more positively to children who had lied for other-oriented (as opposed to self-oriented) reasons. They also viewed lies that resulted in material gain more harshly than those that resulted in psychological gain. Haugaard (1993) found that children tend to classify false statements as lies and that they also categorise the corroboration of false statements as lying.

The fact that children can generally identify lies and know that they are wrong implies that they will generally choose to be truthful over lying. This is not necessarily the case, and even young children who are not expected to understand the concept of false beliefs, regularly engage in deceptive behaviour to varying degrees of complexity (Lewis, Stanger & Sullivan, 1989; Newton, Reddy & Bull, 2000; Sodian, Taylor, Harris & Perner, 1991; Talwar, Lee, Bala & Lindsay, 2002; Tye et al., 1999). While it is clear that young children

often attempt to lie, these attempts are seldom successful as they do not comprehend that a lie fails if the listener does not believe it (Leekham, 1992).

Ceci and Bruck (1995) suggest that children seldom lie deliberately to interviewers. Motivations to lie may include to escape punishment, to keep up a game, to keep a secret or a promise, to gain an instrumental reward, and to avoid feeling embarrassed. Thus, they are motivated cognitively and expect the social and self sanctions that result from particular actions (Bussey, 1992), and would perhaps prefer to avoid the consequences of being untruthful.

There is clearly no single variable associated with children's decisions about whether to be honest or to lie, and while even from a very young age children are able to recognise lies and understand their immorality, they still appear to engage in deceptive behaviour. Accordingly, when evaluating an allegation of CSA, perhaps possible motivations of the child to lie or be truthful, as well as his/her moral principles should be taken into account. Lanning (1996) points out that even if a child is not lying, this does not necessarily mean that his/her report is accurate – erroneous statements are made for a number of other reasons (for example, suggestions, memory distortions, misperceptions and fantasy).

### **Children's Credibility**

Equally important as whether children understand and engage in lying is whether they are perceived to be credible by the adults assessing allegations of CSA. Most adults fare poorly in tasks in which they have to detect deception in other adults (Ekman & O'Sullivan, 1991) and even many professionals cannot accurately judge whether a child is lying (Ceci & Bruck, 1998). Unfortunately there is no standard test that can be used to establish whether or not a child is being truthful (Pezdek & Taylor, 2000). However, some researchers have attempted to outline guidelines to assist in establishing whether a child is being honest when alleging abuse and these guidelines will be discussed in this section.

Vrij, Edwards, Roberts & Bull (2000) propose gaze avoidance, variable frequency of smiling and other movements and the increased speed of features of speech as factors that can be used to distinguish liars from truth tellers. Talwar and Lee (2002) suggest that when

children tell white lies they have smaller smiles and are less confident and more somber than children who are not lying. While findings such as these are interesting, they are not always relevant as false allegations do not always arise because a child is lying (they can arise through suggestion as well, for example). Additionally, in order to effectively use such findings to make assessments, the evaluator would have to compare the child's present behaviour to that before the alleged abuse. This is likely to be difficult as an evaluator usually does not meet a child until after an allegation has been made.

Child witness credibility appears to be mediated by a number of factors. Younger children might be viewed as more credible if they have a large sexual knowledge base, not commonly attributed to children (Bottoms & Goodman, 1994). Furthermore, if a child appears confident when describing an event, his/her perceived credibility seems to increase, even though it has been established that confidence and accuracy are mostly unrelated (Spanos, 1996). When a child testifies via videolink, he/she also loses credibility as this is less stressful than testifying in open court and a relaxed demeanour makes the child appear to be less of a victim (Eaton, Ball & O'Callaghan, 2001). While the credibility of a child witness is a crucial part of any case of alleged sexual abuse, decisions made within this area should not be based on inaccurate perceptions and emotional reactions. This is because there are many factors (relevant to traumatic response, time delays and the interview environment) that might affect the degree of credibility that the child is perceived to have. Most of these factors are unrelated to whether or not the child is being truthful.

### **Interviewing Children**

Within the context of an allegation of CSA, the first step in avoiding some of the difficulties mentioned above is ensuring that the investigative interview with the child is unbiased and thorough. The process of interviewing a child witness should be approached with caution, as it is a complex task that is seldom undertaken under optimal conditions (Warren & McGough, 1996). When conducting an interview with a child after an allegation of sexual abuse has been made, attention should be paid to the choice of interviewer, the timing and frequency of the interview, its context, the techniques used and the types of questions asked.

A skilful interviewer can distinguish between being supportive and using techniques that bias the child's account. He/she lays out the rules of the interview situation, answers questions and predicts and addresses the child's concerns about the interview (Warren & McGough, 1996). He/she also avoids interviewer bias, which involves directing the interview so as to obtain confirmatory statements about a preconceived idea and avoid contradictory statements (Bruck & Ceci, 1999). An interview can be biased through guided imagery, selectively rewarding statements made by the child, asking leading and misleading questions and using props such as anatomically-detailed dolls (Ceci & Bruck, 1995).

Interviewers often unwittingly bias interviews and so it is preferable for a trained and experienced interviewer to question a child about an allegedly abusive event. However, short training courses in questioning techniques do not appear to be effective in preventing interviewer bias and increasing the value of the interview as a whole (Aldridge & Cameron, 1999; Warren et al., 1999) and so it is preferable for a qualified and experienced professional to conduct forensic interviews with children.

To obtain accurate information, interviews should be conducted as soon as possible after the event in question. To document the memory while it is still fresh, an initial sworn statement should be taken from the child. This may not be sufficient, however, and it might be necessary to conduct further interviews during the retention interval. Repeated questioning can, however, detract from the accuracy of the child's account, and, although difficult, it is preferable to keep the number of pre-trial interviews to a minimum (Warren & McGough, 1996).

The child needs to be at ease if the interview is to be successful, and the interviewer should establish rapport with the interviewee (although the child should not feel the need to impress the interviewer with his/her responses). The interviewer should be encouraging and non-judgemental and avoid any threats to or criticisms of the child. It is preferable not to have the parents present during an interview, but the child should know where the caregiver is and that he/she can go to the caregiver at any time. Nevertheless, the goal of such an interview is informative not therapeutic, and the child should be referred to a mental health professional for treatment once the interview is finished (Powell & Thompson, 1994).

Free recall is an effective way to obtain accurate information from children of all ages, but the information acquired is not always complete. Thus, more specific questions are required in addition to free recall in order to obtain more comprehensive reports. With children, though, the use of these techniques is often at the cost of accuracy. Specific questions should be asked in a non-leading manner, avoiding the use of definite articles (Powell & Thompson, 1994).

Bigelow (2000) proposes a number of factors to improve the accuracy and admissibility of an investigative interview with a child alleging sexual abuse. He suggests that the number of interviews should be limited, rapport should be neutral, parents should not be present, anatomically-detailed dolls, overly-supportive comments and inducements should be avoided and the importance of truth-telling discussed with the child. Furthermore, the interviewer should acknowledge that children rarely recant without provocation and may misidentify the abuser. Other factors that should be taken into account are that the child might not have experienced the event as traumatic and a child's believability is not an indicator of the reliability of a statement.

#### **Evaluating abuse allegations and arguing their veracity**

There are many factors that need to be taken into account when assessing an allegation of CSA. For example, when a professional needs to establish the veracity of an allegation, the child's age and susceptibility to suggestion need to be considered in conjunction with other information, such as the motivations of the person who initially alleged the abuse, the context of the allegation, and the availability of physical evidence.

Legal and mental health professionals have different responsibilities in this process, but both categories of specialists play important roles. Legal professionals assist in generating the investigative tactics of the case, evaluate the evidence with respect to its relevance in court, become involved in interviews with suspects and witnesses and prepare the case for court. Equally important, mental health professionals' responsibilities include providing guidance to other key people, referring children for treatment and conducting forensic interviews as well as assessing the children involved (Pence & Wilson, 1994).

Kuenhle (1996) warns mental health professionals against adopting the dual roles of evaluator and therapist and suggests that these two tasks should never be conducted by the same psychologist or social worker. Hewitt (1999) suggests that such professionals should base recommendations on a variety of factors obtained by conducting a comprehensive assessment of the allegation, including examining factors relating to the family, significant behaviours, abuse history of the child and parents and peripheral information. No single discipline is adequate to evaluate CSA, and a variety of professionals need to coordinate their energies in order to provide a comprehensive assessment of any case (Lanning, 1996).

It should also perhaps be noted that professionals are not necessarily immune to the myths and preconceptions that often affect laypeople's beliefs about and attitudes towards sexual crime. In a study conducted by Collings (2003) the child sexual abuse myth scale was administered to respondents in three categories: aspirant, trainee and qualified psychologists. The results showed that, on all but one item on the scale, myth acceptance scores did not differ between the respondents in different groups. It is therefore crucial that professionals make every effort to maintain neutrality.

Bigelow (2000) states that a thorough evaluation of an allegation of CSA requires combining data from a variety of sources. The potentially serious consequences of an inadequate evaluation for the child and family involved underscore the importance of a professional and competent evaluator, who acknowledges the limits of his/her discipline. Zeitlin (1987) suggests that any professional evaluating a case of CSA should begin with the assumption that the veracity of the allegation is not yet known. The investigator should then collect all the available evidence and, remaining neutral, base decisions on this, assist the child and family with the manifest rather than latent problems, and develop an increasingly trusting relationship with them so that if abuse is taking place, it becomes likely that the child or the perpetrator will divulge important information.

When attempting to evaluate a claim of CSA it is further important to look at the context of the allegation. For example, allegations that are instigated during custody battles may arise as the result of one parent's alienating the other (Stahl, 1994). Parental Alienation Syndrome (PAS) has been proposed as a pattern that might result in false allegations of

CSA. This occurs when one parent conditions the child by estranging the target parent and reinforcing the child's similar alienating behaviours. The alienated parent further supports the child's behaviour through his/her passivity which empowers the child. The emergence of a false allegation is fuelled by over-zealous mental health and legal professionals who do not consider PAS when investigating such allegations (Gardener, 2002). Stahl (1994) recommends that in these situations, a comprehensive evaluation should be performed. The evaluation should include a complete analysis of all the objective evidence, and a psychological assessment of the parents and the child (both individual and conjoint interviews should be conducted). The evaluator should retain an unbiased standpoint during this process and make judgements based on a thorough understanding of the literature on establishing the veracity of CSA allegations. Ehrenberg and Elterman (1995) add to this with their suggestion that when an allegation arises during a custody battle, the professionals evaluating the case should be sufficiently knowledgeable in both the evaluation of sexual abuse allegations and in the dynamics of divorce situations.

Within the context of divorce, Faller (1991, in Ehrenberg & Elterman, 1995) identified four possible situations in which an allegation might surface: divorce resulting from abuse or suspected abuse, abuse exposed during divorce, abuse as a result of stress in divorce, and unlikely allegations during custody battles. The improbable allegations mentioned here often arise when a child returns from a visit to the non-custodial parent and presents with some of the possible symptoms of sexual abuse. The custodial parent, who might be hypervigilant to such signs, misinterprets them as abuse. As with most cases of alleged abuse, the evaluator should consider all the circumstances of the allegation and be sure to distinguish between the trauma caused by divorce and trauma that might be caused by sexual abuse in order to draw accurate conclusions from the assessment (Ehrenberg & Elterman, 1995).

Ellis (2000) asserts that because up to half of all CSA allegations that arise in the context of custody battles are false, the characteristics of each case that arises should be evaluated and compared to characteristics of established true and false cases. These factors were extracted from cases in which the allegations were proven to be fictitious by Ellis (2000). For example, an allegation is likely to be false if the accusing mother has a history of

psychiatric illness, if the parent (as opposed to the child) disclosed abuse and if the allegation arises after a divorce. The accused in these cases is usually submissive and ineffective and the accuser will gain in some way from the allegation. On the contrary, mothers who allege valid abuse are often upset and feel guilty and ashamed about the abuse, are prepared to consider alternative explanations, express alarm at the impact of the process on the child, allow the child to be interviewed alone, do not behave unpleasantly to the accused and often are reluctant to report their suspicions. The accused in these genuine CSA cases often has emotional and impulse control problems (including drinking excessively), is self-absorbed and dependant and seems to have poor judgement.

A number of researchers have attempted to design models that can assist the professional when evaluating a CSA allegation. Criterion-Based Content Analysis (CBCA) is one such model and has been proposed as a way of ascertaining whether an allegation of CSA is genuine. It is based on the Undeutsch Hypothesis (Undeutsch, 1984) which theorises that accounts of events that have occurred differ from accounts that were not experienced (in terms of the amount and richness of detail provided). True accounts are thought to relate more to aspects of the real world (in terms of time and location) than false or imagined accounts. Following this reasoning, more criteria of CBCA should be present in credible and truthful accounts than in false, doubtful accounts (Raskin & Esplin, 1991). Craig et al. (1999) determined that open-ended questions are valuable for obtaining information about an allegation from a child, and are especially useful when their responses are assessed using CBCA. Furthermore, Tye et al. (1999) found that experts using CBCA were significantly better able to classify statements correctly than laypeople.

This method has however been criticised as it is best applied to testimony that is extensive, which is seldom the case when the statement is being made by a child. Another criticism of CBCA is that it ignores the (social constructionist) position that knowledge is created differently in different contexts and therefore the content of accounts is likely to be influenced by the specific interview environment. Furthermore, the method provides no guidelines as to how many criteria should be present in order for a statement to be deemed true, or whether a lack of sufficient criteria means that the statement can be regarded as false (Bekerian & Dennett, 1992).

Lanning (1996) also cautions against believing a child's account based on the detail it contains. He suggests that there are a number of possible sources of explicit detail other than the child's personally experiencing the situation, and there are many ways in which a fictitious account may develop details. A child may obtain detailed information about sexual acts from interaction with his/her peers, the media, suggestion from an adult, or educational programs. Unusual detail may also arise from the child's confusion or misinterpretation of the events experienced. Thus, professionals need to investigate the source of any details that arise in a child's statement if an evaluation is to attempt to be accurate and thorough.

While CBCA is not a global and objective test as to whether an allegation of CSA is genuine, it is no doubt helpful in assessing such charges. At this stage, it is improbable that the technique could be successfully applied in the South African context for a number of reasons. These include the fact that by the time an allegation is officially investigated the child might have been interviewed about the abuse on numerous previous occasions which might affect the content, quality and length of his/her reports and answers to interview questions. The technique has also not been proven valid or reliable enough to be used as an objective lie detector test, and should not be treated as such (Lamb, Sternberg, Esplin, Hershkowitz & Orbach, 1997).

Another set of guidelines for evaluating the veracity of a CSA allegation is that proposed by the American Academy of Paediatrics' (1999) Committee on Child Abuse and Neglect. Here it is recommended that a history be taken, followed by a medical examination (including laboratory data if the abuse is alleged to have occurred less than 72 hours before the consultation). Detailed records of the interview and findings should be made for later use in court. When taking a history, professionals should include the victim's background, any incidence of drugs or pornography in the home, habits, attitudes and beliefs (religious and cultural) and the degree to which sex education has occurred at home. Other children in the home, the child's fears and behaviour, custody battles and victimisation patterns should also be observed. Scare tactics, trauma and other events that occurred around the abuse as well as the events leading to and resulting from disclosure should be investigated along with the parents' backgrounds (Lanning, 1996).

The American Professional Society on the Abuse of Children (APSAC) emphasises the role of the evaluator in assessing allegations. The society recommends that the professional evaluating a CSA allegation should have a post-graduate degree in a mental health-related field, have extensive experience in the field, additional training in CSA-related matters, be familiar with the literature and possess sufficient experience in being an expert witness in court. Furthermore, these professionals should approach each case referred to them with an open mind (Kuenhle, 1996).

Hoorwitz (1992) attempts to outline factors that might indicate that a child is lying. He suggests that if there has been a long time delay between the alleged abuse and the child's reporting of it (and this cannot be adequately explained by the child), it is possible that the child has made the allegation based on something other than abuse. Similarly, the presence of symptoms typical of abuse (e.g. anxiety) can also be used to indicate that the allegation is true, although an absence of these symptoms does not necessarily indicate that the allegation is false. The family context of the abuse situation is also important – it should be compared to those more commonly found in abuse situations and similarities and incongruencies must be noted. Also to be taken into consideration is whether or not the statements made are consistent (in sequence and location of objects) and coherent and whether they are characterised by confirmable assertions. Within the statement, the length of time that an event is reported to have taken should be compared to the amount of time that would reasonably be required to for such an activity, and inconsistencies reported. Furthermore, stories in reality are seldom tidy – a real story contains tangents and unexpected details and these should be examined in a child's report of an abusive event. It should also be established whether the child has knowledge of sexual matters that could only be attained in an abusive situation. In his detailed description of these factors, however, Hoorwitz continuously highlights the fact that none of these criteria can be used in isolation to ascertain the veracity of an allegation, and that the presence of certain criteria could have different meanings in different cases of alleged abuse.

After carefully reviewing the literature on CSA evaluations, Kuenhle (1996) has established a set of criteria that experienced professionals suggest should be examined when

assessing CSA allegations. These include the circumstances surrounding disclosure, the level of the child's language when communicating the event, the level of sexual knowledge possessed by the child, the consistency of the child's statement and whether events described are logical and possible. The emotional state of the child while disclosing abuse should also be considered and a number of behavioural rating scales and psychometric tests should be administered to the child as well during the evaluation process. None of these factors can be used in isolation to determine the veracity of an allegation.

None of the guidelines proposed for evaluating CSA allegations are globally accepted, and so some researchers have attempted to establish how professionals actually diagnose abuse, and how accurate these diagnoses are. Hobbs and Wynne (1987) reviewed diagnoses of sexual abuse by two paediatricians over a two-year period in Leeds. Based on this review they suggest that the disclosure of abuse by the child should generally be believed and is one of the key criteria for determining the veracity of an allegation. They also found that third-party allegations are generally valid, and physical and medical evidence is valuable, but not necessarily indicative of abuse, usually because of time delays between the event and its investigation.

Another review of allegations of CSA investigated which situations were prevalent in a range of categories of allegations (reliable, recantations, unsubstantiated, insufficient information, fictitious reports made by adults and fictitious reports made by children). Eight percent of the allegations investigated were ultimately deemed fictitious. The veracity of the reports was decided based on a variety of factors. It was first established whether the abuse could possibly have occurred at the time and place being alleged. The child's statement was then evaluated based on the detail it provided, the quality of emotional and psychological response it contained, whether it was in line with the child's developmental ability, whether the child provided his/her personal perspective, and the degree of secrecy it contained. Supporting features were then examined, including the family history, changes in the child's behaviour around the event, the child's disclosure and consistency in statements to other people, the child's handling of toys, his/her knowledge of the adult sexual anatomy and an interview with other children in the same household. Physical and medical evidence was also examined (Jones & McGraw, 1987).

In the second phase of the same research, Jones and McGraw evaluated the 21 cases of fictitious reports of CSA. In the five fictitious cases alleged by children, their statements lacked emotion and detail. Seven of the nine fictitious allegations made by adults had occurred within the context of custody disputes, and the majority of adults making these allegations had personal histories of trauma. The seven mixed cases (in which it was unclear who had made the initial allegation) all arose against the father during custody disputes and each of the mothers had a history of psychiatric disturbance.

The presence of medical evidence is commonly thought to be a direct and conclusive indicator that abuse has occurred. However, many researchers have investigated the types of medical evidence that could be present within a case of alleged CSA and established that genital and anal abnormalities in a child are not necessarily indicative of CSA. According to Bays and Chadwick (1993) it is common for a child who has been a victim of sexual abuse to have a normal medical exam. Factors such as time delays, rapid healing and non-penetrative abuse often mean that there is no physical evidence of the event. There are also a number of conditions that have similar symptoms to those that occur as a result of abuse. Anogenital warts, for example, can have a number of causes, only one of which is sexual abuse (Clarke, 1998).

There are some medical findings that are strongly indicative of sexual abuse, for example the presence of semen and sexually transmitted diseases (Du Plessis, 2000) or pregnancy (Bays & Chadwick, 1993). However, even in these circumstances where it is clear that abuse has occurred, further investigation should be conducted to establish whether the accused is indeed the perpetrator.

Finkel (2002) proposes that to medically diagnose CSA a practitioner should be familiar with the issues surrounding sexual abuse so that he/she can record a complete medical history and the results of the physical examination that can be presented in a report and possibly in court. Thus, the physician must be able to defend his/her opinions as to whether the abuse occurred.

Bowen (1999) suggests that when the child has not verbally disclosed abuse, physicians seem to believe that possible abuse can be detected via medical findings, parental stress and behavioural changes (including spontaneously engaging in sexualised play). However, behavioural, cognitive and emotional indicators are not sufficient for determining whether the alleged abuse has occurred. Certain behaviours that are widespread amongst sexually abused children are also common in non-abused children. Furthermore, many of these factors could also be explained by physical abuse or neglect and so would not stand up as indicative of sexual abuse within the legal system. Such factors can best be employed through recording patterns of behaviour before and after the alleged incident and comparing them within the context of major events that occurred during the same time period (Bigelow, 2000).

There are thus clearly no concrete criteria that indicate that an allegation is genuine or fictitious. Even medical evidence should not be accepted unquestioningly and Jones and McGraw (1987) suggest that clinical recommendations should be made cautiously. Raulinga (2002) further affirms that expert evidence, while generally useful to the court, should be given vigilantly and professionals should be able to explain and justify their decisions and recommendations.

While the investigative interview should be the main source of evidence in a case of alleged CSA, in this country there is seldom an official investigative interview that can be admitted as evidence. Analogous to the global pattern there are no clear guidelines for the evaluation of CSA in South Africa. Renee Potgieter (2002) has proposed a model for the assessment of sexually abused children but this appears to be based largely on observing the child's play and includes the use of anatomically-detailed dolls, a technique that is quite controversial (Kuenhle, 2000). While the model includes a questionnaire for the primary caretaker, it is centred on an evaluation of the child and does not include specific guidelines for evaluating peripheral factors.

Because there is no protocol that has been empirically proven to be effective in evaluating allegations of CSA, every case should be assessed based on its individual principles (Giardino, 2002). It is very difficult to design a map for such assessment as each

case is unique, but there are certain dos and don'ts that have arisen in the literature of the past three decades. In South Africa, it is especially difficult to evaluate a case of CSA for a number of unique cultural, educational, infrastructural and language-related reasons and so the task should be approached with extreme caution. The only consensus that has been reached in this area is that it is almost impossible to design a universal strategy for approaching the assessment of CSA allegations and any assessment should be conducted within a multi-dimensional framework.

### **Contradictory research findings and opposing discourses**

As the literature on assessment suggests, despite the extensive empirical research that has been conducted within the area of child sexual abuse over the past few decades, conclusions that have been reached as to which factors should influence the assessment of such allegations are in many instances ambiguous. In fact, in some areas there is solid empirical research supporting each of two opposing positions so that when a mental health, legal, forensic or medical professional becomes involved in a case of alleged CSA, he/she has apparently sound empirical evidence available to him/her regardless of which position he/she advocates.

The existence of these inconsistencies is illustrated in the incongruous research findings within the area of the reliability of children's memories where only under certain conditions have children's memories been shown to be as reliable as those of adults, and in a variety of other circumstances, children are thought to retain less information than their adult counterparts (Dent, 1992; Flin, Boon, Knox & Bull, 1992; Goodman, Hirshman, McKee & Rudy, 1998; McNichol, Schute & Tucker, 1999; Powell, Roberts, Ceci & Hembrooke, 1999). Similarly, many researchers have established that children are susceptible to suggestion (Lampinen & Smith, 1995; Lewis, Wilkins, Baker & Woobey, 1995; Thierry, 2001). However, it has also been demonstrated by Loftus (1975) that adults are highly suggestible, which detracts from the power of the argument that children's statements should be viewed more cautiously than those of adults because they are suggestible.

It also appears to be a common discursive position that children would never lie about being sexually abused (Bussey, 1992) and hence all allegations of CSA are genuine and should be treated as such. However, it has been found that children do knowingly engage in deceptive behaviour (Lewis, Stanger & Sullivan, 1989; Sodian, Taylor, Harris & Perner, 1991; Reddy & Bull, 2000; Talwar, Lee, Bala & Lindsay, 2002), so that the argument that a child might be lying can be as easily validated as the argument that he/she is probably being truthful. Adding to this is the fact that lying is not the only possible source of fictitious allegations.

Thus, when assessing an allegation of CSA, there is no conclusive research to guide the professional. Even the definition of abuse is not stable across all cultures and regions (Kinnear, 1995) and notions about who perpetrates abuse appear to contradict widely held beliefs as well. In an unpublished pamphlet, *Childline* challenges the many myths about child abuse that are accepted as fact by societies across the world. These include the idea that a child will always feel hostile towards an abuse perpetrator, when in fact many children hold ambivalent feelings towards offenders, and often even positive feelings towards offenders within the family. Another myth is that only violent sexual abuse is harmful to the child. To the contrary, in reality *Childline* indicates that emotional factors such as betrayal of trust can be as damaging to the child victim as any physical harm.

It is therefore apparent that within this extensive and established discourse there are many conflicting positions regarding allegations of CSA. When it comes to arguing the veracity of an allegation during the course of a case of alleged CSA, professionals have a variety of perspectives available to them. They are able to choose which discursive positions to draw from, depending on which standpoint they choose to (or are expected to) adopt so that these repertoires could possibly serve as tools instead of guidelines. It would thus be useful to attempt to understand how this discourse and literature is employed by those people who regularly deal with CSA allegations in a professional capacity.

#### **Contextual issues relating to legal assessment of sexual abuse**

It is clear from the preceding literature discussion that attitudes towards and understandings of child sexual abuse (both in South Africa and globally) are informed by

two distinct, but related disciplines – law and psychology. However, for reasons that may seem obvious, practices around the assessment of allegations appear to originate primarily from a legal perspective. Enshrined in these legal traditions and conventions are the procedures, definitions, vocabularies, perceptions and protocols that need to be followed in order to uphold the integrity of the criminal justice system (and these factors affect all cases of CSA that are evaluated). It appears to be widely acknowledged that within this legal system is embedded a culture that incorporates a number of overt and implicit ways of thinking relating to the dynamics of CSA assessment.

Estrich (1987) noted how widespread myths and implicit understandings about sexual crime affect how cases are dealt with within the American judicial system. This is revealed through a number of practices observed by Estrich in her experience as a rape victim within the system. She discerned that some of the attitudes held by certain police and judicial officers are archaic and often incongruent with reformed written laws. In a similar way, victim blaming seems to increase with the presence of certain criteria, such as if the victim knew her attacker and these reproachful attitudes are often intensified when previous sexual relations between them are revealed. Further dissection of these attitudes and assumptions revealed that charges are more likely to be prosecuted (and result in convictions) if the race of the accused differs from that of the victim. Additionally, some judicial officers openly express beliefs that women fantasize about being raped and gain some pleasure from the experience. A further observation was that the physical appearance of the victim seemed to have some relation to the outcome of the case, with women who dressed provocatively being viewed as at least partially responsible for the crime. Often, only fresh cases that include evidence of physical force and resistance, or are corroborated by an external source, are likely to be considered for prosecution.

Also implanted in the culture within the criminal justice system are apparent notions of suspicion of the evidence provided by the victim which is revealed in the not infrequently expressed belief by judicial officers that when nonstranger sexual crime has been alleged, the accuser might feasibly be using the criminal justice system to harass her ex-boyfriend or 'teach him a lesson' (Estrich, 1987). The effects of these beliefs are often compounded by

the attitudes of some that men in appropriate relationships have certain rights to intercourse or sexual relations.

Another way in which these unspoken ways of thinking become apparent is through the reasonably common practice that, in order for an alleged case of sexual assault to be prosecuted, the victim needs to be perceived as 'legitimate', initially by the police who investigate the case (and decide whether it is worth pursuing) and then by the judicial officers who choose whether to prosecute it. A 'legitimate victim' is understood by Estrich (1987) as a virtuous and chaste woman who was surprised by a violent attacker. She would then have clearly articulated her nonconsent and resisted sufficiently to demonstrate that she was unwillingly forced to submit to intercourse (as it appears to be widely believed within such systems that a reasonable woman in these circumstances would resist). These established understandings that have been exposed in a number of studies, generate situations in which the issue of the resistance of the victim takes precedence over the intent of the accused when attempting to discern whether the crime occurred.

Estrich (1987) concluded that extensive effort is invested in establishing whether the victim was non-complicit in the event and this is often the focus of investigations or trials. This shift in focus away from proving the guilt of the offender and towards proving the innocence of the victim is one of the consequences of these ways of thinking displayed by people working within this system.

Campbell and Johnson's (1997) investigation into how American police officers define rape even after recent rape law reforms provides support for Estrich's observations. In their study, they found that over half of their sample of police officers defined rape using terms that are widely accepted to be outdated and definitions that included in some form victim blaming: this was evident in their dependence in their definitions on three key factors: a) the issue of the consent of the victim rather than the use by the criminal of force or coercion, b) the relevance of the victim's sexual history and c) a number of stereotypes (including that men who rape are fulfilling a biological need and that many victims often partly to blame for rape by dressing provocatively). These 'mixed' definitions were

associated with lower-ranking officers who had undergone less extra-career training than others in the study.

These understandings and beliefs that form the backdrop for legal assessments of sexual crimes in the USA are by no means absent from the South African judicial system. As mentioned earlier in this chapter, Muller (2003) observed during her involvement as an expert witness in cases of CSA that there exist a number of misconceptions about CSA amongst judicial officers in South Africa. This is expressed in the way in which children are often treated as miniature adults: it is frequently not acknowledged that language and cognitive skills, as well as morals are developed throughout the life process and are therefore not comparable between groups at different developmental stages. This apparent misunderstanding of children in the courtroom is likely to affect the outcome of cases to a large degree (as well as determine the level of comfort experienced by the victim in the courtroom), and Muller suggests that the courtroom therefore needs to become a place of judicial learning.

Maintaining these unspoken ways of thinking are a number of established procedures that are followed in the courtroom, most notably the cautionary rules that apply when a child testifies. Such rules, when used to contain the degree to which a child's testimony is accepted as valuable result in the focus being shifted away from the accused, and even the alleged crime itself during the trial, and onto the child who is giving evidence. Cautionary rules provide a defined framework for the assessment of specific CSA allegations and all of the explicit understandings about victims or accusers that are embedded in legal cultures can then be used to attempt to understand the child's testimony.

These established beliefs and understandings that have been discussed here provide an important contextual background for any research on CSA assessment. Because many of the attitudes and understandings highlighted by Muller (2003), Campbell and Johnson (1997), and Estrich (1987) are embedded in legal attitudes towards CSA, they are likely to be relevant to assessments conducted and will consequently affect the resultant decisions. They therefore need to be acknowledged as important contextual issues when conducting research of any kind in the area.

### **An introduction to the present research**

Most of the available research on assessing and addressing CSA has been conducted in the United Kingdom, the United States of America and Australia and so cannot necessarily be applied fully in the South African context, which, as I have demonstrated, differs from that of most first world countries in a number of ways. Louw and Allan (1996) discussed how there is a paucity of formal research in South Africa in the area of forensic psychology, and I have thus tried through the two studies that follow to address this gap in the literature. Furthermore, it appears that the research on assessing allegations of sexual abuse seems to focus primarily on factors relating to the child and a number of areas seem to have been overlooked. Research on the credibility of the accused, the initial interview with the suspect and his/her preparedness to lie is noticeably lacking from the literature as well.

This chapter has also revealed that systems for addressing CSA allegations in South Africa are inadequate in a number of ways. There are also no clear guidelines available to professionals on how to evaluate allegations of CSA and there are no systems in place to standardise this process. Furthermore, no research is available on how professionals currently manage this task and the consequences of these current practices. Thus, through this research I try both to understand these issues and to provide the first step towards addressing them.

However, social constructionist research is not the only way in which the issue should be examined in South Africa. I feel that it would first be beneficial to establish South African professionals' beliefs as to how the veracity of an allegation should be established and compare this to their actions and manipulation of the available literature. This can be done via a triangulation of quantitative and qualitative methods so that results established via quantitative inquiry can be augmented by analysis from a social constructionist perspective. This is what I have tried to accomplish with this research.

There appears to be little consensus globally on how to evaluate an allegation of child sexual abuse. Regrettably, in South Africa this problem is exacerbated by a number of factors that are unique to this country. While the research on CSA evaluation and related topics is by no means conclusive, there are some broad findings that could be used as

guidelines for professionals who are expected to assess CSA allegations. A thorough knowledge of the research could assist professionals in the laborious and intricate task of establishing the veracity of an abuse allegation. There are no doubt many professionals in South Africa who are familiar with the current literature on CSA, but there are likely many others who are not. Thus, investigating how professionals deal with CSA allegations (and whether there is consensus between professions on this matter) would be the first step in developing a system that can be adopted for approaching CSA allegations. This is what I have attempted to achieve with the first piece of research, a primarily quantitative study that is reported on and discussed in Chapter Two.

The second part of the research consists of an analysis of professional discourse surrounding CSA assessment in South Africa to establish how this discourse functions to improve or impede the systems in place for addressing allegations. This study was conducted within a social constructionist theoretical framework and is described in Chapter Three.

Finally, Chapter Four concludes the research with a brief summary of both studies in which their results are combined to form a conclusion to the report. In this chapter I also develop a list of recommendations for improving such systems and a tentative set of guidelines for the assessment of allegations in South Africa, both of which could be enhanced and extended in future research and perhaps ultimately integrated into training programs.

## **CHAPTER 2: ESTABLISHING THE VERACITY OF AN ALLEGATION OF CHILD SEXUAL ABUSE IN SOUTH AFRICA**

### **Introduction**

In the first chapter, I discussed CSA allegations and methods for evaluating them, concluding that there currently are no clear and unambiguous guidelines to assist professionals when assessing the veracity of an allegation. In South Africa, no unanimously accepted protocol for this process exists and professional training varies both within and between disciplines. To make the development of such a set of guidelines possible, it would be necessary to first establish the current status of evaluation methods in South Africa. Because mental health, legal and law enforcement professionals need to work together within a legal culture when evaluating CSA, I thought that it would be valuable to know whether there is consensus (both within and between these groups of professionals) on which criteria should be used to determine whether an allegation is genuine. Additionally, it would be interesting to see whether these criteria correspond with any of the recommendations made in the literature on the issue. These were the main motivations for this study.

It was established via a literature search that while there is a wealth of available information on the assessment of CSA allegations, no research has been conducted investigating which criteria experienced professionals (in a number of fields) believe should be taken into account when conducting these evaluations. Furthermore, there is an especial dearth in the available literature of such research that has been conducted on this issue from a South African perspective. Thus, it was hoped that the results of this study could contribute to the development of a South African model for the assessment of CSA allegations.

Contributing to the relevance of this research is the fact that a mistaken diagnosis of CSA can have negative effects for the alleged victim, his/her family and the accused. Keeping the incidence of both false negatives and false positives to a minimum should be a priority within the legal system, as a high frequency of these incorrect diagnoses detracts from the integrity of the system. As a result of such errors, genuine allegations of abuse are undermined and become more difficult to prosecute (Gellert, 1995).

The task of evaluating the veracity of an allegation of CSA is a challenging one. Direct and objective physical evidence is seldom available and sexual abuse incidents are rarely witnessed by outsiders. The undertaking is further complicated by professionals (from both mental health and legal/forensic perspectives) evaluating cases based on incomplete information as well as the fact that there are no agreed upon guidelines available for the assessment of such cases. Furthermore, many of these professionals rely on disclosure by the child as a powerful indicator of abuse, and this is often not the way in which the possibility of abuse is revealed. When cases reach court, professionals are often accused of or found to be supporting each other rather than objectively backing one side of a case. Inadequate records and emotional involvement of some professionals further exacerbate the problem of arriving at the truth of a case. Combined, these factors result in many cases being dropped and not making it to trial (Haynes-Seman & Baumgarten, 1995).

Haynes-Seman and Baumgarten (1995) suggest that an effective assessment process is based on a clearly outlined theoretical framework, contains a strict protocol, draws from a variety of sources, is unbiased towards the victim or the accused, includes the efficient recording of the entire process and is functional for the assessor. It should also contain criteria to assist in decision-making. Pence and Wilson (1994) suggest that these decisions be made by teams of medical, legal and mental health professionals, who might then be able to establish whether the child has been abused, by whom, whether the child is at risk of further abuse, how best to treat the child, and whether there is enough evidence to successfully prosecute the case. They assert that only scientific evidence or a physical recording of the abusive event by the perpetrator are sufficient for substantiating the abuse. Both of these scenarios are uncommon, and in most cases the evidence is far less convincing.

Sgroi, Blick and Porter (1982) suggest that real abuse includes numerous incidents and evolves over time. Furthermore, after experiencing sexual abuse, the child's statement will have inappropriate sexual detail and peripheral detail, as well as being realistic and including secrecy and coercion. Additionally, the child's language and emotional reactions to the abuse should be examined. It is also unusual, according to Sgroi, Blick and Porter, for

a child to disclose spontaneously in genuine cases of abuse – they usually require some encouragement. These criteria should be considered in conjunction with other medical and physical evidence, statements from other witnesses and the accused, as well as behavioural changes in the child.

This research pursued multiple aims, the first of which was to establish which criteria South African legal/forensic and mental health professionals believe to be important in ascertaining whether an allegation of CSA is true or false. Secondly, the research aimed to compare the criteria valued by the two groups of professionals for evaluating such cases. A further aim was to determine professionals' estimates as to what percentages of allegations of CSA that they have dealt with are false and what percent of such allegations in South Africa are genuine.

## Method

### Participants

Recruiting participants through random sampling would have been ideal for this research. However, due to the particular nature of the inclusion criteria specified (to be discussed later in this section), random sampling was not possible. Nevertheless, I tried to recruit participants from a variety of geographical and professional areas so as to maximise the representativeness of the sample. Ultimately a snowballing effect was achieved, with many of the professionals approached initially referring me to other potential participants.

A total of 41 people were included in the final sample, which was divided into two categories based on the nature of the roles performed by participants within the process of assessing CSA allegations. The first group, *mental health professionals*, consisted of social workers and psychologists. According to Kuehnle (1996) professionals within this group tend to have therapeutic goals within this system as well as assessment aims. Police officers and lawyers constituted the second group of participants which was given the label *legal and forensic professionals* and whose roles are defined more by fact finding and evidence gathering than healing (Kuehnle, 1996). Initially, participants were only included in the sample if they had experience in working with at least five cases of alleged CSA, but in order to meet the sampling requirements, this inclusion criterion was reduced, allowing for

professionals who had worked with at least one case of CSA in the preceding two years to be included in the sample.

I chose to approach potential participants from a variety of institutions and organizations as well as in private practice. Psychology departments at major South African universities were chosen based on whether they train professionals in dealing with CSA issues or had published literature on the topic. I also approached organisations that I had encountered through literature searches and many of the participants referred me to additional organisations. Therefore, mental health professionals working at RAPCAN, Childline, the Teddy Bear Clinic, the University of Cape Town's Child Guidance Clinic, Child Welfare, the psychology and social work departments at numerous tertiary institutions in the Western Cape, Gauteng, the Eastern Cape and KwaZulu-Natal, at schools, children's homes and in private practice were asked to participate. I approached legal and police professionals working in private practice, at various magistrate's courts, in the Family Advocate's Office, at the Child Protection Unit, the People's Family Law Centre, the Legal Aid Board and in the law faculties at the Universities of Cape Town and the Western Cape as well as the University of Port Elizabeth, and Rhodes University in Grahamstown. In total, 75 questionnaires were distributed, 37 to mental health professionals and 38 to legal professionals. 41 (55%) questionnaires were completed and returned, 22 (58%) in the legal and forensic professionals group and 19 (51%) in the mental health professionals group. This relatively even distribution of responses was deemed sufficiently similar to minimise the possibility of response bias. Participants were approached in a number of towns and cities throughout South Africa, including Cape Town, Durban, Johannesburg, Pretoria, Port Elizabeth, Grahamstown and Pietermaritzburg.

The following table shows the number of questionnaires that were distributed to and completed by potential respondents from the different demographic groups in the sample. Due to the small numbers of respondents within each of the sub-groups, statistical tests for response bias were unsuitable. Demographic factors that might have biased the responses of the participants in each of the two groups are discussed with the limitations at the end of this chapter.

Table 1a: Sample Demographics

<i>Group</i>	<i># Approached</i>	<i># Responded</i>	<i>% Response</i>	<i>Difference from overall %</i>
<b>Legal &amp; forensic</b>	38	22	58	0
Police detectives	8	6	75	17
Legal assistants	1	1	100	42
Attorneys	14	8	57	-1
State prosecutors	6	3	50	-8
Advocates	7	3	43	-13
Magistrates	2	1	50	-8
<b>Mental Health</b>	37	19	51	0
Social Workers	24	13	54	1
Clinical Psychologist	11	5	45	-8
Interns	2	1	50	-3

### ***Mental Health Professionals***

This group included 13 social workers, five clinical psychologists, and one intern in the process of training as a clinical psychologist. Thus, the final number of participants in this group was 19. 18 of the participants in this group were female and the remaining one was male (a social worker). Five of these participants had worked with fewer than 10 allegations of CSA, and a further five had worked with between 10 and 20 allegations. Only one person in this group had worked with between 21 and 30 allegations and the remaining eight reported having worked with more than 30 such cases.

In addition to information about experience in the area of CSA allegations, the questionnaire requested that participants provide details of training they have undergone within the area of CSA. Three of the mental health professionals in this group left this section unanswered and one participant indicated no specialised training in the area. Of the other 15 participants, 12 had attended workshops or seminars on the topic. These workshops covered areas such as child sexual abuse assessment, play therapy, crimes against children and counselling survivors of CSA. One participant had received a RAU (Rand Afrikaans University) certificate for a course in CSA assessment, and the remaining two had conducted personal research in the area.

### ***Legal and forensic professionals***

This group consisted of eight attorneys, three state advocates, three state prosecutors, one legal assistant, and six police detectives from one of the Child Protection Unit branches. The total number of participants in this group was thus 22, including 10 women and 12 men.

In terms of work experience, seven of these professionals reported having worked with less than 10 cases of alleged CSA, three had worked with between 10 and 20 cases and two had worked with between 21 and 30 cases. The remaining 10 participants each claimed to have worked with more than 30 such cases.

With regard to training in the area of CSA, seven participants in this group indicated that they had received no specialised instruction in the field. Workshops and seminars on the issue of CSA had been attended by eleven of the participants in this category. Of the remaining four participants, one had conducted personal research in the area, one had been involved in setting up a specialised child abuse court and two reported having received in-house training.

### **Apparatus**

Because I was unable to find an existing questionnaire that measures which factors professionals believe to be important in ascertaining whether an allegation of CSA is genuine, I designed one myself (see Appendix A). The instructions were based on Youngman's (1978) guidelines and the first section of the questionnaire was designed to establish participants' levels of experience with cases of alleged CSA. In this section, participants are also asked to indicate what percentage of the CSA allegations that they have worked with they believe to be false.

The second section of the questionnaire simply asks participants to rate what percentage of allegations of sexual abuse generally *in South Africa* they believe to be genuine. This was to establish the general feeling of South African professionals as to the incidence of false accusations of CSA.

Section Three involves 40 Likert-type items and required that respondents rate which criteria they think should be used to ascertain whether an allegation of CSA is genuine or fictitious. Following Rust and Golombok's (1999) guidelines the content of this part of the questionnaire is based on an extensive reading of the related literature and discussions with numerous professionals in the field. While reviewing the literature in the area, I was able to

get a sense of which factors might be present in a case of sexual abuse and the research supporting and challenging the relevance of each criterion. Further discussions with a social worker, a forensic psychologist, a police officer, and an advocate, as well as a number of people who have no official training or experience in the field helped me to generate a number of other possible items. The sources of the ideas for each item that was included in the questionnaire are set out in Table 1. This part of the questionnaire is more of a checklist than an attitude scale, so that each item needs to be analysed individually. Thus, many of the statistical principles that could be applied to a standard attitude scale do not apply to this questionnaire. The response format (involving options from 'highly improbable' to 'highly probable', with the neutral item 'irrelevant') was chosen as it had to include both extremes.

The fourth and final section of the questionnaire gives participants the opportunity to indicate whether there are any factors that they believe emphatically indicate that an allegation is true or false. The two questions in this section are both open-ended in format.

### ***Pilot study***

To assess the reliability and validity of the questionnaire a pilot study was conducted using 10 participants. The group was somewhat representative of the sample on which the final study was to be conducted and included two child psychologists, three social workers, three police officers and two postgraduate psychology students. Reliability was established using the test-retest method (with 10 days between testing sessions). Eight items with a test-retest reliability correlation coefficient of less than 0.6 were discarded. These items are listed in Table 2.

Other items regarding the gender of the child and the accused were also altered and a section on the investigative interview was removed as a result of the pilot study, which revealed that this section increased the length of the questionnaire without appreciably enhancing the quality of the information obtained. The response format was also altered as was the wording of the questions in the final section. I also tested for face validity in the pilot study by asking respondents to indicate whether the test appeared to be valid. This question was also asked of a forensic psychologist who read over the questionnaire without answering it. I felt that face validity should be tested as it was essential that each participant

Table 1:  
*Origins of questionnaire items*

<b>Item</b>	<b>Origin</b>
Medical evidence of abuse	AAP (1999); Bays & Chadwick (1993); Clarke (1998); Du Plessis (2000); Finkel (2002); Jones & McGraw (1987)
Corroborating evidence from a family member	Discussions with police superintendent and social worker
Corroborating evidence from an outsider	Discussions with police superintendent and social worker
Conflicting evidence from a family member	Discussions with police superintendent and social worker
Conflicting evidence from an outsider	Discussions with police superintendent and social worker
The child's statement is incoherent and disorganized	Jones & McGraw (1987); Kuenhle (1996)
The child's statement is detailed in line with his/her language ability	Jones & McGraw (1987); Kuenhle (1996)
The child's statement lacks detail	Jones & McGraw (1987); Kuenhle (1996)
The child has a record of delinquent behaviour	Discussions with police superintendent and family advocate
The child disclosed abuse to a relative	Hobbs & Wynne (1987)
The child disclosed abuse to a friend	Hobbs & Wynne (1987)
The alleged abuse was discovered, not disclosed	Bowen (1998); Ellis (2000); Jones & McGraw (1987)
The child is male and the suspect is male	Marshall & Herman (2000); unpublished Childline pamphlet discussions with police superintendent and social worker
The child is female and the suspect is male	Marshall & Herman (2000); unpublished Childline pamphlet discussions with police superintendent and social worker
The child is male and the suspect is female	Marshall & Herman (2000); unpublished Childline pamphlet discussions with police superintendent and social worker
The child is female and the suspect is female	Marshall & Herman (2000); unpublished Childline pamphlet discussions with police superintendent and social worker
The child appears confident that the allegation is true	Spanos (1996)
The child's social or emotional development is delayed	Gillham (1991); Jones & McGraw (1987); Kuenhle (1996)
The child's intellectual ability is below average	Discussion with social worker and police superintendent; unpublished Childline pamphlet
The child is of average intellectual ability	Discussion with social worker and police superintendent; unpublished Childline pamphlet
The child's intellectual ability is above average	Discussion with social worker and police superintendent; unpublished Childline pamphlet
The child has made previous, unrelated abuse allegations	Discussions with social worker and police superintendent
The alleged abuse occurred once	Discussion with police superintendent; Giardino (2002)
The alleged abuse occurred repeatedly	Discussion with police superintendent; Giardino (2002)
The alleged abuse occurred on the same day as disclosure	Berliner & Elliot (1996); Hoorwitz (1992); Umlilo (2002); Warren & McGough (1996)
The alleged abuse occurred a week before disclosure	Berliner & Elliot (1996); Hoorwitz (1992); Umlilo (2002); Warren & McGough (1996)
The alleged abuse occurred more than a week before disclosure	Berliner & Elliot (1996); Hoorwitz (1992); Umlilo (2002); Warren & McGough (1996)
The accused is a relative of the child	Dobash, Carnie & Waterhouse (1996); Kinnear (1995); Marais (1990)

Table 1 (continued):

*Origins of questionnaire items*

<b>Item</b>	<b>Origin</b>
The accused is an acquaintance of the child	Marais (1990)
The accused confesses to the abuse	Discussions with forensic psychologist, family advocate and police superintendent
The accused denies the allegation	Discussions with forensic psychologist, family advocate and police superintendent
The accused is of low intelligence	Discussion with social worker; Marshall & Herman (2000)
The accused is of average intelligence	Discussion with social worker; Marshall & Herman (2000)
The accused had access to the child at the time of the alleged abuse	Discussion with social worker and police superintendent
The accused had no access to the child at the time of the alleged abuse	Discussion with social worker and police superintendent
The accused has a previous sexual abuse conviction	Discussion with police superintendent; Giardino (2000)
The accused has a previous conviction for a violent crime	Discussions with family advocate and police superintendent; Marshall & Herman (2000)
The accused is married	Discussions with family advocate, social worker and police superintendent; Marshall & Herman (2000)
The accused is unmarried	Discussions with family advocate, social worker and police superintendent; Marshall & Herman (2000)
The accused is a respected member of society	Discussions with family advocate, social worker and police superintendent; Marshall & Herman (2000)

felt that they were answering a valid and meaningful questionnaire. The only other form of validity that could be tested in this questionnaire was content validity. I tried to ensure content validity by basing the items in the questionnaire on a thorough understanding of the literature and informal interviews with many professionals in the field. Furthermore, the forensic psychologist who read over and checked the questionnaire made suggestions about which items to include and which to exclude. Once respondents had completed the first questionnaire in the pilot study they were also asked if there were any items that had been left out or needed to be changed, and the items were suitably altered, so as to ensure content validity.

*Table 2: Items removed from the questionnaire after the pilot study*

The child's statement is coherent and organised
The child disclosed abuse to a teacher
The child appeared anxious during disclosure
The accused is a stranger to the child
The accused is of high intelligence
The accused is a teacher of the child
The accused is homosexual
The accused is heterosexual

### **Procedure**

A number of methods were used to obtain a pool of potential participants to answer the questionnaire. An initial list was developed after I had asked people in the field with whom I was already acquainted to recommend other professionals who might fit my inclusion criteria. I also searched for South African organisations dealing specifically with child sexual abuse issues on the internet and obtained their contact details either off their web pages or from the telephone directory. From the Psychology Society of South Africa's (PSYSSA) web page I obtained the names and email addresses of child psychologists in the Western Cape and Gauteng. Law firms that advertised experience in family law in the Yellow Pages telephone directory were added to the list and the psychology and law departments of numerous universities were contacted based on information on the university web pages. Prosecutors at the regional courts in and around Cape Town were also approached along with a number of legal aid clinics.

When I made initial contact with potential participants (telephonically or via email) I explained briefly the purpose of the research and details of the questionnaire and asked them if they would agree to participate. As an incentive for participants, I undertook to donate a toy to a child at either the Red Cross Children's Hospital or Somerset Hospital (both in Cape Town) for every completed questionnaire received. Those who turned down my request were thanked for their time.

Once a participant had agreed to complete a questionnaire, I arranged to deliver, fax or email it to their place of work. Three days after each questionnaire had been received I telephoned or emailed the participant to arrange a time to collect the completed questionnaire or to request that they return it via fax. In many cases, I had to make more than one follow-up telephone call or email and in some instances the questionnaires were returned immediately without my having to make any follow-up contact. I then collected the questionnaire from the participant's place of work at the arranged time. Once all of the questionnaires had been retrieved, I made the promised donations of toys that I had purchased to sickly children via the Friends of Red Cross Children's Hospital and the social work department at Somerset Hospital.

In the initial stage of data collection I collected 25 questionnaires (15 from mental health professionals and 10 from legal professionals) and began the analysis. It was, however, established using power calculations that with such a small sample I was likely to find only the strongest effects, and so I continued with data collection in order to increase the sample size. Thus, a further 16 questionnaires were collected.

Data from Sections One through Three were entered into an SPSS 2000 (Statistical Package for the Social Sciences – Student Version 9.0, 2000) data editor and analysed statistically, while I categorised and analysed the answers to the questions in Section Four manually. The analytical procedures for each part of the questionnaire are explained in detail in the Results section.

## Results

Because this questionnaire was designed to measure a number of variables and consists of multiple segments, it was divided into six sections for the analysis and reporting of results. Each of these six sections, which vary in length, was analysed individually so as to answer six different research questions. The results of these analyses are reported here.

In the first four sections in which the data were analysed statistically, only results that were significant at the 0.01 alpha level were accepted as a large number of *t*-tests were conducted for the analysis of these results. This decision was made so as to reduce the probability of a type 1 error occurring. This issue will be elaborated on in the discussion at the end of the chapter.

Because the participants in the study had different levels of experience (and some of them had experience with only one case of CSA), it was necessary to check if the responses for the most experienced professionals differed from those in the rest of the sample. Thus, the mean responses for the 18 participants who claimed to have worked with more than 30 cases of sexual abuse were correlated with the responses of the other, less experienced participants and a statistically significant strong positive correlation was found  $r(40) = 0.99, p < 0.01$ . This suggests that the results were probably not affected by the differing levels of experience of participants.

### False Allegations

At the beginning of the questionnaire, each respondent was asked to indicate what percentage of CSA allegations with which they have dealt they believe to be false. The data were entered into SPSS and the mean response for both groups of professionals combined was 7.81 ( $N = 41, SD = 13.79$ ),  $t(39) = 3.58, p < .01$ , which is significantly larger than zero as established by a one-sample *t*-test, so that on the whole, the respondents indicated that at least some of the CSA cases with which they had been involved were based on fictitious allegations. Responses to this question ranged from a minimum of 0% to a maximum of 50%.

When the group was split into the two different categories of professionals an independent means *t*-test was performed on the data to establish whether there was a significant difference between the responses of the two groups to this question. There was no significant difference (at the 0.01 alpha level) between the responses of the participants in the mental health professionals group ( $M = 2.50$ ,  $SD = 3.67$ ) and their counterparts in the legal and forensic professionals group ( $M = 12.62$ ,  $SD = 17.54$ ),  $t(38) = 2.58$ ,  $p = .018$  (two-tailed),  $d = .12$ .

### **Genuine Allegations**

Participants were then asked to indicate what percentage of CSA allegations made in South Africa they believe to be genuine. These data were similarly entered into a data sheet in SPSS and the mean percentage provided by the participants in the combined groups was 89.40 ( $N = 40$ ,  $SD = 12.91$ ),  $t(39) = -5.19$ ,  $p < .01$ , which is significantly less than 100%, as established via a one-sample *t*-test. Responses to this question ranged from a minimum estimate of 50% to a maximum of 100%.

Again, the group was separated into the two categories of professionals and an independent means *t*-test was performed on the data to establish whether there was a significant difference between the responses of the two groups to this question. Although estimates made by the mental health professionals were higher ( $M = 94.21$ ,  $SD = 7.86$ ) than those made by their legal and forensic counterparts ( $M = 85.05$ ,  $SD = 15.08$ ), these differences were not significant at the 0.01 alpha level,  $t(38) = -2.44$ ,  $p = .021$  (two-tailed),  $d = -0.16$ .

### **Influential criteria**

In this section, I attempted to establish which criteria professionals generally believe to be important for ascertaining whether an allegation of CSA is (a) probable and (b) improbable. The mean responses for each item for both groups of professionals together were calculated. Items with a mean response significantly higher than the ambiguous response (three) would thus be items that professionals believe indicate that the abuse is probable and those with a mean score significantly lower than three would be items that

indicate to professionals that the abuse is improbable. Those items for which the mean score did not differ significantly from three were deemed to be irrelevant in this process.

The data were entered into an SPSS data editor and, in order to decide which ones to test for significant differences, boxplots for each item's responses were calculated. Based on the boxplots, items with an interquartile range that did not overlap with three were tested to establish whether they differed significantly from three. Seven items from the list of 40 were thus discarded for this part of the analysis because their interquartile ranges overlapped with three. They are "The child's intellectual ability is above average", "Conflicting evidence from an outsider", "The accused is of low intelligence", "The accused is of average intelligence", "The accused is married", "The accused is unmarried", and "The accused is a respected member of society".

A one-sample *t*-test was conducted on each of the remaining items to establish whether they differ significantly from the neutral item (three). The results of this test are reported in Table 3 and indicate that only seven of the 33 items tested do not differ significantly from three ("Conflicting evidence from a family member", "The child's statement is incoherent and disorganised", "The child's statement lacks detail", "The child has a record of delinquent behaviour", "The child has made previous, unrelated abuse

allegations", "The child is male and the suspect is female", and "The child is female and the suspect is female"). Of the remaining 26 items, 25 differ significantly from three on the side of 'probable', and the remaining one, "The accused had no access to the child at the time of the alleged abuse" differs significantly from three in the direction of 'improbable'. Because three is a neutral item, when an item's scores differs from three in the direction of improbable, this can be taken to suggest that respondents believe that the presence of this criterion suggests that the allegation is improbable or unlikely. Similarly, when an item's mean score is significantly higher than three, this can be taken to suggest that respondents believe that the presence of this factor within a case of CSA indicates that the allegation is probable or likely.

Table 3  
 Comparison between mean scores for criteria and the neutral item (3)

<i>Criterion</i>	<i>df</i>	<i>Mean</i>	<i>Std. dev</i>	<i>Difference</i>	<i>Difference/ std deviation</i>	<i>t</i>	<i>Sig (2-tailed)</i>
Medical evidence of abuse	40	4.76	0.58	1.76	3.03	19.31	< .0005*
The child's statement is detailed in line with his/her language ability	40	4.40	0.63	1.40	2.22	14.00	< .0005*
Corroborating evidence from a family member	40	4.17	0.59	1.17	1.98	12.76	< .0005*
Corroborating evidence from an outsider	40	4.10	0.74	1.10	1.49	9.56	< .0005*
The alleged abuse was discovered, not disclosed	40	4.24	0.83	1.24	1.49	9.60	< .0005*
The accused had access to the child at the time of the alleged abuse.	40	4.24	0.80	1.15	1.44	9.96	< .0005*
The alleged abuse occurred repeatedly	40	4.22	0.88	1.22	1.39	8.87	< .0005*
The accused is a relative of the child	40	4.17	0.86	1.17	1.36	8.68	< .0005*
The child disclosed abuse to a relative	40	4.22	0.91	1.22	1.34	8.59	< .0005*
The accused is an acquaintance of the child	40	4.12	0.84	1.12	1.33	8.53	< .0005*
The child disclosed abuse to a friend	40	4.15	0.88	1.15	1.31	8.32	< .0005*
The child appears confident that the allegation is true	40	4.15	0.88	1.15	1.31	8.32	< .0005*
The alleged abuse occurred more than a week before disclosure	40	4.05	0.89	1.05	1.18	7.52	< .0005*
The alleged abuse occurred a week before disclosure	40	3.90	0.92	0.90	0.98	6.30	< .0005*
The child's social or emotional development is delayed	40	3.66	0.73	0.66	0.90	5.79	< .0005*
The accused has a previous sexual abuse conviction	40	3.85	0.96	0.85	0.89	5.67	< .0005*
The accused confesses to the abuse	40	4.15	1.33	1.15	0.86	5.51	< .0005*
The alleged abuse occurred on the same day as disclosure	40	3.98	1.23	0.98	0.80	5.06	< .0005*
The child is female and the suspect is male	40	3.61	0.86	0.61	0.71	4.53	< .0005*
The alleged abuse occurred once	40	3.80	1.17	0.80	0.68	4.42	< .0005*
The accused has a previous conviction for a violent crime	40	3.59	0.89	0.59	0.66	4.19	< .0005*
The child is male and the suspect is male	40	3.51	0.78	0.51	0.65	4.21	< .0005*
The accused denies the allegation	40	3.59	1.05	0.59	0.56	3.58	.001*
The child's intellectual ability is below average	40	3.32	0.65	0.32	0.49	3.13	.003*
The child is of average intellectual ability	40	3.29	0.60	0.29	0.48	3.12	.003*
Conflicting evidence from a family member	40	3.44	1.00	0.44	0.44	2.81	.008*
The child's statement is incoherent and disorganized	40	3.38	1.03	0.38	0.37	2.30	.03
The child has made previous, unrelated abuse allegations	40	3.29	0.90	0.29	0.32	2.08	.04
The child's statement lacks detail	40	3.29	1.01	0.29	0.29	1.86	.07
The child is male and the suspect is female	40	3.22	0.82	0.22	0.27	1.71	.095
The child has a record of delinquent behaviour	40	3.20	0.78	0.20	0.26	1.60	.12
The child is female and the suspect is female	40	3.15	0.85	0.15	0.18	1.10	.28
The accused had no access to the child at the time of the alleged abuse	40	2.12	1.17	-	-0.75	-4.82	< .0005*

\*  $p < 0.01$

Although, as mentioned earlier, these results could be problematic in that conducting multiple *t*-tests increases the probability of a type 1 error occurring, I tried to reduce this probability by only accepting results that were significant at the 0.01 alpha level (and not accepting those that were significant at the 0.05 alpha level).

### Comparing Two Groups of Professionals

The first step in this comparison involved entering the responses of both groups to the 40 items into the SPSS data editor. The mean responses for the two groups to each of the items in the questionnaire were compared and the Pearson's product-moment correlation coefficient established. This was done to determine whether there was a correlation between the mental health and legal and forensic professionals' responses to the items in the questionnaire. A positive and statistically significant correlation coefficient was found  $r(40) = .85, p < 0.01$ . Thus, there was a significant, positive and strong correlation between the two groups in terms of their responses to the items in the questionnaire.

Next, the two groups were compared to establish whether there are any differences between mental health and legal and forensic professionals in terms of which criteria they believe to be important in ascertaining whether an allegation of CSA is true or false. An independent means *t*-test was performed on the data to check for statistically significant differences between the responses of the two groups of professionals. Only the significant results of this calculation are reported in Table 4 below.

Table 4  
*Statistical Comparisons between Legal and Forensic (LF) and Mental Health (MH) Professionals' Responses*

Criterion	N	Mean (MH)	Mean (LF)	Mean difference	df	t	Sig. (2-tailed)
The child is male and the suspect is male	41	3.84	3.23	-0.61	39	-2.72	.010*
The child is female and the suspect is male	41	4.00	3.27	-0.73	39	-2.94	.006*
The child's intellectual ability is above average	41	3.47	2.95	-0.52	39	-2.79	.008*
The accused had no access to the child at the time of the alleged abuse	41	2.63	1.68	-0.95	39	-0.95	.008*
The accused is unmarried	41	3.42	2.82	-0.60	39	-0.60	.005*

\*  $p < .01$

Significant differences were found between the responses of the two groups on five of the items in the questionnaire. In each of these five cases, the mental health professionals' mean score was greater than that of the legal and forensic professionals. This indicates that their mean score was closer to the response item 'highly probable' than that of their legal and forensic counterparts (and for four of these items, scores for both groups fell on the 'probable' side of the neutral item). The items for which significant differences were found are "The child is male and the suspect is male", "The child is female and the suspect is male", "The child's intellectual ability is above average", "The accused had no access to the child at the time of the alleged abuse", and "The accused is unmarried".

Again, in this section, only results that were significant at the 0.01 alpha level were accepted to reduce the possibility of a type 1 error occurring.

### **Criteria indicating that an allegation of sexual abuse is true**

At the end of the questionnaire, after the 40 Likert-type questions, were two questions with a free-response format. The first of these questions presented to respondents was "Are there any criteria that you believe indicate that an allegation of child sexual abuse is definitely true?" Participants responded primarily in point form (although a few provided complete sentences in reply to this question). Coding these responses into categories was thus a relatively straightforward task. I categorised the responses separately for the two groups and the results are reported in this section. Most of the participants who answered these two sections provided more than one criterion in their answers, so that, when added together, the reported frequencies of responses for the criteria might exceed the number of participants in each group.

#### ***Mental Health Professionals***

In the mental health professionals group ( $N = 19$ ), only one respondent did not answer this question. One participant responded "no" to this question and emphasised that all factors should be taken into account when making this decision. In my analysis and classification of the answers of the remaining 17 participants in this group, the responses could quite easily be sorted into categories with common themes.

The category that arose as the most prominent in this group in response to this question was medical evidence of abuse (which arose in 10 responses). Almost equally prominent were responses (in nine of the questionnaires) relating to the quality of the child's statement. Many of these references to the child's statement were qualified with comments about the child's disclosure being spontaneous and repeated statements being consistent.

Another theme that arose frequently (nine times) within the responses of the mental health professionals to this question was that of behavioural and emotional indicators of abuse. Examples given of such indicators included anxiety, nightmares and sleeping problems, decreased school performance, acting out, sexually aggressive play and behaviour, self destructive behaviour, prostitution, irritability, withdrawal, problems with eating and eliminating and regressive behaviour. An increased sexual knowledge in the child was also mentioned three times as a criterion that would suggest that an allegation of CSA is definitely true.

Other responses to this question that arose once each were the delayed disclosure of abuse, correlation of time, circumstances and events leading up to the abuse, if the abuse is discovered during therapeutic assessment, and if the perpetrator is related to the child *and* the incident is only reported months after it has occurred.

#### ***Legal and Forensic Professionals***

All of the respondents ( $N = 22$ ) in this group provided a response of some sort to this question, with four participants answering "no". Medical evidence was again the most predominant answer to this question (arising eight times), and when this response was given, it was usually qualified with statements such as "by a doctor trained in conducting child sexual abuse examinations and providing evidence" or "leading to the discovery of semen or DNA".

Responses that arose less frequently (twice each) revolved around the child's statement and disclosure (i.e. spontaneous disclosure and a plausible and consistent

statement), behavioural indicators of abuse and the child's increased and inappropriate sexual knowledge.

A number of factors arose once in response to this question. One person answered that quality evidence from an expert witness would indicate to him/her that the allegation is definitely true. Furthermore, a previous sexual abuse conviction of the accused was mentioned once and independent complaints from separate sources, but with similar features were also indicated by one respondent. Another participant mentioned an admission of guilt by the accused and one respondent said that she believes all cases to be highly probable until the survivor indicates otherwise.

### **Criteria indicating that an allegation of sexual abuse is false**

The final question in the questionnaire was "Are there any criteria that you believe indicate that an allegation of child sexual abuse is definitely false?" Again, responses to this question were quite concise and coding the answers into related themes proved to be reasonably straightforward.

#### ***Mental Health Professionals***

Within this group, four of the 19 respondents did not answer this section, and six responded with "no". From the remaining 10 responses the most major theme that emerged (in five of the questionnaires from this group) was that of conflicting evidence and inconsistent accounts of the alleged event, especially if these contradictory descriptions are made by the child on different occasions. Attached to this theme is that of the evidence not making sense, which appeared twice in their answers.

A third theme that arose (four times) was that of secondary gain that might be made by the person alleging the abuse. Tied into this were comments about divorce and Parental Alienation Syndrome in which a child might be coerced into making an abuse allegation by a parent who hopes that the emergence of such an allegation will assist them in divorce, maintenance or custody cases. One respondent suggested a lack of behavioural or emotional changes in the child in addition to the idea of secondary gain, and another participant answered that an allegation is definitely false if the child has a history of lying.

is inconsistent and if the perpetrator did not have access to the child at the time of the alleged abuse.

Two respondents in this group suggested that such a judgement can only be made after a myriad of factors have been taken into account, and one person in this group said that if the child has a history of lying then this would indicate that the allegation is definitely false.

### ***Legal and Forensic Professionals***

Six respondents in this category answered “no” to this question and a further one left this section blank. There were two prominent themes that could be extracted from the remaining 15 responses. The first of these (which appeared four times) was a lack of medical evidence, especially where medical evidence would be expected (e.g. if a child claims to have been raped but the medical report indicates that she is still a virgin). Similarly to the mental health professionals group, the second major theme that arose (on five occasions) was that of conflicting versions given by the child of the event.

A smaller theme that emerged was that of the child’s description of the event being detailed beyond his/her language ability (this response arose twice). Other factors that were mentioned once each were if the alibi of the accused can be corroborated, if previous allegations of CSA made by the child have been proven false, if the child’s account lacks detail and if the allegation arises from a parent during a custody dispute or a divorce hearing and the child denies that abuse occurred. One participant from this group admitted to never looking for evidence that an allegation is false.

### **Discussion**

Each of the 41 professionals who participated in this study had some degree of experience in working with CSA allegations in South Africa and many had worked in organisations that deal specifically with CSA. In addition to this experience, at least 30 of the 41 respondents had undergone specialised training of some kind in the area. Furthermore, the sample was drawn from a variety of sources so that the professionals included would have encountered CSA allegations from a number of different professional

perspectives. Therefore, as a group, the participants appear to be well equipped (in terms of both qualifications and experience) to participate as mental health, legal or forensic professionals. I am thus satisfied that my efforts to obtain a diverse sample were adequate and believe that the participants in the sample were sufficiently qualified and skilled to provide meaningful results.

In the first section of the study it was established that, as a whole, the group of professionals estimated that 7.81% of allegations that they have worked with were false. Poole and Lamb (1998) reported that between five and eight percent of all allegations of CSA are false and the estimate made by the South African professionals in this study thus appears to be congruent with other approximations. This is an important finding as it contradicts the widely held beliefs that *all* CSA allegations should be believed (which implies that entertaining the possibility that an allegation is false is a misuse of time and resources). There was no significant difference between the mean responses of the two groups to this question.

When professionals were asked to estimate what percent of CSA allegations in South Africa are genuine, the mean estimate for the whole group was 89.40%. No significant differences were found between the two groups in response to this item. Thus, although professionals believe that the incidence of false allegations of CSA is low and most allegations are based on fact, they generally seem to acknowledge the existence of such allegations. This is a promising result as an assessment by a professional not willing to acknowledge the possibility of a false allegation is likely to be biased.

In the third part of this study, participants' responses to the 40 Likert-type items were examined to determine which criteria elicited responses that differ significantly from the ambiguous response (three). If the mean score for an item was not significantly different from three, the item was taken to indicate a criterion which the sample indicated should be irrelevant to decisions on the veracity of CSA allegations. The items that fell into this category will be discussed here. "Conflicting evidence from an outsider" was the first such item. It is interesting that the professionals in this sample thought that this criterion should be irrelevant to decisions about the veracity of CSA allegations, as someone external to the

situation would likely have very little to gain by fabricating evidence contradicting the child's allegation. Thus, I would have expected that professionals would think that the presence of this criterion would indicate that an allegation is improbable. Perhaps this surprising result was found because professionals speculate that an outsider is too far removed from the dynamics of the family situation to provide reliable information.

"The child's statement is incoherent and disorganised" was the second criterion with a mean score not significantly different from three. One reason for this result could be that a disorganised statement that might initially appear to indicate that the allegation is false, could actually be the result of trauma caused by abuse. Thus, it seems that professionals are reluctant to take this criterion to indicate that an allegation is false.

"The child's statement lacks detail" was another criterion with a mean score that did not differ significantly from three. That participants believe that this criterion should be irrelevant to decisions regarding the veracity of CSA allegations is interesting as the idea has been introduced that children's statements regarding genuine abuse are likely to be richer in detail and content than statements made by children falsely alleging abuse (Raskin & Esplin, 1991). Thus, one might expect that the presence of this criterion could be used to indicate that an allegation of CSA is improbable. However, this criterion might be considered irrelevant by professionals as the amount of detail present in a child's statement could possibly be affected by external factors such as post-traumatic stress and the child's vocabulary. On the other hand, this score could reflect reluctance by professionals to answer towards the 'improbable' end of the continuum.

Another criterion with a mean response not significantly different from the neutral item was "The child has made previous, unrelated abuse allegations". One might have expected that the presence of this factor might lead professionals to question the source of the allegation and whether it has arisen because of factors specific to the child (that would probably also need to be addressed). However, the fact that it was deemed irrelevant could suggest that professionals feel that it is necessary to treat every allegation as a potential case of abuse and avoid looking for factors within the child (which might be viewed as

blaming the child) to explain or refute an allegation. If this is the reason for this result, it is an encouraging finding.

Two further criteria that were deemed irrelevant were “The child has a record of delinquent behaviour” and “The child’s intellectual ability is above average”. These results suggest that participants tended to believe that factors relating to the child’s history and ability should not be taken to indicate that an allegation is improbable, suggesting a belief that the child should always be considered at most as the victim and never responsible for abuse. This is a reassuring finding as it indicates that professionals are unwilling to blame the child for the abuse or to suspect that by initiating the allegation the child is being devious and cunning. This does not necessarily mean that they accept all allegations as genuine, but simply that they are perhaps reluctant to place blame on the child, and this is an important finding within the legal context in which CSA assessments take place as.

“The child is male and the suspect is female”, and “The child is female and the suspect is female”, are two additional criteria that were judged to be irrelevant by participants. This is a remarkable finding, primarily because participants indicated that when the suspect is male, the allegation is likely to be probable. This probably arises from the fact that CSA is generally perpetrated by men. With this neutral response, however, it is clear that participants do not rule out the possibility of such abuse being committed by a woman (if they did, the response for this item would be on the ‘improbable’ side of the continuum), opposing one of the common myths that women never perpetrate abuse.

“The accused is of low intelligence”, “The accused is of average intelligence”, “The accused is married”, “The accused is unmarried”, and “The accused is a respected member of society”, all factors relating to the suspect rather than the child, were also considered irrelevant by participants. This indicates that the participants in the study probably do not abide by the common myth that the sexual abuse perpetrator is a social pariah, and are aware that such criminals can be found in all intellectual, economic and social levels, as has been indicated by Marshall and Herman (2000). This is another encouraging result as it demonstrates that professionals do not necessarily abide by some of the many unfounded myths that are associated with perpetrators of CSA.

Only one item was significantly different from three in the direction of 'improbable'. This was "The accused had no access to the child at the time of the alleged abuse". It is understandable that professionals would be reluctant to believe an allegation in which factors relating to time and place do not correlate and would deem such an allegation improbable, and so this result was expected. It also illustrates the openness of many professionals to the possibility of false allegations.

All of the remaining 25 items had mean scores that were significantly greater than three indicating that respondents believed that each of these items indicates the probability of abuse to some degree, which suggests that in many instances professionals are inclined to think that CSA allegations should be believed. This tendency could perhaps be explained by the fact that professionals believe that the vast majority of such allegations are based in fact, and by the fact that the questionnaire did not consist of equal numbers of items that were expected to elicit 'probable' and 'improbable' responses. The most noteworthy of these results are discussed in this section.

Allegations were still considered probable if denied by the accused, perhaps because it is relatively common for a perpetrator to claim innocence (and such a denial is usually unrelated to the truth of the allegation) and "medical evidence of abuse" was another criterion that had a mean score significantly higher than three, which was to be expected. It is important to note, however, that professionals should exercise caution when dealing with medical findings as it has been demonstrated that medical evidence of CSA is seldom conclusive (Bays & Chadwick, 1993; Clarke, 1998) and often when there is conclusive evidence that abuse has taken place, it is still necessary to establish whether it implicates the accused (Bays & Chadwick, 1993; Du Plessis, 2000). This section of the questionnaire did not allow room for participants to indicate whether they would approach medical evidence with caution, but this opportunity was provided in the final section of the questionnaire. Here, many of the professionals in both groups indicated that the presence of medical evidence suggests that the abuse is *definitely true*.

The item “Corroborating evidence from a family member” could be justified in its place on the ‘probable’ end of the scale by the notion that family members are likely to have the most accurate inside information on the crime being alleged, as up to 80% of all cases of sexual abuse are thought to occur within the home (Marais, 1990). Family members also often have the most to lose by confirming an allegation (e.g. this is likely to cause upheaval in the family and often if the perpetrator is convicted or arrested, the family loses his/her income) and so their testimony would probably not be motivated by secondary gain. However, as has been discussed in Chapter One, false allegations occasionally arise within the context of custody and divorce battles, and in these situations, it is possible that siblings may have been similarly led to make allegations and parents may corroborate such allegations for the purposes of secondary gain.

“The child is male and the suspect is male” and “The child is female and the suspect is male” are two further criteria for which responses were interesting. Respondents indicated that if these items were present it is probable that the abuse occurred. This suggests bias in that allegations are deemed likely based mainly on the fact that the suspect is male (this is further emphasised in the way in which respondents indicated that criteria relating to female suspects were irrelevant). However, this finding could indicate a tendency for participants to believe that once an allegation has been made in some way against a man, it is likely that the allegation is genuine. This would be a reflection of the estimate by the respondents that most sexual abuse allegations made in South Africa are based on genuine abuse. Additionally, “The child’s social or emotional development is delayed”, another criterion that scored on the ‘probable’ end of the continuum, reflects bias, as Bigelow (2000) warns that behavioural or emotional indicators of abuse could be caused by a number of factors other than sexual abuse.

Finally, perhaps the most remarkable item that scored in the direction of ‘probable’ was “The child appears confident that the allegation is true”. It has been illustrated on numerous occasions that the child’s confidence and the veracity of the allegation are largely unrelated (Spanos, 1996), and so this result suggests an area in which South African professionals are perhaps unfamiliar with recent research findings, and thus relying

on existing stereotypes and implicit understandings. This could be taken into account during training in the future.

When the two groups of professionals were compared on their responses to these 40 items in the questionnaire, significant differences were found in their answers to five of the 40 items, with the responses of mental health professionals tending more towards the 'probable' end of the continuum on each of these items. They were, "The child is male and the suspect is male", "The child is female and the suspect is male", "The child's intellectual ability is above average", "The accused had no access to the child at the time of the alleged abuse", and "The accused is unmarried". Most of these items relate to peripheral details about the abuse situation, specifically to characteristics of the accused and the accuser and perhaps discrepancies on these criteria indicate a tendency for legal and forensic professionals to value direct evidence over secondary details for establishing veracity. This might also indicate the preference for mental health professionals to consider the entire situation in the decision-making processes, where legal and forensic professionals perhaps tend to look more at evidence that might stand up during a trial.

Further, for both groups, medical evidence was indicated with high frequency as *unambiguous* confirmation of the occurrence of CSA. Respondents in both groups also stressed the importance of spontaneous disclosure by the child and the consistency of the child's statement over time for indicating that an allegation is definitely genuine. Mental health professionals, however, placed greater emphasis on behavioural indicators of sexual abuse than their legal and forensic counterparts. In contrast, this second group underscored the significance of increased and inappropriate knowledge of sexual matters.

Behavioural indicators of CSA are a controversial topic in that they often bear no relation to the veracity of the allegation and when they are indicative of abuse, they may signify forms of abuse that are not necessarily sexual (Bigelow, 2000). However, the fact that this criterion was indicated by the mental health professionals as (quite conclusively) indicative of abuse points to a discrepancy between the literature and practice, which perhaps should be addressed in training in this field in South Africa.

Increased and inappropriate sexual knowledge has been shown to be an indicator that abuse has occurred, illustrating a congruency between the research literature and legal and forensic practice. This finding relates to the previous research in that a child's increased sexual knowledge base is believed to improve the credibility of the allegation (Bottoms & Goodman, 1994). Lanning (1996), however, cautions that there may be other sources of this knowledge that are independent of sexual abuse so that increased sexual knowledge is not an unambiguous indicator that abuse has occurred.

The final section of the questionnaire asked respondents if they believe that there are any criteria that indicate to them that an allegation of CSA is *definitely false*. Many respondents in both of the groups responded "no" to this question. In both groups, a major theme that arose was that of inconsistencies in the child's statement and within the allegation as a whole. Secondary gain and the context of the allegation (e.g. whether it is embedded in a custody dispute) were prominent themes in the mental health professionals' responses to this question. In contrast to the mental health professionals, the legal and forensic professionals group responded to this question with ideas that centred around a lack of medical evidence. A smaller theme within this group's (legal/forensic professionals) responses was that of the child's statement being detailed beyond his/ her language ability.

I was surprised by the responses to these final two sections as one of the conclusions that was reached after conducting the literature review was that there are *no* concrete criteria that indicate that an allegation is definitely true (except possibly a recording of the abuse as indicated by Pence and Wilson (1994)) or definitely false, and such unequivocal judgements can be confidently made very rarely. I was thus alarmed to see how many of the respondents indicated criteria that they thought demonstrate that an allegation is definitely true or definitely false. I would have expected more detailed responses in this section about the importance of the context of each criterion. This is possibly the most significant finding of the research which can perhaps be taken into account in the future training of professionals.

One of the major problems with assessing allegations of CSA is that many of the criteria mentioned above are seldom present in cases of alleged sexual abuse and evaluators have to rely on nothing more than the verbal evidence provided by the accused and the victim. If this evidence is unreliable, it is almost impossible to establish the veracity of an allegation. Many authors suggest that a holistic approach should be taken to such assessment, and factors from a variety of sources should be taken into account when conducting an evaluation of an allegation of sexual abuse. Information about the child, the accused, the alleged event and the circumstances preceding and following it should all be included in such procedures, making the assessment as comprehensive as possible (Bigelow, 2000; Hewitt, 1999; Hoorwitz, 1992; Stahl, 1994).

The context of the allegation is thus essential to its evaluation and a limitation of this study is that it possibly does not account adequately for the context of the allegation: respondents were expected to evaluate criteria independently of context. Thus, the responses to the Likert-format items really only provide a rough indication of the criteria believed to be important in conducting such assessments. The open response format questions in the last section of the questionnaire provided more useable results and perhaps more detailed findings could be obtained by using vignettes and analysing professionals' assessments. While I considered taking this step, I felt that this would increase the length of the questionnaire to an extent that would discourage potential respondents from agreeing to participate. I did try to address this drawback by including free-response format questions at the end of the questionnaire, but very few of the respondents indicated that context should be important to decisions concerning the veracity of allegations. In my next study (described in Chapter Three) I attempt to attend to this inadequacy by taking a more in-depth look at processes for addressing CSA allegations.

While neither legal and forensic nor mental health professionals are directly involved in evaluating the veracity of an allegation, they should nevertheless be well versed in the literature in the area as they play important secondary roles in CSA cases. Their recommendations influence the judge's final verdict, and thus, while they are not the ultimate decision-makers in such cases, their opinions in the field can nevertheless be considered valuable and worthy of research. I thus feel justified in choosing this sample.

On the whole, there seemed to be consensus between the two groups of professionals in terms of which criteria should be used to establish the veracity of CSA allegations. Moreover, the knowledge and opinions of the participants seemed to be congruent with research findings in many areas, suggesting that professionals in South Africa are skilled and experienced in dealing with allegations of CSA. Thus, the most prominent problem faced by victims of CSA is possibly not incompetent professionals, but rather a dearth of professionals.

There are, however, certain areas in which discrepancies arose between the knowledge of the two groups and such incongruities can create stress and confusion for the person whose interests should probably be central to both groups – the victim (Zeitlin, 1987). Thus, in accordance with Lanning's (1996) suggestion, professionals in different fields should recognise their different areas of expertise and co-ordinate their efforts. They should also keep updated with the literature in order to maintain professionalism and competence when working with sexually abused children (Ehrenburg & Elterman, 1995).

#### **Limitations and suggestions for future research**

As the study progressed, I became aware of two inadequacies in my questionnaire. The first of these relates to the response format chosen and the use of the neutral item "irrelevant". One participant pointed out to me that she did not feel that it is the appropriate term as no information should be entirely irrelevant to such decisions. Thus, perhaps this response category could be replaced with "not directly applicable", "indicative of neither probability nor improbability" or "not indicative of veracity alone" if the questionnaire were to be used again in future.

The second change that I would make to the questionnaire for future use would be to add two new items to it. Both would be included in the section *Evidence from the Child*, and both arose in responses to the final, free-response sections of the questionnaire. These items are "The child's sexual knowledge is advanced for his/her age" and "Behavioural indicators of abuse" (this could perhaps be broken down into two or three new items, for example, "The child's school performance has declined since the alleged abuse occurred").

Neither of these responses arose in the pilot study, but while reflecting on the research I realised that they would both add value to the study. While the criterion “The child’s social or emotional development is delayed” touches on the issue of behavioural indicators it is perhaps too broad.

The results are further limited by the number of *t*-tests conducted in this study, which increases the possibility of a type one error occurring (i.e. finding differences between the groups that are not authentic or finding nonexistent differences between mean responses and the neutral item three). Where I could, I tried to reduce the number of *t*-tests that had to be conducted by constructing box plots first to indicate which items were likely to produce results and *t*-tests were performed only on these items. Additionally, I only accepted results that were significant at the 0.01 alpha level so as to reduce the chances of this error’s occurring. Most of the results had significance values much lower than 0.01 (in fact, many of the significance values were lower than 0.0005) which indicates that this drawback created less serious problems than could potentially have arisen. This was an unfortunate issue that could not be avoided in this type of research, and I attempted to keep its effects on the study to a minimum.

As mentioned earlier in this chapter, a response rate of just over 50% raises the possibility of response bias, which needs to be addressed. Each of the two groups within the sample consisted of a number of sub-categories of participants, each working in slightly different capacities within their professional groups. While the small sizes of many of the sub-groups made statistical tests for response bias unsuitable, there were a number of factors that could have affected the results of the study and they will be discussed here. Firstly, within the legal and forensic professionals group all participants were approached individually, except the police detectives, who (as is not uncommon when conducting research at police stations) had to be approached through their superintendents. This might have affected the way in which this group was incentivised to respond to the questionnaire and could thus have biased the results. Additionally, as an incentive to participants to answer the questionnaire, I undertook to donate a toy to a children’s hospital for each questionnaire completed. On reflection, I realised that this might have provided a more powerful incentive to certain participants (i.e. those working frequently in children’s

hospitals, such as some of the social workers in the sample) and thus could have had an effect on the results obtained. Therefore, it is possible that in some instances, respondents and non-respondents in different sub-groups would have differed in terms of certain key demographic variables.

To minimise response bias, when conducting the research, I undertook to approach all participants in a similar manner (initial contact over the phone using a prewritten verbal request, followed by face-to face meetings when the questionnaires were delivered and the provision of standard instructions on how to complete the questionnaire). While it was not always possible to adhere strictly to this formula (e.g. when respondents requested that the questionnaire be faxed rather than delivered to them) I endeavoured to standardise the procedure as much as possible and, should the study be repeated, the issue could be addressed through the employment of a larger sample in which response rates of different groups could then be statistically compared.

Perhaps future researchers in the area should include medical professionals in their samples as doctors frequently act as expert witnesses and are often involved in the initial assessment of sexual abuse allegations. Another possible study that could enhance these results could examine which criteria are commonly present and which factors often missing from cases of CSA in South Africa. The results of such a study could possibly be integrated with these results in order to isolate problems more effectively and enhance assessment techniques.

### **Conclusion**

Having established trained professionals' views and beliefs regarding the assessment of CSA allegations, I now turn to how this piece of research might be used to assist child victims of sexual abuse as well as professionals in South Africa. One of the most beneficial applications of this research could be in designing a South African model for assessing allegations of CSA. This model could profit from the opinions and beliefs of the professionals included in the study and could possibly be applied at training levels to bridge the gaps between different professions and their diverging foci in the area of sexual abuse. While it would not be possible to develop a model applicable to all instances of

allegations of CSA, a rough set of guidelines could be truly valuable. An approximate outline for such a model is briefly developed in Chapter Four.

University of Cape Town

## CHAPTER 3: CONSTRUCTING THE ISSUE OF CHILD SEXUAL ABUSE ASSESSMENT IN SOUTH AFRICA

### Introduction

The first part of this research has provided an indication as to which criteria mental health and legal/forensic professionals believe to be important for ascertaining whether an allegation of child sexual abuse is true or false. By comparing the results of Study One to the relevant global literature, I was able to highlight some of the strengths and inadequacies of the professional evaluation process in South Africa. These results can be put to use in a number of ways which were discussed in the previous chapter, but their value could perhaps be enhanced if they were to be combined with other, more in-depth information on issues surrounding the process of addressing CSA allegations in South Africa. Each allegation of sexual abuse is embedded in its own unique context, so that while a list of criteria for establishing veracity that has been endorsed by professionals in the field is valuable, it seems to provide an incomplete understanding of the topic as a whole. For a number of reasons, mental health and legal professionals may not actually use the criteria discussed above when evaluating an allegation of CSA. For example, while amongst the professionals sampled above, *medical evidence* appears to be thought of as a strong indicator of the veracity of an allegation, such proof might not be available in a case of alleged abuse. Similarly, in some cases there is no conflicting or corroborating evidence from family members or outsiders, or the accused does not confess to the abuse. In fact, in many cases, the only available evidence is that provided verbally by the accuser and the accused. It is thus clear that professionals' beliefs regarding CSA assessment need to be further investigated at a more practical level and analysed within the context of established practices.

Having completed a quantitative investigation into the criteria mental health and legal/forensic professionals use and believe should be used to ascertain veracity I was then in a position to examine the same issue from a different perspective so as to enhance these results. It seemed obvious that some type of qualitative inquiry would be necessary to achieve this. Miles and Huberman (1994) highlight how qualitative methods bring the researcher closer to reality than their quantitative counterparts as they allow her to step into the context of the research. Thus, qualitative research is a useful way in which to

supplement data gathered within a quantitative paradigm. This is especially useful when the two sets of data are gathered in the same context.

The theoretical framework that stood out as appropriate for this type of investigation was that of social constructionism, a theory that has developed and expanded over the past three decades. During this period there has been a gradual paradigm shift in psychology from a focus on empirical research to one on language and its roles in maintaining and producing social reality (perhaps 'paradigm expansion' would be a more appropriate term as the move towards a new paradigm has not been accompanied by an equal and opposite shift away from the previously dominant empiricist paradigm). Before the present research is described and explained it seems that a brief introduction to social constructionism and the methods that are rooted within it is necessary.

The key assumptions of social constructionism, as outlined by Burr (1996) are each distinctly relevant to the topic presently under study. Research within a social constructionist paradigm should take a critical view towards current practices and recognise that knowledge is context specific. Researchers working within this framework are encouraged to look at how knowledge and social actions are symbiotically related. These assumptions illuminate the ways in which social constructionism is especially applicable to research such as this which examines social processes (i.e. those for addressing abuse allegations) in a unique historical and cultural context (i.e. that of South Africa, a decade into its democracy). Furthermore, the critical stance of social constructionism towards what is accepted as truth brings a new dimension to a study on establishing the truth of allegations. Methods within this field use language, not people as their objects of study. The importance of language is encapsulated by Burr (1996: 34) in the following sentence:

Our experience of the world, and perhaps especially of our own internal states, is undifferentiated and intangible without the framework of language to give it structure and meaning.

Thus, in this second part of the research I conducted a qualitative discourse analysis (from a social constructionist perspective) in an attempt to understand how the issue of CSA evaluation is discursively constructed by South Africans who deal with such abuse in a professional capacity. The emphasis of this study is on the consequences of this construction for the professionals and the children involved: it attempts to consider reflexively how this system is served by the language used within it. Because I was not trying, through this research, to establish the veracity of actual allegations in South Africa, discourse analysis seemed to be an appropriate method for interpreting the data.

Discourse analysis is an analytic tool that attempts not to search for truth, but rather to understand different constructions of multiple truths (Potter & Wetherell, 1987). It is a method that allows me, as the researcher, to look beyond the search for the objective truth of an allegation and to examine alternative functions of language surrounding assessment and the general topic of CSA, making it obviously suitable for this research. Discourse analysis uses as its data *texts*, which are units in which information and objectives are blended together for the purposes of producing meaning (Gibson & Barkhuizen, 1997). Finally, discourse analysis is preferred as it places special influence on language, power and social interaction (Burr, 1996). This can be valuable within the context of CSA allegations where there are often many levels of power imbalance – there are those imbalances that occur between the perpetrator and the child and those occurring within the professional context of the case.

There are many variations of discourse analytic methods available (each of which have common aspects), and I chose to integrate Potter and Wetherell's (1987) *Discourse and Social Psychology* approach with the *Critical Discourse Analysis* methods established by Fairclough and Wodak (1997) as I felt that they each had valuable features to offer this type of analysis on the type of text chosen. Central to Potter and Wetherell's approach are the notions of how objects are constructed as factual and how agency and blame are dealt with. Furthermore, as will be made clear in the analysis section, the notion of interpretive repertoires proposed by Potter and Wetherell is indispensable for this research. Equally valuable, however, is Fairclough and Wodak's focus on the relationships between discourse and social power and the ways in which discourse constitutes society and

culture. While Parker's specific guidelines for conducting a discourse analysis were not followed explicitly, his work on how discourse supports institutions, maintain power relations and have ideological effects (1992; 1994) played a pivotal role in my understanding and implementation of the method.

A further reason for this decision to combine methods is that the influence of the historical and cultural context on these cases is accounted for in both varieties of discourse analysis, which is highly relevant within the South African court system. As I discussed in Chapter One, South Africa's cultural, historical and political context is distinctive and thus likely to influence criminal cases in a way that will distinguish them from similar cases in other countries.

Chapter One revealed that there are a number of inadequacies in South African systems for addressing allegations. Many perpetrators are not arrested or convicted, or do not receive appropriate sentences once they have been convicted of an offence. I suspected that one of the contributing factors towards the inadequacies of this system is the language used by the professionals within it. As important as the notion of veracity, is the language used to describe it by those who are empowered to do so (mental health and legal/forensic professionals), and I planned to investigate whether (and if so, how) the language of an inadequate (but not completely ineffectual) system serves to maintain some of its shortcomings.

Therefore, through discourse analysis, I hoped to answer the following research question: How is the issue of child sexual abuse assessment constructed by professionals and experts in South Africa and what are the implicit and explicit functions of such constructions (especially for South Africa's systems for addressing abuse)? The assessment and evaluation of allegations of sexual abuse was the underlying focus of the enquiry, laying the foundations for many of the decisions that are made regarding both data collection and analysis as will be made clear in the following sub-sections of this chapter.

It was hoped that the answers to this question would provide a deeper understanding of sexual abuse assessment in South Africa and highlight some of the strengths and

weaknesses of the current systems for approaching the issue. This insight could then perhaps be used to improve on current systems by providing a background for more informed training of professionals or better coordination of these efforts. Another goal of this study, as with all discourse analysis was to endorse a better informed, more analytical approach to discourse in its readers, which could ultimately lead to change in practice.

As texts for this section of the research, I decided to triangulate, combining records of court cases involving child rape with interviews with two professionals (a police investigator and a social worker). The reasons for this decision will be discussed further in the section describing the procedure that follows.

### **Similar discursive studies**

While the present research does not precisely replicate any previous work, I was able to obtain five discursive studies that have been conducted in related spheres. They will each be outlined briefly in this section. It is hoped that the present research will extend and augment the available pool of discursive literature on children, sexual abuse and the court system, especially within the South African context.

In a study conducted in Canada by Coates, Bavelas and Gibson (1994) the researchers examined 12 trial judgements of sexual assault cases involving women and children and concluded that Canadian legal discourse constructs sexual assault as an erotic/affectionate, non-violent event for which the perpetrator was not held sufficiently responsible. The present study differs from the one conducted by Coates, Bavelas and Gibson in that it relates specifically to South African law (which differs substantially from Canadian law) and only to child victims (rather than both child and adult victims). Furthermore this research is not limited to the discourse of judges, but rather examines professional discourse more broadly (i.e. by combining court records with interviews with a mental health and a forensic professional).

Three similar discursive studies have been conducted in the South African context on sexual abuse or children in the court system. Ann Levett (1988) investigated discourses of childhood sexual abuse in a sample of female university students. She found that

professional discourse was frequently employed by these women in discussions of child sexual abuse and discussed how this illustrates how the creation and reproduction of knowledge reinforces structures of power. Furthermore, she demonstrated the ways in which fears about CSA influence the lives of South African women and how the discourses employed are affected by the individualisation of incidents of abuse.

Psychiatric discourses of sexual abuse of women were investigated in a discourse analysis of records in a psychiatric hospital in Cape Town by Tanya Wilson (1998). She concluded that such discourse functions better to support the profession of psychiatry than to serve the needs of the abused women within it. Her recommendations include that consideration should be given to the language of the South African psychiatric profession and how it functions in order to improve on these inadequacies.

Goddard and Saunders (2000) analysed the language used in the coverage of CSA cases in the Australian media. They found that in many cases the child was objectified through the use of the word "it", instead of "he" or "she". Another notable finding was that the language used portrays CSA often as an almost consensual act that is not abusive at all, and this appeared to function in such a way as to lessen the impact of the abuse on the audience.

Finally, Rene Durrbaum (2002) critically examined court records of a custody case in South Africa in order to establish how the notion of the best interests of the child is constructed in professional discourse. Her analysis reveals that the concept of custody decision-making needs to be regarded as a complex process involving input from a variety of professionals and within specific institutional, social and political contexts.

## **Method**

### **Sample**

It was decided that this research question needed to be approached from more than one angle and I thus combined court records with interviews as the discursive events for the analysis. This decision was made based on the notion that assessing the issue solely from a legal perspective (e.g. by analysing court proceedings) would be leaving out

important aspects of the process of assessment. Medical, legal, mental health and police professionals could all potentially contribute to court proceedings. However, psychologists and social workers have the additional and equally important responsibility of providing a therapeutic service to children who have alleged abuse (regardless of whether the allegations made are fabricated or genuine), and police professionals have the additional duty of investigating the allegations before they go to court.

Many cases of alleged CSA never make it to court, and because I wanted to examine how the concept of assessment as a whole is constructed by professionals, I felt it was necessary to include in the analysis discourse about sexual abuse allegations that have, for a variety of reasons, not resulted in criminal trials. Thus, while I chose to examine the discourse of professionals (specifically magistrates) within the context of legal proceedings, I also looked at the verbal discourse of a social worker from Childline and a senior policeman from the Child Protection Unit, both of whom are regularly involved with the assessment of CSA allegations from their inception. The discourse of these professionals is significant because their experience with child sexual abuse cases usually begins with the initial allegation and continues through a sequence of events that does not always culminate in a criminal trial. Thus, they handle such cases at a more rudimentary level. These texts will be discussed further in the next two sub-sections.

### ***Court records***

For many reasons, court records were particularly apt for answering the research question that had been laid down. These reasons are best summarised by Coates, Bavelas and Gibson (1994: 189) who point out that discourse and texts are...

...central to the practice of law which can be said to consist primarily of discourse. Written judgments, in particular, *express* the state of the law at any given time. Furthermore, they *affect* not only the litigants but also the future shape of the law and society at large. The language used in legal judgments is not merely a reflection of individual thought: it is important in and of itself. Indeed, a particular judge's language may be drawn from counsel, witnesses, previous judgments or broader social discourse. It is this public discourse (and not uncommunicated thoughts, attitudes or motivations) that has an impact and is acted upon. Language affects events and creates versions of reality.

Two sets of court records were obtained from the Wynberg Sexual Offences Court to be used for the analysis. Because discourse analysis is a labour intensive process (both

sets of records contained more than 200 pages), and because the success of the analysis is not proportional to the number of cases used (Potter & Wetherell, 1987), this sample was kept to two cases. Cases were chosen based on whether the proceedings were conducted in English and whether they involved the sexual assault or rape of a child under the age of 16. Both of the sets of records selected contained transcripts of the court proceedings in the criminal trials, including the examination and cross-examination of witnesses and the judge's final order. Thus, both of the cases had been finalised. Other material included in the sets of records were medical reports (in both cases the J88 form) and the charge sheet from the police stations at which the charges were laid.

The first case analysed (referred to as Judgement 1 in the Analysis section) involved the rape of a 10-year-old girl by a stranger in a field on her way to school. She was 12-years-old when she testified in the criminal trial and four other witnesses (including the accused) were called to give evidence during the trial. The accused was convicted of rape and sent to the Cape Town High Court for sentencing. The victim in this case testified via an intermediary and a court interpreter translated the proceedings between English and Xhosa. Such translated testimony might have had an effect on the analysis, but this analysis focussed primarily on the discourse produced by the judges within the courtroom, both of whom spoke English. Thus, while the translated testimony might have affected the ways in which the judgements were constructed (which would likely add to the analysis), the actual judgements that were analysed were originally delivered in English. It is thus unlikely that the translation of questions and answers would have had a major effect on the analysis. The testimony of the witnesses was not ignored completely: it served to contextualise the case, but the judgement section of the text was the focus of the analysis.

The accused in the second case (referred to as Judgement 2 in the analysis section) was found guilty of the rape of a 14 year old girl. The victim was related to the perpetrator by marriage and he was supposed to be looking after her while her family was away. She was 16 years old by the time she testified in the trial. In addition to the testimonies of the victim and the accused, four other witnesses were called to give evidence, one for the defence and three for the prosecution.

In both cases, the court proceedings were tape recorded and then transcribed by trained transcribers. It appears that in each case more than one person was involved in transcribing the recorded material (as there were a number of handwritten corrections on each set of records). My analyses focussed primarily on the judgements in these two cases as each of the cases was concluded with a summary of the evidence and a detailed judgement by the presiding judge. Both of these judgements were clearly planned thoroughly and read aloud, and because they were so considered, I feel that their content is more important than the way in which they were delivered. Thus, the fact that the transcripts did not include information about pause lengths and intonation would probably not have had a significant effect on my analysis.

Because of the formality of the court system, certain ways of speaking were necessary. Thus, the discourse obtained from these records is formal and polite, which is evidenced in the choices of vocabulary and grammar made. The texts clearly had the larger scale structure proscribed by legal conventions.

The examination of these two cases could be considered to be an *unobtrusive method*, as they contain information that is not directly elicited from participants by the researcher. A major advantage of such a method of data collection is its non-reactive nature, in that many of the obstacles created by the researcher's presence are sidestepped (Lee, 2000). Thus the discourse that has been analysed was not affected by direct questions from the researcher, a desire for social acceptability in the researcher's presence or the effects of participation in a study. Nevertheless, unobtrusive methods have their pitfalls (e.g. aspects of the cases used might have been better absorbed had I been present to witness the hearings myself). Thus, Lee (2000) suggests that these methods be used in addition to, rather than instead of more intrusive methods. This advice was followed for this study.

Potter and Wetherell (1987) highlight the advantages of using documents such as court records for discourse analysis. Such data is unobtrusive and thus almost entirely free from researcher influence but allows for a wide variation in accounts. Moreover, in legal proceedings, people are likely to undermine each other's accounts more freely and more

thoughtfully than is likely to be the case in other professional interactions. Such material from court proceedings can thus provide a deep understanding of how social issues are constructed (Lee, 2000).

### *Interviews*

In addition to the court records, two semi-structured in-depth interviews were conducted, one with a senior police officer (referred to as Interview 1 in the Analysis section) at one of the Child Protection Unit offices and the other with a female social worker (referred to as Interview 2 in the analysis section) at one of the Childline centres in Cape Town. Each of the interviews was conducted in the respondent's office and tape recorded. Potter and Wetherell (1987) highlight that an advantage of interviews is that they allow for active involvement by the researcher in the research. Another benefit of using interviews is that they allow for comparison between different respondents on the same topic.

Marshall and Rossman (1999) classify the types of interviews conducted here as *elite* interviews, because the interviewees are selected for their professional experience and training in fields relating to the research. A major advantage of this type of interview is the high quality of the informed responses obtained from the respondents. One of the biggest drawbacks of this choice of interview is that it is often difficult to obtain such participants, as they are often limited for time. I did not have this problem as both interviewees were interested in the research and thus willing to participate.

Fontana and Frey (2000) discuss the importance of the way the interviewer presents him/herself at the interview. I chose to present myself sincerely, as a Master's student with a reasonable familiarity with the issue of child sexual abuse from a professional perspective. I feel that this resulted in in-depth responses from the participants, who seemed to feel that they could employ the professional jargon that they make use of during their everyday responsibilities.

Another issue raised by Fontana and Frey (2000) with respect to conducting research is that of gaining trust. I believe that my attempts to sidestep any obstacles in this regard

were largely successful for three reasons. Firstly, I assured both participants that the interviews were confidential and their names would not be used in the research at all; secondly, after I had explained the purpose of my research, both respondents expressed interest in the study and stated that the completed research might be of value to them in their work with abused children; and thirdly, the content of the interviews, although sensitive, was not of a personal nature.

## **Procedure**

### ***Court records***

After discussing the issue with a number of professionals in the area, I wrote a letter to the Chief Magistrate at the Wynberg Sexual Offences Court requesting access to these sensitive public records. This magistrate assisted me in gaining access to the cases which met my inclusion criteria. Most of the proceedings conducted in the Wynberg Sexual Offences Court are conducted in Afrikaans, and many cases are neither transcribed nor recorded, and so I had a limited number of cases from which to choose. Once I had selected the cases that I would be using, based on the richness of the information and discourse they contained, I began the laborious process of conducting a discourse analysis. Details of this process are included in the 'Analysis' section that follows.

### ***Interviews***

Both participants were contacted initially over the phone. I explained the purpose of the research to them and asked if they would agree to participate. After the respondent had consented to the interview a time was arranged for me to come to his/her place of work to conduct the interview. Mindful of the fact that I was not looking to establish the truth of CSA, but rather for details of how the issue of assessment is constructed by South African professionals, I designed an interview schedule (see Appendix B) that would provide a backbone to the interview, while still allowing the dialogue to remain flexible. The interview schedule was based on an understanding of the literature in the area, and guidelines provided by Rubin and Rubin (1995), Breakwell (1990), Wood and Kroger (2000) and Potter and Wetherell (1987). This schedule was not strictly adhered to during the interviews, but proved to be a convenient tool for initiating conversation with the participants.

During both interviews, I followed up on responses and probed for further information when necessary. In line with suggestions by Marshall and Rossman (1999), I endeavoured to communicate acceptance of the interviewees and to assure them that their responses were valuable. Both interviewees spoke freely and in detail and I often found it unnecessary to encourage them to provide further information. This is valuable for the discourse analyst because when participants speak freely much variation arises in their accounts (Wood & Kroger, 2000). With follow-up questions and probes I attempted to allow the respondent to see the issue from a different angle, so as to encourage variation within the interview (Wood & Kroger, 2000). I also remained cognisant of the fact that interviews are neither neutral nor passive and involve an active construction of the issue, and I, as the interviewer was involved in this construction process. Once the interviews were completed, respondents were given the opportunity to ask questions and I left them both with my contact details in case any other questions arose after I had left. Both interviewees requested that I email them a completed copy of this thesis, which I intend to do once the research is completed.

The interviews were later transcribed according to a simplified version of the Jefferson method summarized by Potter and Wetherell (1987). Within a week of each interview I telephoned each of the participants to again thank them for their participation and to ask if they had any further questions or comments about the research or the interviews.

### **Analytical procedure**

No single set of guidelines for conducting a discourse analysis was entirely appropriate for this specific research and I thus chose to integrate aspects of discourse analysis from a number of sources for my analysis (as discussed earlier). Thus, Potter and Wetherell's (1987) *Discourse and Social Psychology* approach was incorporated into Fairclough and Wodak's (1997) *Critical Discourse Analysis* and the two theories together guided the analytical process. This method of using procedural guidelines from a variety of different authors for conducting a discourse analysis is recommended by Wood and Kroger (2000) who suggest that the discourse being analysed should be used to inform the analysis and the methods used.

Based on these guidelines, in the analysis, I attempted to absorb the many features of the actual language used and pursued both variability and consistency in accounts. This was achieved through my repeated reading of the texts which began with the identification and coding of the grammatical tools used. The discourses or interpretive repertoires chosen by the speakers (and their functions) were then extracted from the text and the positions opened up by these discourses were identified. The consequences of adopting these positions were then uncovered and questioned. I also looked to reveal what was not being said by the different discourse users, and essential metaphors that contribute to the functioning of such language were then identified. I further tried to extract categories, establish how they had been constructed and ascertain the consequences of such constructions. Ultimately, the aim of the analysis was to establish and understand how the discourse functions (both implicitly and explicitly) outside of the intentions of its producers.

### **Ethical Considerations**

Despite the focus of a discursive analysis on texts rather than people, such research is not exempt from the ethical regulations that govern other qualitative studies and research within an empiricist paradigm. Thus, any ethical issues that were anticipated and averted during the design phase of the research need to be described and explained.

Wood and Kroger (2000) draw attention to the fact that a discourse analysis is ethically incontrovertible in that it allows the researcher to critically analyse the words within the text without actually having to critically examine the speaker. This principle was upheld in this analysis in that the texts (both the transcripts of the interviews and the judgements), not the discourse producers personally, were the subject of analysis. Additionally, while the topic of child sexual abuse is a sensitive issue, the discourse obtained was created in a professional rather than a personal capacity and its production is therefore unlikely to have been experienced as traumatic by its creators.

Technically, the court transcripts obtained for analysis are public record and should thus be accessible to any member of the South African public. To be sure not to breach any ethical conventions, however, I chose to request them officially via letter from the Chief

Magistrate at the Wynberg Sexual Offences Court. In this letter I explained openly the purposes of the research and promised not to reproduce any identifying details of victims, suspects, witnesses and professionals in the written dissertation. To further ensure ethical soundness in the use of these records, only the discourse produced by the professionals was analysed and so the verbal contributions of the two complainants, all witnesses and the two men accused of rape (all of whom are probably less likely than the lawyers and magistrates to be aware of the fact that such records are publicly available) was not subject to analysis.

I obtained informed consent before conducting each interview, which began with a candid description of the background to the research and of how the discourse created in the interview would be analysed. Participants were also advised that they could decline to answer any of the questions and I explained that their names and identifying details would not be included in the dissertation. Additionally, they were reassured that while the names of the organisations for which they worked would be mentioned, information regarding their specific branches would be omitted. Participants were allowed time to ask questions at the end of each interview and received a follow-up telephone call the following week to ensure that they had no further questions or uncertainties about the interview or the research.

In the design and analysis phases of the research I endeavoured to ensure that the study was valuable and conducted competently through consulting more experienced researchers for guidance at regular stages in the research process. These considerations, together with those discussed above are consistent with guidelines for ethical procedures provided by Miles and Huberman (1994) and Marshall and Rossman (1999). Thus, through closely adhering to these steps, it is hoped that the ethical soundness of the research was established as far as was possible.

### **Notions of reliability and validity**

In a discursive analysis, and indeed any research within a qualitative paradigm, reliability and validity cannot be established in the same manner as in empirical research. The discourse analyst is actively involved in the interpretation of the texts, employing her personal resources in the process. Thus, each researcher who analyses a text views it through her own unique interpretive lens, which will affect the results she unearths.

While reliability and validity cannot be established in the conventional manner, the researcher nevertheless needs to demonstrate that efforts were made to ensure the plausibility of the research. The steps that were taken to achieve this in the present research were informed by Miles and Huberman (1994), Marshall and Rossman (1999) and Wood and Kroger (2000).

By explaining the procedural steps followed in detail, grounding any elucidations in the text (through constantly referring back to the texts on which the analysis was based), keeping a record of the data and explaining how findings were extracted, I attempted to ensure the *confirmability* of the research. Thus, rather than undertaking to produce the same results as those presented here, hence replicating the study, future readers can follow the process of the research, establish how the analysis was accomplished and use this to guide their own interpretations of these texts (or similar ones).

I endeavoured to ensure the criterion of *dependability* through the consideration of the role of the researcher in the analysis (evidenced in the section on reflexivity at the end of the chapter) and through my acknowledgement that my status as a novice researcher necessitates that I seek guidance and support from people with more experience in the area. Additionally, the comprehensive nature of the analysis which includes aspects of the texts which both confirm and disconfirm the research conclusions, as well as the recognition that there are areas in which I drew conclusions with caution, served to further maintain the *credibility* of the research.

*Transferability* was attempted through a detailed description of the demographics and the procedure followed, making it possible for the research to be easily compared to other studies in the future. This was supported by an acknowledgement that the *generalizability* of the findings is limited and the provision of a number of suggestions for valuable research that could be conducted in future.

Finally, I attempted to describe the findings in a language that is accessible to policy makers and mental health and legal/forensic professionals, so that they can be taken into consideration at a practical level, hence allowing for the criterion of *application* to be met.

### **Analysis**

Because this research focussed on the manner in which CSA is dealt with and evaluated in South Africa, it is not surprising that the dialogue generated in the two interviews and the discourse obtained from the two sets of court records seemed to be located primarily in what I term a 'South African legalistic discourse'. This is exemplified in the myriad of legalistic terms used in each of the texts obtained. "Reasonable grounds for arrest", "indecent assault", "no plea explanation" and "burden of proof" are minor examples from each of the texts that demonstrate the primary use by these four professionals of this South African legalistic discourse. This was especially prevalent in the two judgements in the sample. It is thus largely within this South African legalistic discourse that my analysis is rooted, and the legal context (which includes a culture of implicit and explicit understandings as discussed in Chapter One) forms an important environment for the analysis.

This South African legalistic discourse that dominated the texts opens up a number of professional subject positions (lawyer, social worker, police officer, judge, accused) of which that of the judge is perhaps the most powerful. Thus, it is the judge's interpretation of events that is ultimately accepted and the medium through which it is expressed (a judgement that adheres to a specific format) reproduces the social institution that is the criminal justice system. Additionally, the judgements themselves have a number of explicit functions: such as to acquit or convict (and sometimes sentence) an accused.

As Parker (1992) points out, it can be important to examine where in history a discourse has emerged and how it has changed over time. Many of the written laws and procedures in South Africa originated during the apartheid era (e.g. the Sexual Offences Act 23 of 1957) and are still in the process of changing to become more applicable to the present moment in history. However, in the South African legalistic discourse that dominated in this talk I identified a number of interpretive repertoires that were employed by users of the discourse (in both law and in practice) and that are informed by the history of the discourse.

These include repertoires of rape, consensual sex, violent crime, the innocent child, the naïve perpetrator and the culpable rapist. The employment of these repertoires will be discussed further in the rest of this chapter.

A number of findings of differing levels of significance and supporting several different interpretive repertoires emerged in my analysis, and they will each be discussed individually. I will first explain how the findings were extracted from the texts and what implications they might have, as well as their relation to the South African legalistic discourse (and other secondary discourses). In the discussion section at the end of the chapter, a possible explanation for the use of these discourses within the texts will be offered. Transcription notation for the extracts of the interviews is explained in Appendix C.

***Significance of an allegation derived from how likely it is to withstand criminal trial***

In the two interviews especially arose the notion that cases of alleged sexual abuse are unofficially graded (during their initial stages) based on whether they might be able to withstand a criminal trial, with those cases that are likely to hold up in the court system being viewed as perhaps preferable to others, possibly even regardless of their veracity. The following two extracts from the interview with the police officer illustrate this quite clearly:

But so an ideal situation would be for us to have a victim who came um and can identify the perpetrator and would be competent as a witness in court...(Interview 1)

...you have to remember that most sexual offences are committed where the perpetrator and the victim are the only ones there. So what you end up in a case like that would be a single witness with little or no corroborating evidence, and even if you find a medical history of previous sexual um activity it doesn't really identify the perpetrator so it's still basically her word uh against that of the perpetrator. (Interview 1)

The negative evaluation of such a situation that is implicit in the second extract would have been expected in discourse relating to child sexual abuse (something that is generally accepted as an objectionable act), but in this instance, the negative character of the utterance appears not to apply to the act itself, but rather to the fact that the crime cannot be successfully prosecuted which is the focus of much of his talk. He later proceeds to give examples of many of the cases with which his organisation has dealt that have resulted in

convictions. Instances in which cases had led to successful prosecution were also mentioned in the second interview.

By directing talk towards cases that can be successfully prosecuted and away from those that cannot, the respondents are opening up positions of power for themselves to occupy. Talk about successful prosecution is talk about a successful criminal justice system. This is thus talk that reproduces the institution (the South African criminal justice system) in which it is embedded and indirectly through this endorses the work of the interviewees themselves and maintains their positions within that system.

A possible consequence of such talk, however, is that more professional attention might be given to cases that initially appear to be supported by compelling evidence than those cases in which such substantiation is not available. Because the amount of available confirmation of abuse is not necessarily linked to the veracity of an allegation, this could result in the marginalising of genuine sexual abuse allegations.

It is interesting that, while this view of successful prosecution as the most desired outcome of an allegation (and perhaps the implication that it carries with it: that more weight should be attached to cases in which this result seems most attainable) that seemed to be an important feature in both of the interviews, this emphasis is then undermined by one of the judges when she says (to a man convicted of raping a child) during sentencing:

...had you taken responsibility for your actions when it first came to light, the chances are that this matter may rightly or wrongly never have been brought to Court. (Judgement 2)

Such a statement presents the assumption that there are certain circumstances through which a *guilty* perpetrator can easily avoid criminal prosecution for the multiple rape of a minor (even when the case contains sufficient evidence to withstand a trial and result in a conviction). Whether this is indeed true or whether it is a perception not grounded in any reality, it nevertheless points to possible flaws in the South African criminal justice system. When a person in a position of power (such as the judge in this case) explicitly outlines ways in which a rapist could have evaded being convicted and punished, she is highlighting a major failing in the criminal justice system. Because this explanation is being presented by a judge,

it is more likely to be accepted and will probably be more effective than if it were presented by a more subordinate person in the hierarchy of this system. Language used in this way could function to reproduce some of the inadequacies in the system.

### *Minimising the impact of sexual abuse on the child*

...the so-called, the impact, the alleged impact on the child is actually less than you know, the actual impact is less than that which is presented by the State because the child looks very confident.... (Interview 1)

Another, perhaps more minor notion that arose from the texts was that in some instances, the effects of sexual abuse on the child were minimised. The use of the terms “so-called impact” and “alleged impact” by the policeman in the extract above clearly serve to minimise the effects of abuse on the child, even when placed in the context of discourse on how the impact of abuse should be acknowledged. This employment of words can perhaps best be understood within the framework of discourse in which the interviewee highlights the difficulties of successfully prosecuting sexual abuse perpetrators. Minimising the impact on the child might here serve to lessen the perceived severity of the consequences of failures in prosecution.

The notion of the impact of abuse as minimally severe arises frequently in the discourse analysed, but, the contradictory interpretive repertoire of abuse as an event that affects the child’s life in a negative and multi-dimensional manner, is embodied in the following extract from the interview with the social worker, highlighting the variability that arises within accounts in this discourse:

Indecent assault to some extent, you know, some people seem to think that that it’s not um, that severe because no penetration, or, or, or if there has been penetration that it wasn’t done with the private parts you know, and, and people has this ideas that it’s, you know, the emotional effect of it cannot be as severe as, you know, when it was actual rape, and the person touched the penis and, you know, it’s sort of these silly ideas that people still have... (Interview 2)

Another instance in which the impact on the victim is diminished is in the second judgement when the judge mentions as a mitigating factor that:

...there was minimal force used and that there was no serious physical injuries sustained by the Complainant. (Judgement 2)

Implicit in such a statement, is the assumption that either the only consequences or the most serious consequences of sexual abuse are physical, and that abuse is less serious if no physical injury is sustained. This observation is consistent with those of Collings (2003) and Goddard and Saunders (2000).

This trivialising of the consequences of abuse or not acknowledging the emotional impact of sexual abuse on the victim could serve to reproduce the idea that such an impact is nonexistent or insignificant. If such a notion becomes dominant in talk within this South African legalistic discourse, this could create new obstacles to be faced by victims of abuse. One of the main forces behind the move to prioritise the issue of sexual abuse in the South African legal system is the severe effects that it has on the victim. If professional discourse within the system fails to acknowledge the effects of the crime, an opportunity arises to shift the focus of attention from addressing sexual abuse and the consequences of this could be that victims are marginalised.

#### ***False allegations initiated by adults***

In both the interviews and the judgements, the idea emerged of false allegations being the invention of adults in the child's life, rather than arising from the child. This is evident in the following extract from the interview with the social worker:

I have very little contact with children who do make false allegations. You know it's quite difficult for me to say that this would be why children, you know, because it's for exactly the same reason why a child would recant you know, so it's difficult sometimes for me to say that, you know, that okay, that this is the reason because it might just you know, be if the child is intimidated. That might also be the same reason why the child is recanting, so there's such a thin line between the two that that I feel that in most cases, almost every case that you deal with you know, I can almost say 99% of the children don't lie. They're genuine about what they say. (Interview 2)

The above extract is from the social worker's response to a question about why children might make false allegations. Here she acknowledges that children might lie about an allegation, but only if they are intimidated into doing so (implied by a scheming adult in their lives). Furthermore, by placing false allegations in the same category as recantations (even when asked directly about false allegations), she is almost rejecting the possibility of false

allegations occurring. Correspondingly, when asked about why children might make fictitious allegations, the police officer responds with:

Let me start by saying that we almost never get children who are coached to make a statement... Sometimes you have your suspicions about how (1) a story could possibly, more could be made of um indicators for instance, you know, and and it's not an exact science... But we almost never find that people tell children what to say. Sometimes they do so inadvertently, by the asking of suggestive questions, by putting words in, or or attributing more significance to insignificant things. (Interview 1)

Again, the possibility of the child being the instigator of a false allegation is rejected and the assumption is made that when a false allegation arises it is the work of an adult (the child is "coached"). This is reinforced later in the same interview where the notion of a child making up a sexual abuse allegation is negated:

People sometimes say that children have a fertile imagination that they dream these stories up. It's a fantasy. Now I have yet to see a child who fantasizes about (an awful) experience like this. (Interview 1)

Similarly, when explaining his ruling, one judge states candidly:

It is highly improbable that these children could have made up this story. (Judgement 1)

In Judgement 2, the presiding officer proposes two different situations that could explain why the allegation might be false, and then rejects them both. These two possibilities, according to the judge are that either other people in the victim's life (domestic worker, friend and older sister) "conspired" against the accused for their own malicious gain (and the victim was "drawn into" the conspiracy), or that the same people had misinterpreted innocent events and come up with this false allegation (with the victim not involved in this creation of such an allegation either).

One possible function of such reluctance to acknowledge the child as the possible instigator of false allegations is to protect the notion of the child as the innocent victim, hence possibly defending the whole purpose of the jobs of these professionals (who are themselves the creators of this discourse): to safeguard defenceless children. If these children (whose well-being, innocence and defencelessness is central to their jobs) are talked about or

portrayed as being capable of maliciousness and deceitfulness, their duties as protectors of the children perhaps lose some of their meaning.

### ***Ambiguous descriptions and representations of confirmed abuse***

Especially in the two trial judgements, the actual abusive event was often described in quite positive terms (or at least not in the negative manner that could have been expected), despite the fact that the accused was found guilty in both cases. Italics were added in the following extracts:

I am satisfied in the light of the evidence tendered by all the state witnesses that the accused [accused's name] on three occasions on the evening in question *had sexual intercourse with* (victim's name). I am satisfied from the evidence before me that she did not consent to *such intercourse* and I thus CONVICT the accused [accused's name] on three counts of rape. (Judgement 2)

...[the accused] *had sexual intercourse with her* [the complainant] the night before on more than one occasion. (Judgement 2)

...saw (accused's name) *having sex with* (victim's name) in the lounge. (Judgement 2)

The accused "*took complete advantage of a situation*" (Judgement 2)

The second charge is one of rape in that the state alleged that the same day [date] at or near [place] the accused unlawfully and intentionally *had sexual intercourse with* (victim's name), a female person who was at the time under the age of consent, to wit 10 years old and that the *sexual intercourse* took place without her consent. (Judgement 1)

The expressions "sexual intercourse" and "having sex with" could be classified as positive terms and imply a positive, mutually enjoyable experience between two consenting parties. In both of the cases analysed, the offence involved a negative experience for the victim (and an incident that is not conventionally considered positive), that was neither mutually desired nor enjoyed. In fact, in both cases, the accused is charged with and convicted of rape (which is one negative term used, although seldom in the discourse) and so the use of these terms is incompatible with the events they are meant to be representing (having sex or sexual intercourse with someone is not a term that is generally used to describe a crime). A more oppositional line of discourse would have been expected here, and even the idea that the accused "took advantage of her (the victim)" as stated in Judgement 2 does not accurately represent the events of the night in question: the use of this phrase is not describing the same event that the use of the word 'rape' would be.

Furthermore, the term “indecent assault” (the use of which is clearly informed by South African written law) was used frequently by both interviewees to describe a number of criminal acts. It is a term that did not arise in either of the judgements, both of which centred around rape cases (which is differentiated from other sexual crimes in South African law). Examples of the use of this term are presented:

...and indecent assault covers a broad spectrum, I mean, you have the fondling on top of the clothing and no penetration, no skin on skin contact even, versus anal penetration con, uh...uh...with severe injuries as a result and it's the same crime. (Interview 1)

Indecent assault to some extent, you know, some people seem to think that that it's not um, that severe because no penetration, or, or, or if there has been penetration that it wasn't done with the private parts you know, and, and people has this ideas that it's, you know, the emotional effect of it cannot be as severe as, you know, when it was actual rape, and the person touched the penis and, you know, it's sort of these silly ideas that people still have... (Interview 2)

In the second extract the respondent acknowledges the inadequacies of the term “indecent assault” in South African law. “Indecent assault” is the current South African legal term for any form of sexual harassment or abuse excluding penile-vaginal penetration (Sexual Offences Act 23 of 1957). Thus, this term would encompass a vast array of crimes including fondling a child's (or a woman's) breast on top of the clothing and raping a child (or a woman) with an object. This was a term that arose frequently in both interviews (probably because it is entrenched in South African written law), and a term could be viewed as problematic. The phrase “indecent assault” covers a broad spectrum of crimes that range in severity from sodomizing a child (or an adult) to fondling his/her buttocks in a sexual way. This is not to say that fondling a child's buttocks is an offence that should be dealt with leniently, but in terms of its emotional and physical impact on the child it would presumably be less severe than sodomy. However, categorising these two acts of differing gravity as the same crime within documented legal discourse serves to detract from the severity and harshness of the more brutal acts that could be described by this term (sodomy is just one example; other, relatively more severe acts that could be described by the term “indecent assault” include performing oral sex on a child and vaginal rape with an object). Thus, this term could be employed in the context of any of a number of sexual crimes of

varying degrees of depravity and so its use does not always accurately reflect the gravity of the crime committed.

The use of such a vague and general term for describing different forms of sexual abuse functions to construct sexual abuse in unclear terms. If the specifics of the crime are not clearly delineated, then the ambiguity of such descriptions could allow for the manipulation of the language by the accused to reduce the perceived severity of the crime or to avoid the consequences of committing it.

***Portrayal of perpetrators in favourable (or at least not unfavourable) light***

This was another finding that was more prominent in the trial judgements than in the interviews (although it arose in each of the texts). Despite the fact that in both of the trials the accused was found guilty, on many occasions in both judgements, the perpetrator was portrayed in a favourable light: the discourse in many instances had positive or neutral expressive values:

He [the accused] was on his way again with some beers when he turned back and asked if she [the complainant] and her friend (friend's name) would like to accompany him...Beer was consumed in the car. They ended up at (name of night club) where they also had brandy and beer... (Judgement 1)

In this description of the events on the night in question (events that led to the triple rape of the complainant by the accused) the accused is depicted as a generous and friendly person who *offered* (implies unselfishly) to take the complainant and her friend out for a night of entertainment. The use of the polite phrase “asked if she and her friend...would like to accompany him” has positive implications and paints a picture of the accused as a courteous and genial man. However, the two girls who he took out that night were both under age (14 at the time), he was supposed to be taking care of them (rather than buying them beer and brandy) and he later ended up raping one of them.

This virtuous portrayal of the accused is strengthened by the respect he is accorded when he is referred to as “Mr (surname)” on many occasions in the judgement even though the victim is referred to by her first name throughout the summation, judgement and

sentencing. When passing sentence, too, the judge in this case highlights some of the perpetrator's positive attributes and indicates a number of mitigating factors:

...that you were 22-years-old at the time of the commission of the offence....,that you matriculated and that you are busy with your studies. (Judgement 2)

While this may appear to be an appropriate aspect of a criminal trial, this highlighting of the good character of the accused needs to be viewed in the context of a summation in which discourse regarding other witnesses' and key players' character is omitted and a judgement in which oppositional discourse is seldom used to describe the accused and his crime.

In Judgement 1, the presiding officer uses a very polite and respectful term, "gentleman" to describe people accused of raping:

The accused said he did not rape the girl, but three other gentlemen had raped her (Judgement 1)

The courteous word "gentleman" is used again at another point in this judgement to refer to the accused (i.e. the man who was found guilty of the act of accosting a schoolgirl on her way to school, raping, threatening and robbing her). Despite the fact that "gentleman" is a term introduced previously in the trial by a witness (I suspect unintentionally through an error of translation, which is discussed later on in this chapter), the judge chose this respectful and positive term to refer to rapists or alleged rapists in his summation. Perhaps, at a minimum, alternative, more neutral terms such as "man" or "person" could have been employed here.

Although this would again not apply to the two judgements, in both of the interviews, despite the fact that perpetrators were discussed at length, the word "paedophile" was notably absent from this discourse. As Potter and Wetherell (1987) point out, the discourse analyst should be concerned with what is absent from a text as well as what is present and the avoidance of the use of the term "paedophile" is interesting. The word "paedophile" could be considered to be one of the most negative available terms to describe the sexual abuse perpetrator, partly because of its connotations with mental disorder and partly because of its unambiguous meaning. Thus, the absence of this term (or indeed its replacement with other

relatively more neutral words such as “perpetrator” or “offender”, terms that could as easily be used to describe a shoplifter) in professional discourse perhaps demonstrates a, possibly unintentional, tendency for the professionals using this discourse to elevate the status of such people in society. This is similarly evident in the absence of the use of the word “molester”. This positive portrayal of known and convicted perpetrators could function to diminish the perceived severity of the crime and decrease the attention that it is accorded in the criminal justice system.

***Avoidance of the fact that the victims are children***

In both the interviews, and to a larger extent in the two judgements, very little emphasis seemed to be placed on the fact that the victims are children, which introduces a new dynamic into the conventional ‘rape interpretive repertoire’. Both of the charges in the criminal trials were of rape. In judgement 1, the child’s age (in terms of its importance in compounding the severity of the crime) was mentioned once, at the beginning of the summation when the charges were outlined:

The second charge is one of rape in that the state alleged that the same day [date] at or near [place] the accused unlawfully and intentionally had sexual intercourse with (victim’s name), a female person who was at the time under the age of consent, to wit 10 years old and that the sexual intercourse took place without her consent. (Judgement 1)

Throughout the rest of the judgement, because of the absence of mention of the relevance of the age of the victim, the discourse could quite easily be mistaken for the judgement of a rape case in which the victim was an adult. There is one exception to this and that is when the issue of the cautionary rule is raised:

The state is also relying on the evidence of a young child and the cautionary rule is also applied. In the Court’s ruling, usually he requires some ratification where very young children are involved, also because a child is extremely susceptible to suggestion. (Judgement 1)

Thus, while the fact that the victim is a child would seem to me to be one of the most important factors to be taken into account when evaluating the severity and the circumstances of the crime, the victim’s age is almost ignored altogether except for the one occasion on which it can count against her. An inadvertent consequence of this unexpected

dynamic is that the child (who in this case was a victim, the very person whose interests should be served by the court procedure) is marginalised.

Similarly, in the second judgement analysed, the age of the victim is mentioned briefly, but factors relating to her age are largely ignored throughout the rest of the judgement. The age of the victim is not mentioned in the charge at all although it does arise briefly during the sentencing. In this case, the charge against the accused was that he

...wrongfully and intentionally had sexual intercourse with [Complainant's name] without her consent. (Judgement 2)

This is the same charge that would be made against a man accused of raping an adult woman. In the interview with the social worker, she unproblematically discusses how a child falsely alleged abuse after her first sexual experience:

...was that she actually, she when- was sexually active. I think it was her first sexual experience and she was so afraid that she was going to fall pregnant and she needed to get you know the emergency contraceptive and was like really, you know, um... (Interview 2)

Despite the fact that this allegation turned out to be fictitious, the fact that a young child is sexually active is still problematic from a legal perspective and this factor appears to have been ignored.

Another manner in which the avoidance that victims are children emerges, especially within the context of legal proceedings, is that charges against the accused of “rape” or “indecent assault” do not differentiate between child and adult victims.

This observation is consistent with Muller's (2003) notion that children are often treated as miniature adults within the South African justice system. While there is no doubt that a sexual crime against an adult is a serious event, the dynamics of such a situation differ significantly from those of an incident of child sexual abuse, and placing the two events in the same category does not allow room to account for such differences. As has been indicated above, notably absent from both of the judgements analysed was dialogue around the issue of the age and relative immaturity and vulnerability of the child victim,

which, coupled with the fact that the perpetrator is betraying a fundamental trust, possibly increases the seriousness of the crime. This is another aspect of this discourse that tends to minimise the severity of the crime and in order to acknowledge the severity of child rape, such information needs to be exposed and highlighted.

#### ***Employment of ‘consensual sex repertoire’ in discussion of child sexual abuse***

This finding, which is closely related to the previous one, emerged in both the interviews and the judgements. I would have expected that because the discourse in the study relates to child victims (who are deemed unable to consent to sexual intercourse in South African law), a ‘consensual sex interpretive repertoire’ would have been inappropriate and largely absent from this data. This was especially remarkable in the two trial judgements, both of which culminated in guilty verdicts.

In many instances in, it appeared that this ‘consensual sex interpretive repertoire’ was commonly employed within the texts analysed. The frequent use of the term “sexual intercourse” (as described earlier) implies an innocent and mutual act between two adults, rather than the violating rape of a minor. “Having sex with” is another term with similarly innocuous connotations that appeared on numerous occasions within this professional discourse. The frequent employment of this repertoire raises many questions in that it is not specified that the victim (or one of the participants in the act) is a minor and so the issue should not really be whether the sex was consensual, but rather that a crime has been committed against one of the most defenceless members of society. Even if the child consents to the intercourse, such consent cannot be legally accepted as a child younger than 16 is not deemed capable of making such decisions, although this might be used as a mitigating factor in sentencing. The consensual sex discourse can be clearly seen in the choice of words (italicised) in the following extracts:

The second charge is one of rape in that the state alleged that the same day [date] at or near [place] the accused unlawfully and intentionally *had sexual intercourse with* (victim’s name), a female person who was at the time under the age of consent, to wit 10 years old and that *the sexual intercourse took place without her consent*. (Judgement 1)

...not only did [the accused] *have sexual intercourse with her*, but he raped her because she *did not give consent*. *She was heard saying no*. (Judgement 2)

...saw (accused’s name) *having sex with* (victim’s name) in the lounge. (Judgement 2)

...unlawfulness [of sexual abuse], you need to prove actual penetration by a man on a female *without her consent*. (Interview 2)

This repertoire coincides with the findings of Goddard's and Saunders' (2000) research into the use of language in the media. The employment of the consensual sex repertoire functions to support many of the other findings of the study. It assists in avoiding the agency of the perpetrator for his crime (and the negative consequences that go with it), placing some responsibility onto the child, decreasing the severity of the crime, and avoiding the fact that the victim is a minor.

### *Agency of perpetrator evaded*

In both of the cases analysed, the judges found the accused guilty, and in each of the interviews conversation about guilty perpetrators arose. However, in many (although not all) instances, responsibility for the crime appeared not to be fully assigned to the perpetrator (italics were added in this extract):

We have had cases where children (3) falsely state the identity of the abuser (3). Where she might be involved in an *incestuous relationship* and it comes out that she's sexually active or pregnant or she has an STD and she has to explain it... (Interview 2)

The use of the term "incestuous relationship" in this extract serves to share responsibility for the crime of incest between the two 'participants' in the act. Thus, despite the fact that a child is a victim in the type of incestuous relationship referred to here and the adult relative of the child is the perpetrator, the perpetrator's agency (and conversely the child's blamelessness) is masked by the use of the word "relationship".

In the next three extracts the use of the agentless passive and the pronoun 'they' (both italicised) when referring to the perpetrator and the victim together, serve similarly to remove responsibility for the crime from the perpetrator:

He [the accused] was on his way again with some beers when he turned back and asked if she [the complainant] and her friend (friend's name) would like to accompany him....*Beer was consumed in the car. They* ended up at (name of night club) where *they* also had brandy and beer... (Judgement 2)

...so-called fresh cases where you have a, a child who is injured and there is confirmation of an *offence having been committed*. (Interview 1)

...could it be that more children *are being molested*.... (Interview 2)

Referring to the accused, the complainant and her friend as ‘they’ functions to share the responsibility for (and perhaps the enjoyment of as well) the events of the night in question between the three people. Despite the fact that this pronoun is not employed in reference to the actual rape, the accused was responsible for taking the two under-age girls to a nightclub and for buying and giving them alcoholic drinks. Thus, the use of this pronoun shares agency for the events on that night – events for which the accused should perhaps be held primarily responsible, given the circumstances of the crime.

### ***Medicalisation of sexual abuse assessment***

While Chapter One revealed that evaluation of allegations is a complex and difficult task, in both interviews, the process of evaluation of sexual abuse appeared in many instances in the discourse analysed to have been simplified through its incorporation into a medical discourse. This was achieved by comparing it to medical diagnostic processes (italics added in the following extracts):

...we, um, if we try and assess and see okay, you know what it is. Do some of those things *fit into the signs and symptoms of abuse* you know? (Interview 1)

...I mean many children who are severely traumatized don't *present with the typical indicators*, and some who may *present with the typical behavioural indicators of abuse* could have another *problem*, at school for instance, or there's just upheaval in the family home and and there's no sexual uh exploitation.. (Interview 2)

By confidently using this ‘medical diagnosis’ metaphor, the professionals are positioning themselves in the powerful position of Doctor or Medical Expert. This clearly serves to reaffirm their positions and again supports the many institutions (such as Childline or the Child Protection Unit) that have been established to deal with sexual abuse in South Africa.

However, reference to “signs and symptoms” and “typical behavioural indicators” in this discourse, has its (although likely unintended) disadvantages. It serves to compare the process of evaluation of sexual abuse to the process of diagnosing an illness. While on the surface this may appear to be a logical and useful simplification, it is perhaps an undesirable metaphor for this process as it implies that sexual abuse is, like a disease or medical problem,

a problem *within the child* (i.e. that the child is the bearer or source of the problem) and one that needs to be addressed at the level of the child.

### **Discussion**

The analysis has revealed a number of ways in which the discourse of the mental health, legal and forensic professionals whose talk constituted the texts has destructive (although often unintentional) consequences. One likely reason for these findings is that there is no established interpretive repertoire for 'child sexual abuse' specifically within the legalistic discourse in South Africa: South African law does not explicitly distinguish between sexual crimes against adults and those against children, and there are no clear recommended guidelines and established protocols for dealing with child sexual abuse. Thus, in terms of child sexual abuse specifically professionals have very little available to them within the legalistic discourse. In the absence of such established interpretive repertoires professionals have to choose to draw from those repertoires that are available to them: a 'consensual sex', 'rape' or a 'violent crime' repertoire, all of which are already established within the South African legal system and, and none of which is entirely appropriate for talk about child sexual abuse. The employment of these repertoires where one of child sexual abuse would be more fitting serves to reinforce the current lack of an institutionalised child sexual abuse repertoire and has a number of consequences for the people involved. The absence of such a repertoire is interesting as within academic discourse globally and in South Africa, there appears to be much research within the area of CSA, but this does not appear to have been translated into practice. Ways for addressing this inadequacy are discussed in Chapter Four.

From the findings outlined in this section I was able to draw a number of conclusions and identify the different discourses at work. While I had expected discourse regarding sexual abuse to be embedded in a negative 'anti-abuse' ideological framework, I found that the character of much of this discourse was in fact quite neutral, and in some cases even positive. This was especially surprising in the court judgements in light of the fact that in both of the criminal trials involved, the accused was found guilty. While it could be argued that within a legalistic discourse, neutral perspectives should be maintained, such attitudinal regulation is not necessarily applicable to the judgement and sentencing parts of the trials, where guilt has already been decided and blame assigned. Furthermore, the legal proscriptions and structures

that govern the production and structuring of much of this discourse cannot necessarily be used to excuse or justify the inadequacies that were highlighted in these findings (it is within this highly structured discourse that these inadequacies arise and perhaps attention needs to be directed at changing the ways in which these proscriptions work. Rather, as is a common trend with discourse analytic work, the findings of this study promote a critical stance towards these accepted practices and will perhaps lead to more penetrating analysis of these practice and the development of an established interpretive repertoire for child sexual abuse within this discourse.

In certain aspects, the results of this study are comparable to those of Coates, Bavelas and Gibson (1994) who also found that in trial judgements the abusive event was often characterised in positive terms, the character of the offender was praised and his agency avoided. Their conclusion that there is a limited interpretive repertoire for sexual assault by a relative or an acquaintance, which is similar to my finding here that there appears to be no clearly established South African interpretive repertoire for child sexual abuse within legalistic discourse.

Similarly, in line with Wilson's (1998) recommendation, I suggest that a more considered approach should be taken towards the language of the criminal justice system in South Africa, specifically with regard to sexual abuse assessment and the consequences of the discourse produced.

#### **The challenge posed by translation**

In one of the criminal cases analysed, the victim, the accused and most of the other witnesses spoke neither English nor Afrikaans. In the records for this case, only the English discourse produced by the legal professionals and the intermediaries or translators was transcribed. When the child was testifying in the camera room (a room outside the actual courtroom where the child and the intermediary sit during the child's testimony. The intermediary wears earphones and communicates the questions to the child. The child responds and this whole process is filmed and projected in the actual courtroom on a television screen) via an intermediary the questions were asked in English, relayed to the child in Xhosa by the intermediary, answered in Xhosa by the child and then translated

into English again by the court interpreter. This is a very complicated way in which to conduct a trial and seemed to create a number of problems. For example, the person who translated the child's testimony referred to the accused as a "gentleman", which is perhaps an inappropriate and unlikely term for a child to use to describe the person who she is alleging to have raped her. So much of the context could be lost in the translation that the discourse produced within such courtroom contexts is likely to become confusing and obscure. I would also imagine that witnesses and suspects are marginalised by the fact that the court proceedings are being conducted in a language with which they are unfamiliar. This case also did not flow as well as the other one analysed in which the legal professionals and all but one witness spoke English. This is a problem that I feel is treated too lightly by the legal system and perhaps steps should be taken to establish courts that conduct their proceedings in languages other than English and Afrikaans, so as to keep trials simple and allow for more interactive and direct discourse to be created.

#### **Acknowledging reflexivity**

Due to the relativist perspective of discourse analytic work, it is not customary to attempt to have one's version of an issue (such as that created in this piece of research) accepted over any other version of the issue of CSA. Thus, I acknowledge here that while attempting to understand the discourses surrounding CSA in South Africa, I have, in turn, been creating my own discursive text that should not be free from the critical discursive analysis that has been conducted on other texts for the purpose of this research. Thus, I cannot claim that in this research I have uncovered the truth and that this report is a more acceptable account of CSA in South Africa than previous research (or, indeed than my previous study). I therefore recognise that this paper on the construction of CSA evaluation by South African professionals is itself a construction of CSA by a South African familiar with the issue (although not a professional herself). Furthermore, this text, being an academic dissertation, and presenting both an academic and a legalistic way of talking about sexual abuse, reproduces both academic and legal institutions in South Africa (more specifically, the University of Cape Town and the South African criminal justice system).

An important part of any discourse analysis is a recognition by the researcher of her own influence on the analysis and an attempt to understand and be sensitive to the 'member's

resources' that she brings to the study. My personal member's resources have been influenced by a number of factors. Firstly, as a novice researcher approaching the texts from a mental health perspective I was new to the legalistic discourse that dominated in the study and had an emotional reaction to the crime-centred approach of this discourse which was in opposition to the person-centred approach that my background in psychology had encouraged. This was further affected by my own ideological stance as a woman (who has grown up in a politically volatile and changing South Africa) and as a follower of the belief that sexual abuse is unnatural and wrong and a problem that should be a priority in South Africa. These emotional reactions filtered into the analysis and had to be curbed on many occasions during the write up of the findings when they were pointed out to me by the more experienced researchers who reviewed sections of the dissertation. Secondly, because of my background in psychology, at times I did not feel that I had a right to speak within the legalistic discourse that pervaded the texts that were analysed, and this apprehension is likely to have affected the conclusions drawn and the results established. Perhaps a different researcher from a legal background would have written up a completely different analysis, but it is important to remember that this piece of research is one account of CSA assessment and that the hypothetical legal researcher's findings, although possibly different, are likely to be as meaningful as the ones that I established.

While from this research I concluded that there is no sufficiently clear and established discourse of child sexual abuse, it appears that I had assumed the presence of such a discourse and imposed this assumption on the research until this finding became clear. This is evidenced in my pervasive use of the term 'child sexual abuse' throughout both studies (and indeed throughout the present text). The use of this term was resisted by both interviewees, neither of whom used the term at all (favouring terms such as "indecent assault") during the interviews, despite its frequent inclusion in my questions and comments.

Another instance in which my possible effects on the research (as the researcher) were revealed was again in the interviews where specific and dialectical power relations were active: As a student researcher I was in a subordinate position to the professionals who were interviewed, but in a more powerful position at the same time in that I had control over the

recorded discourse and how it was analysed. These dynamics are likely to have affected the discourse produced within the interviews.

### **Limitations and Suggestions for Future Research**

As with any qualitative research, it would be unreasonable to expect that the results of the present study could generalise to other contexts and situations. Thus, the findings need to be understood in terms of the ways in which the specific texts analysed have been explored and how these processes can prompt and inform further investigation.

Therefore, rather than suggesting that future research expand the present study through the use of larger samples and a greater number of texts, I make the opposite suggestion: that a researcher interested in similar areas of study and similar methodologies examine the discourse surrounding *one specific case* of sexual abuse as it travels through the criminal justice system. Thus, the discourse of the police officers investigating the case can be analysed in relation to those of the doctor conducting the medical examination, the social worker involved in counselling and the legal professionals arguing and resolving the case in court. Such a study could potentially provide an interesting theory of the inter-professional dynamics and power relations at play within such a case.

### **Conclusion**

This research has illustrated some of the hidden and unintended functions of language and some of the negative consequences of the ways in which language is employed by certain professionals involved in the criminal justice system. It is clear that the results uncovered would have been overlooked in a study within a positivist paradigm, which provides a justification for the choice of method for this research. The findings that language works to maintain some of the inadequacies of the system will be addressed in the following chapter in which suggestions for improving such systems are made.

It is hoped that this study will encourage a better informed approach to discourse in its readers as well as promote the development of an established repertoire for child sexual abuse in South Africa within the criminal justice system.

## **CHAPTER 4: DISCUSSING PROFESSIONAL MANAGEMENT OF CHILD SEXUAL ABUSE**

After briefly summarising the two studies, I will highlight the strengths and weaknesses of South African systems for addressing child sexual abuse that emerged from the research and the literature review. I will then discuss how the limitations that have been identified can be addressed at different levels, which includes the development of a set of tentative guidelines that could perhaps be referred to in the training of South African professionals in future. These proposed guidelines are based on the literature reviewed and the results of the two studies conducted. The need for further research to evaluate and expand on this model is acknowledged as well.

### **Overview of the research**

I began with a review of the literature on child sexual abuse assessment internationally and, more specifically, in the South African context. It emerged that there is a paucity of South African research in the area of CSA. This was believed to be problematic as international research cannot necessarily be applied in South Africa, which is uniquely affected by extensive poverty, patriarchal and authoritarian cultures and the repercussions of its oppressive history.

The literature reviewed also revealed that there are no explicit, delineated guidelines available in South Africa for professionals (in the police as well as mental health and legal fields) to use when assessing allegations of sexual abuse. Another surprising discovery was the apparent lack of research on how such professionals currently evaluate allegations of sexual abuse, the availability of which would indicate whether there is in fact a need for such guidelines.

From these findings emerged the requirement for two different types of research: one from a qualitative and one from a quantitative point of view to investigate professional systems for dealing with CSA allegations in South Africa. The first study, which was mainly quantitative, investigated which criteria professionals believe should be used to evaluate CSA allegations and whether the criteria chosen differed between mental health and legal/forensic professionals. In the second study a discourse analysis was conducted to

determine how the issue of child sexual abuse assessment is constructed by South African mental health and legal/forensic professionals.

Study One involved the recruitment of 41 professionals from institutions and private practice throughout the country. They were divided into two groups: mental health professionals (which consisted of psychologists and social workers) and legal and forensic professionals (which comprised lawyers and policemen). Most of the sample had specific training in areas relating to CSA and all had experience in the field. They answered a questionnaire (that I had designed and validated with a pilot study) to establish which criteria they thought should be used to determine the veracity of allegations of sexual abuse.

On average, the respondents claimed that less than eight percent of allegations that they have worked with are false. When asked to estimate the prevalence of genuine allegations in South Africa, the two groups of participants together revealed that they believed that over 89% of such allegations are genuine (there were no significant differences between the two groups in response to either of these questions). Of the 40 items in the questionnaire (which were all possible criteria that could be present in allegations of CSA), 25 were believed to indicate that the abuse is probable, 14 were deemed irrelevant to such decisions and one (“The accused had no access to the child at the time of the alleged abuse”) was thought to indicate that an allegation is improbable.

When the two categories of professionals were compared in their answers, mental health professionals scored more towards the ‘probable’ end of the continuum than their legal and forensic counterparts on five items. They are “The child is male and the suspect is male”, “The child is female and the suspect is male”, “The accused had no access to the child at the time of the alleged abuse”, “The child’s intellectual ability is above average” and “The accused is unmarried”. There was also a significant positive correlation between the responses of the two groups suggesting that they tended to answer the questionnaire in the same way (demonstrating between-group agreement on most of the criteria).

At the end of the questionnaire, participants were given the opportunity to describe any criteria that they believed could be used to reveal that an allegation was *definitely true*

or *definitely false*. These two questions had a free response format and were thus analyzed qualitatively.

When asked about items that indicate that an allegation is *definitely true*, the responses of most of the participants took the form of specific criteria. In the mental health professionals group, medical evidence of abuse, consistency in the child's statement, spontaneous disclosure by the child and behavioural and emotional indicators of abuse were criteria that were provided in response to this question. In the legal and forensic professionals group, a few participants answered "no" to this question, but again the majority described specific factors. These items included compelling medical evidence of abuse, spontaneous disclosure by the child and a plausible and consistent statement made by the child.

Similarly, when asked whether there were any factors that would indicate that an allegation is *definitely false*, more than half of the participants responded with specific criteria. For the mental health professionals group, these factors included conflicting evidence, inconsistent accounts of the abusive situation and the possibility that the child or the person making the allegation might gain in some way from the successful prosecution of the case or simply by laying the charge. In the legal and forensic professionals group, a lack of medical evidence (many participants indicated that this should only be used to indicate that the allegation was false if medical evidence could plausibly be expected based on the description of the incident) and conflicting or inconsistent reports by the child were provided in response to this question.

The second study conducted involved an analysis of South African professionals' discourse concerning the issue of child sexual abuse assessment. The texts in this study consisted of the records of two criminal trials. In both trials the accused was convicted of rape and the victim was younger than 16 years old. To supplement these records, two interviews were conducted with professionals who had experience in dealing with cases of CSA, one with a social worker and one with a senior policeman at the Child Protection Unit.

The study revealed that the professional language analysed in the texts was embedded in a South African legalistic discourse and in many ways it functioned independently of the intentions of the speakers. It was uncovered in these texts that the significance of an allegation (and consequently the attention it is likely to be accorded) appears to be based on how likely the allegation is to lead to a successful prosecution. Furthermore, the impact of such abuse on the child seemed to be minimised within these texts and in many cases it appeared that the agency of the perpetrator had been evaded (and the convicted perpetrator was often referred to in positive terms) within this discourse. False allegations were constructed as the work of adults in the child's life and sexual abuse was often described vaguely and as consensual intercourse or relationships rather than rape or abuse. Furthermore, the fact that the victims of such crimes are children seemed to be largely ignored in this discourse and assessment was often simplified and medicalised as well.

From these findings it was concluded that in many ways the discourse of professionals within the criminal justice system serves to reaffirm the system and their positions within it. In addition, however, the child might be marginalised by the way in which language is employed in this discourse. It was decided that the legalistic discourse within which the texts were embedded does not contain an established interpretive repertoire for child sexual abuse, and that these inadequacies perhaps need to be addressed at this level and such a repertoire should be developed.

Together the literature reviewed and the results of the two studies have revealed a number of strengths and weaknesses in South African systems for dealing with CSA. These will be outlined and critically discussed in the next section.

### **Strengths of the South African system for addressing CSA**

The recognition by many of the participants in the first study that not all allegations of CSA are based in fact (as exemplified by the average estimate that 89.4% of allegations are authentic) is an encouraging finding. In reality, not all such accusations are genuine, and when professionals fail to consider the possibility of false allegations, their assessments

cannot be said to be objective. Thus, this finding is promising as it suggests the possible absence of bias in this area.

A second reassuring finding relates to a number of factors that appeared on the questionnaire relating to the child and his/her history. Three items (“The child has made previous, unrelated abuse allegations”, “The child has a record of delinquent behaviour”, and “The child’s intellectual ability is above average”) were deemed irrelevant. This suggests a belief by the participants that each allegation should be dealt with in its own capacity and that South African professionals are perhaps reluctant to explicitly place blame for the possible abuse on the child.

Thirdly, responses to a number of the criteria relating to the accused indicated that many of the professionals in the sample do not abide by common myths that the sexual abuse perpetrator is an anti-social recluse who can be easily distinguished from the rest of society. Items that were deemed irrelevant and that support this conclusion are “The accused is of low intelligence”, “The accused is of average intelligence”, “The accused is married”, and “The accused is a respected member of society”.

“The accused had no access to the child at the time of the alleged abuse” was taken by the participants to indicate that the abuse was improbable. This is again a promising finding because it indicates that the participants are open to the possibility of false allegations and do not unquestioningly accept allegations as valid.

Another strength of the system became apparent when it was established that the responses to the questionnaire items correlated between the two groups. This indicates a level of consensus between the mental health and legal/forensic professionals that participated, on the criteria that they believe indicate that an allegation is genuine. This is encouraging as to a certain extent, it demonstrates solidarity between the groups in their beliefs regarding assessment of cases.

Within the actual court system, the recording and transcription of many trials demonstrates the existence of a system for preserving records of trials involving abuse

allegations. Additionally, the fact that the Sexual Offences Act is currently under review, indicates an acknowledgement by the South African government that aspects of the systems for approaching sexual abuse allegations are inadequate, and that this is partly due to inefficiencies in the written law. That the government is attempting to address these inadequacies is promising.

Finally, the literature reviewed in Chapter One reveals that there is a defined and extensive interpretive repertoire for child sexual abuse within *academic* discourse. Although this might not translate into practice, it perhaps illustrates a recognition that sexual abuse is an issue that needs to be investigated and understood from an academic perspective and perhaps this is a constructive first step towards dealing with the problem.

### **Weaknesses in the South African system for addressing CSA**

Having discussed the positive aspects of South African processes for dealing with sexual abuse allegations, I will now outline some of the inadequacies of this system that have been revealed through this research.

To begin with, some of the respondents in Study One indicated that they believe that ten0% of allegations of child sexual abuse in South Africa are genuine. This is problematic as false allegations do arise and when professionals are not open to the possibility, the consequences can be ominous for the child, the suspect and the integrity of the South African justice system. This finding suggests that when these professionals conduct assessments, they do not begin at a neutral point. Rather, they tend to assume that the allegation is true, so that the reliability and validity of their assessments cannot be presumed.

One criterion for which results tended towards the probable end of the continuum was “The child appears confident that the allegation is true”. As was indicated in Chapter One, confidence has been found to be independent of the accuracy of the allegation or the child’s statement (Spanos, 1996), making this an alarming finding. It is clear that there is a need to introduce such information and research findings into training programs so as to accomplish more accurate assessments by better informed professionals.

Three other criteria for which responses tended towards the 'probable' end of the continuum were also problematic. The first of these was "The child's social or emotional development is delayed", which relates to behavioural indicators of abuse. Such factors have also been found to be unrelated to sexual abuse, and furthermore, could have a variety of causes, including other forms of abuse. In addition, "The child's intellectual ability is below average" and "The child is of average intellectual ability" indicated to the professionals in this sample that an allegation is probably genuine, and these are factors that are unlikely to be related to abuse. The fact that for these criteria responses fell on the probable end of the continuum and "The child's intellectual ability is above average" was taken to be irrelevant is very confusing. Whether these responses indicate a belief that intelligent children are less likely to be the victims of abuse or that intelligence is affected by abuse, this result indicates possible bias in the system, which will need to be assessed.

I did not expect the scores of responses to the two questions asking whether there were any criteria that indicated to these professionals that the abuse was *definitely true* or *definitely false*. While I concluded in my literature review that there are no unambiguous indicators of the veracity of allegations, 35 of the 41 respondents indicated that they believed that certain criteria unequivocally indicate abuse. Furthermore, the criteria provided in response to this question (medical evidence, behavioural or emotional indicators and increased sexual knowledge) could all be caused by factors other than sexual abuse, as was discussed in Chapter One. Moreover, 24 of the respondents suggested factors that indicate to them that an allegation is definitely false. Again, many of the criteria proposed (inconsistencies, evidence not making sense, history of lying in the child, lack of medical evidence) are not substantiated by research. Thus, this is an area that clearly needs to be addressed.

The lack of an interpretive repertoire for child sexual abuse within South African legalistic discourse often results in other repertoires being used (sometimes inappropriately) to refer to CSA within this discourse and this has a number of undesired consequences for the children and professionals involved. This is an inadequacy of the system that could perhaps be addressed through the establishment of such a repertoire. Furthermore, the translation of

testimony within court proceedings is a practice that is likely to disrupt the flow of such proceedings and marginalise many of the people involved in these trials.

Some of the most serious problems within the system perhaps lie in the paucity of trained professionals to deal with such allegations, the fact that many South Africans do not have access to services for dealing with sexual abuse and the lack of a broadly accepted protocol for addressing sexual abuse allegations in South Africa. These are factors which need to be dealt with and possible ways in which this can be attempted will be discussed next.

### **Addressing the system's weaknesses**

In this section I outline a number of recommendations for addressing the weaknesses and inadequacies within this system that were described previously. Together, these recommendations form a holistic approach to dealing with these issues and would need to be implemented from various angles and at differing levels of society. Each of these suggestions generates an area in which further research will need to be conducted before any of these very tentative guidelines can be employed. The guidelines include:

- A move towards the establishment of courts in which translation is unnecessary. This could probably best be done through the training of legal professionals (attorneys, advocates and magistrates) who are fluent in some of the South African official languages besides English and Afrikaans. Records of these cases can perhaps be translated into English or Afrikaans after being transcribed. This will alleviate some of the difficulties currently experienced within the court system so that criminal trials such as those analysed in Study Two will be minimally obstructed by communication difficulties.
- The incorporation of some of the findings of Study Two into the new, revised Sexual Offences Act. This new act should define sexual abuse more clearly and distinctly differentiate between sexual crimes against adults and those against children.
- The arrangement of access to counselling, law enforcement and legal services for all victims or potential victims of sexual abuse. Further research would need to be conducted

into the feasibility of specialised units at hospitals, clinics or schools or the establishment of safe houses at which victims can report abuse in communities in which access to social and legal services is limited.

- Attempts to increase cohesion between disciplines that deal with sexual abuse allegations. This could perhaps be achieved through the attendance of training courses in addressing CSA by professionals from different fields, in which relationships can be formed, common goals established and an understanding of different roles of different professionals can be achieved.

- The development of a set of guidelines or a protocol for evaluating and addressing allegations of sexual abuse (such a set of guidelines is proposed later in this chapter). These guidelines should include, but not be limited to, information about the initial interview, interpreting evidence and problematic criteria.

- The development of a training course for those who work with CSA allegations, to be attended by professionals from a variety of specialist areas (police officers, lawyers, social workers and psychologists) after they have completed their professional training. This will serve two functions: it will standardise and enhance the understanding of how to address allegations (and this should be in line with research results) and it will give professionals the opportunity to meet people from other disciplines who they might come into contact with in a professional capacity in future.

I have set out guidelines for the content of such a training course here, based on the literature reviewed and the results of this research. These guidelines are tentative and will need to be further evaluated, validated and adjusted before they can be fully implemented. Training should include information on the following issues:

→ Once the revised Sexual Offences Act has been implemented, its contents should be included in the training program so that each professional who deals with cases of sexual abuse is fully aware of the legislation, the child's rights and the categorisation of the crime.

The Films and Publications Act and the Child Care Act should also be incorporated into this training.

→ The course should include a component on being sensitive when choosing the language with which to refer to sexual abuse and other similar issues (including discussions on avoiding labels, and the hidden and overt meanings that certain words carry and the consequences of using these words).

→ Once an allegation has been made, the following standard steps should be taken in evaluating that allegation:

1. Conduct the investigative interview immediately. This should be done in a supportive interview environment (Davis & Bottoms, 2002), such as an interview room at the Child protection Unit, by a trained interviewer only (e.g. someone who has completed a training course such as the one described here), and should begin with an explanation to the child of the format of the interview after which the child should be given the opportunity to ask questions about the procedure that might follow (Warren & McGough, 1996). The interview should be tape recorded if possible for future verification and the parent or caregiver should not be present during this process. He/she should, however, be outside the room and the child should be aware that he/she can go to the caregiver at any time if he/she starts to feel uncomfortable or anxious (Warren & McGough, 1996). The interviewer should try to remain neutral and avoid rewarding desired responses from the child (Ceci & Bruck, 1995), but should also attempt to establish rapport and encourage the child while at the same time remaining non-judgemental (Powell & Thompson, 1994). The child should be advised only to relate what he/she remembers and that it is okay to have forgotten some details (this can be preceded by a discussion on lying and being truthful). To prevent the interview from being suggestive or biased, it should begin with a free recall question (e.g. “tell me everything you can remember about last Friday night”) and the child should be given the opportunity to respond to this uninterrupted (I suggest that older children should be given the chance to *write* their statement explaining what happened instead of answering this initial free recall question verbally. This will allow them to provide information in a less intimidating space). This open-format response should then be followed with more specific

(but not leading) questions to clarify any information (Warren & McGough, 1996). Questions should be asked in a linguistically straightforward manner, avoiding the use of definite articles (Ceci, Bottoms & Levine, 1996) and source monitoring (perhaps through drawing pictures) should be employed to improve the accuracy of the child's statement (Bruck, Melnyk & Ceci, 1999). The controversial anatomically-detailed dolls should be avoided and this interview should not be in any way therapeutic. The child should be provided with something to drink during the interview and regular breaks (every half hour to 45 minutes) should be taken to alleviate the stress that the child might experience while being questioned.

2. The child should then be referred to a medical specialist if necessary who can conduct a thorough medical exam to establish whether there is any physical evidence of abuse. The medical examination should be organised by the person conducting the investigative interview (as the parent or child may be reluctant or unable to make an appointment themselves) and the interviewer should explain to both the child and the caregiver what steps are likely to be taken from that point. An arrangement should be made by the interviewer for the child to reach this examination, as he/she might not have access to transport services.

3. Once the medical examination has been completed and a thorough investigative interview conducted, the person who interviewed the child initially (who will now have become the case coordinator, a position that carries with it a number of responsibilities) should arrange therapy for the child in or near his/her area and according to the family's financial means. Rather than simply referring the child, the interviewer should set up the first appointment and arrange a means for the child to get there as well. A further responsibility of the case coordinator would be to monitor the progress of the case and regularly contact the child and his/her guardian and inform them as to the status of the case.

4. Next, it is the duty of the police to arrest the suspected perpetrator and while this is being done, information should be collected from the child's teacher, family (especially siblings if the abuse is alleged to have happened within the household), other major role players in the child's life (e.g. priests, rabbis, mentors), the accused and any witnesses to the

alleged abuse. These people should be asked about the child's home environment (e.g. the presence of drugs or pornography in the house), the child's performance at school and any other similar allegations that might have been made. Statements should be taken from all of these people and this information should be placed in a file, the contents of which should be photocopied and handed over to the state prosecutor.

5. All of the information in the case file should be coordinated and form the basis of the evaluation. Conducting an assessment based on a variety of factors is recommended by Lanning (1996), Bigelow (2000), Hoorwitz (1992) and the AAP (1999). When reviewing these documents, assessors should assume that veracity is not yet known and base decisions solely on the evidence available. In some cases, it might be preferable (if practically possible) to conduct an evaluation in a team of professionals.

6. Certain criteria should be interpreted cautiously, and the assessor should remember that confidence is not related to accuracy (Spanos, 1996), that medical results are not always conclusive and cannot always be used to identify the perpetrator (Clarke, 1998), and that behavioural, emotional and cognitive changes in the child are not necessarily caused by sexual abuse (Bigelow, 2000). Furthermore, each case should be evaluated solely on its own merits, and the following factors can be taken into account when conducting evaluations: the circumstances surrounding disclosure, the level of the child's language when relating the events, the level of the child's sexual knowledge, whether the events are logical and possible (Kuenhle, 1996), the level of emotion during disclosure, and the motivations of the child or the adult making the allegation (Jones & McGraw, 1987).

7. The assessment process should be typed and compiled into a report in which the evaluator outlines his/her conclusions along with the steps that were followed to reach these conclusions. The evaluator should always prepare for the possibility that he/she will have to defend these decisions in court and should thus keep detailed and organised notes.

→ The training manual for the course proposed here should contain the most relevant research findings so as to allow professionals to base decisions and recommendations on these. They should also be expected to keep updated on the literature and this could perhaps

be facilitated by the establishment of an annual newsletter in which summaries of recent research are provided along with other relevant information (i.e. unusual case outcomes, changes in legislation, new assessment techniques).

- A campaign should be launched to inform the public of the procedure that should be followed and to educate adults to whom a child might disclose abuse on how to deal with a disclosure. This should include information on not asking leading questions, getting the child to write a statement and taking the child to the police first, who will then refer him/her to a medical practitioner.

### **Implications for future research**

The two studies provide the foundation for further research (from both quantitative and qualitative perspectives) examining South African processes for addressing and assessing allegations of sexual abuse, and in this section, I will discuss ways in which this research could be extended so as to provide more meaningful and holistic solutions to many of the problems that have been highlighted. In both Chapter Two and Chapter Three, limitations of the studies conducted are discussed, along with suggestions on how incorporate suggested changes into future research, and in this section I will combine and extend these suggestions. Further research on the topic needs to be conducted from two angles. Firstly, while the present research has provided an understanding of the CSA assessment processes, the results need to be more broadly investigated so as to clarify which contextual factors and ways of thinking amongst professionals in the criminal justice system are contributing to the decisions and recommendations being made. Secondly, once these factors have been exposed, research needs to be conducted into the viability and logistics of implementing more standardised and widely accepted procedures for conducting such assessments within South Africa. Suggestions for possible studies that could be designed to tackle these two issues are outlined in this section.

In order to achieve a more in-depth qualitative understanding of the beliefs and thought processes that lie behind the responses to the questionnaire in Study One, a more probing investigation is recommended. This would provide insight into the rationale that lies behind the results (that I have already speculated on in this chapter) and would perhaps offer

a more comprehensive understanding of the procedural mechanisms and interpersonal dynamics at work within the system. This could best be approached via in-depth interviews with a sample of respondents from both the mental health professionals and legal and forensic professionals groups, in which the items that appeared on the questionnaire are discussed (along with any other factors that might arise) and their significance in terms of assessments elaborated on. This would provide a better understanding of areas of assessment that need to be addressed in future training programs, as it is likely to reveal the extent to which professionals' beliefs and attitudes derive from established research, stereotypes and common myths.

Equally important additional research that would augment the findings of the two studies would include an attempt to outline the factors that are actually present and (no less importantly) absent in a large sample of cases of alleged sexual abuse in South Africa, coupled with an investigation into how these factors are understood and evaluated by professionals working in the area. This could best be done through the collection of police and court records for a sample of CSA allegations that are made over a given period. Relevant professionals would be asked to mark on a checklist, which of the factors are present in each case of alleged CSA under examination. For example, they would record whether medical evidence of the abuse is available, whether the accused confesses to or denies the abuse, and whether or not the child appears confident that the allegation is true. Such a study would best be conducted over a predetermined period of time on cases as they arise in the criminal justice system as obtaining representative and accurate information retrospectively is likely to become logistically impossible.

Study Two revealed that there appears to be a very limited or inappropriate interpretative repertoire for CSA available to professionals working within the criminal justice system and this inadequacy needs to be addressed. The development of new interpretative repertoires cannot be done according to any predetermined formula and appears to be a gradual process that should be approached with caution. Perhaps the best way in which to initiate this process would be through professionals and academics. These are people who are likely to have an impact on future decision-making and on written laws as they evolve. Distinguishing between adult sexual assault and CSA in legal documentation

would be an important aspect of creating an established interpretative repertoire for CSA in South Africa. This would then be enhanced through the establishment and acceptance of a set of guidelines (however approximate) for such assessments in South Africa. Discussions with such professionals (perhaps including a broader variety of respondents, such as medical professionals and teachers) within a formal research environment would form the groundwork for this process. In terms of communicating new developments as they unfold, this group would play a crucial role due to their continuous involvement in training as well as their contribution to written records through continued research and journal publications.

With respect to the guidelines set out in this chapter for evaluating sexual abuse, the logical follow-on from this research would be to test the validity and feasibility of implementing such a set of recommendations. The first step here would be analysis and debate of the guidelines (perhaps best achieved in small focus groups) between professionals in the relevant fields. This would allow the researchers the opportunity to establish which of the criteria suggested need to be at the forefront of assessments, which guidelines might need to be modified and if any have been left out. If these guidelines are to be successfully implemented, it is essential that a platform be provided for their debate so that all of the relevant contributing factors can be thoroughly broken down and examined by those most qualified to do so. Additionally, effective ways of communicating the adapted guidelines to the relevant professionals could be established in this manner. This would most efficiently be followed by a pilot project in which a sample of professionals are trained to implement these recommendations and the short and long term results of this are then assessed through feedback from the professionals themselves, the victims (and their parents) whose cases are assessed according to these guidelines, and through the results of criminal trials. Changes to the proposed guidelines could then be made accordingly.

### **Conclusion**

Hopefully, through this research I will be able to assist in creating a system in South Africa which can address sexual abuse allegations in a more efficient and effective manner. The training guidelines proposed in this chapter are speculative, but perhaps with further research (based on which these guidelines can be modified) they can ultimately be implemented in South African professional systems. This will require the cooperation of and

input from many different organisations and professionals, and a decision will have to be made as to which organisations should be responsible for the management of this training program. Thus, the need for changes to such systems has to be acknowledged at different institutional, academic and professional levels and making such changes to these processes should become a priority for government.

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## REFERENCES

- Aldridge, J., & Cameron, S. (1999). Interviewing child witnesses: Questioning techniques and the role of training. *Applied Developmental Science, 3*(2), 136-147.
- American Academy of Pediatrics' Committee on Child Abuse and Neglect (1999). Guidelines for the evaluation of sexual abuse of children: Subject review. *Pediatrics, 103*(1), 186-191.
- ANC Today (2003). Ten year review IV: Fight against crime beginning to show results. *ANC Today: Online voice of the African national Congress, 3*(45). Retrieved May 17 2004 from the World Wide Web: [www.anc.org.za/ancdocs/anctoday/2003/at45.htm](http://www.anc.org.za/ancdocs/anctoday/2003/at45.htm)
- Bagley, C., & King, K. (1990). *Child sexual abuse: the search for healing*. London: Routledge.
- Barnett, M. A., Bartel, J. S., Burns, S. R., Sanborn, F. W., Christensen, N. E., & White, M. M. (2000). Perceptions of children who lie: Influence of lie motive and benefit. *The Journal of Genetic Psychology, 161*(3), 381-383.
- Bays, J., & Chadwick, D. (1993). Medical diagnosis of the sexually abused child. *Child Abuse and Neglect, 17*, 91-110.
- Bekerian, D. A., & Dennett, J. L. (1992). The truth in content analysis of a child's testimony. In F. Losel & D. Bender & T. Bliesener (Eds.), *Psychology and law: International perspectives* (pp. 335-344). New York: Walter de Gruyter.
- Berliner, L. & Barbieri, M. K. (1984). The testimony of the child victim of sexual assault. *Journal of Social Issues, 40*(2), 125-137.
- Berliner, L., & Elliot, D. M. (1996). Sexual abuse of children. In J. Briere, L. Berliner, J. A. Bulkley, C. Jenny, & T. Reid (Eds.), *The APSAP handbook on child maltreatment* (pp. 51-71). Thousand Oaks, California: Sage Publications, Inc.
- Bigelow, B. J. (2000). On the assessment of children in suspected child sexual abuse in light of Daubert and Frye: Limitations of profiles and interviews as scientifically-grounded evidence. *Journal of Forensic Science, 45*(3), 573-581.
- Bodibe, K. (2002). Parliament hears evidence on child sexual abuse. *Health-e*. Retrieved June 12, 2003 from the World Wide Web: <http://www.health-e.org.za/stats/stats10.php>.
- Bottoms, B. L., & Goodman, G. S. (1994). Perceptions of children's credibility in sexual assault cases. *Journal of Applied Social Psychology, 24*(8), 702-732.
- Bowen, K. (1999). Medical evaluation of sexual abuse in children without disclosed or witnessed abuse. *Archives of Pediatric and Adolescent Medicine, 153*, 1160-1164.

- Breakwell, G. M. (1990). *Interviewing*. London: The British Psychological Society and Routledge Ltd.
- Bruck, M., & Ceci, S. J. (1999). The suggestibility of children's memory. *Annual Review of Psychology*, 50, 419-439.
- Bruck, M., Ceci, S. J., & Hembrooke, H. (1998). Reliability and credibility of young children's reports: From research to policy and practice. *American Psychologist*, 53(2), 136-151.
- Bruck, M., Melnyk, L., & Ceci, S.J. (1999). Draw it again Sam: the effect of drawing on children's suggestibility and source monitoring ability. *Journal of Experimental Child Psychology*, 77, 169-196.
- Burr, V. (1996). *An introduction to social constructionism*. London: Routledge.
- Bussey, K. (1992). Children's lying and truthfulness: Implications for children's testimony. In S. J. Ceci & M. D. Leichtman & M. E. Putnick (Eds.), *Cognitive and social factors in early deception* (pp. 89-109). New Jersey: Lawrence Erlbaum Associates, Inc., Publishers.
- Bussey, K., & Grimbeek, E. J. (2000). Children's conceptions of lying and truth-telling: Implications for child witnesses. *Legal and Criminal Psychology*, 5, 187-199.
- Campbell, R., & Raja, S. (1999). Secondary victimization of rape victims: Insights from mental health professionals who treat survivors of violence. *Violence and Victims*, 14(3), 261-275.
- Campbell, R., & Johnson, C.R. (1997). Police officers' perceptions of rape: is there consistency between state law and individual beliefs? *Journal of Interpersonal Violence*, 12(2), 255-274.
- Carlson, S. M., Moses, L. J., & Hix, H. R. (1998). The role of inhibitory processes in young children's difficulties with deception and false belief. *Child Development*, 69(3), 672-691.
- Carter, C., Bottoms, B., & Levine, M. (1996). Linguistic and socioemotional influences on the accuracy of children's reports. *Law and Human Behavior*, 20(3), 338-358.
- Ceci, S. J., & Bruck, M. (1995). *Jeopardy in the courtroom: a scientific analysis of children's testimony*. Washington: American Psychological Association.
- Ceci, S. J., & Bruck, M. (1998). How reliable are children's statements?...it depends. In R. A. Baker (Ed.), *Child Sexual Abuse and False Memory Syndrome* (pp. 309-317). New York: Prometheus Books.
- Clarke, J. (1998). How did she get these warts? Anogenital warts and sexual abuse. *Child Abuse Review*, 7, 206-211.

- Coates, L., Bavelas, J. B., & Gibson, J. (1994). Anomalous language in sexual assault trial judgments. *Discourse and Society*, 5(2), 189-206.
- Collings, S. J. (2003). Child sexual abuse myth acceptance among aspirant, trainee and registered psychologists in Durban, South Africa. *Social Behaviour and Personality*, 31(8), 835-842.
- Collings, S.J., (1997). Child sexual abuse in a sample of South African women students: Prevalence, characteristics and long-term effects. *South African Journal of Psychology*, 27(1), 37-42.
- Craig, R. A., Scheibe, R., Raskin, D. C., Kircher, J. C., & Dodd, D. H. (1999). Interviewer questions and content analysis of children's statements of sexual abuse. *Applied Developmental Science*, 3(2), 77-86.
- Davies, S. L., & Bottoms, B. L. (2002). Effects of social support on children's eyewitness reports: a test of the underlying mechanism. *Law and Human Behavior*, 26(2), 185-215.
- Dent, H. (1992). The effects of age and intelligence on eyewitness ability. In H. F. Dent & R. Flin (Eds.), *Children as witnesses* (pp. 1-14). England: John Wiley & Sons Ltd.
- Dobash, R. P., Carnie, J., & Waterhouse, L. (1996). Child sexual abusers: Recognition and response. In L. Waterhouse (Ed.), *Child abuse and child abusers: Protection and prevention* (pp. 113-135). London: Jessica Kingsley Publishers.
- Du Plessis, K. (2000). The anal medical examination of the sexually abused child: Findings and their interpretation. *Child Abuse Research in South Africa*, 1(2), 31-35.
- Durrbaum, R. (2002). *In the best interests of the child? A case study of the psychological discourses of the custody decision-making process in a South African context*. Unpublished masters dissertation, Rhodes University, Grahamstown.
- Eaton, T. E., Ball, P. J., & O'Callaghan, M.G. (2001). Child-witness and defendant credibility: Child evidence presentation mode and judicial instructions. *Journal of Applied Social Psychology*, 31(9), 1845-1858.
- Ekman, P. (1992). *Telling lies: Clues to deceit in the marketplace, politics and marriage*. New York: W. W. Norton & Company, Inc.
- Ekman, P., & O'Sullivan, M. (1991). Who can catch a liar? *American Psychologist*, 46(9), 913-920.
- Ehrenberg, M. F., & Elterman, M. F. (1995). Evaluating allegations of sexual abuse in the context of divorce, child custody, and access disputes. In T. Ney (Ed.), *True and false allegations*

- of child sexual abuse: Assessment and case management (pp. 209-230), New York: Brunner/Mazel Publishers.
- Ellis, E. M. (2000). *Divorce wars: Interventions with families in conflict*. Washington, DC: American Psychological Association.
- Estrich, S. (1987). *Real rape: How the legal system victimises women who say no*. Harvard, MA: Harvard University Press.
- Fairclough, N. (2000). *Language and power 2000*. New York: Pearson Education Inc.
- Fairclough, N., & Wodak, R. (1997). Critical discourse analysis. In T. A. van Dijk (Ed.), *Discourse studies: a multidisciplinary introduction, Volume 2, Discourse as social interaction* (pp. 258-284). London: Sage.
- Finkel, M. A. (2002). The evaluation. In M. A. Finkel & A. P. Giardino (Eds.), *Medical Evaluation of child sexual abuse: A Practical Guide, 2<sup>nd</sup> edition* (pp. 23-37). Thousand Oaks, California: Sage Publications.
- Finkelhor, D. (1986). *A sourcebook on child sexual abuse*. Beverly Hills: Sage Publications.
- Flin, R., Boon, J., Knox, A., & Bull, R. (1992). The effect of a five-month delay on children's and adults' eyewitness memory. *British Journal of Psychology*, 83, 323-336.
- Fontana, A., & Frey, J. H. (2000). The interview: from structured questions to negotiated text. In N. K. Denzin & Y. S. Lincoln (Eds.), *The handbook of qualitative research, 2<sup>nd</sup> edition* (pp. 645-672). Thousand Oaks, California: Sage Publications.
- Gardener, R. A. (2002). The empowerment of children in the development of parental alienation syndrome. *American Journal of Forensic Psychology*, 20(2), 5-29.
- Gellert, G. A. (1995). Sensitivity and specificity in child abuse detection. *Journal of Child Sexual Abuse*, 4(2), 99-104.
- Giardino, A. P. (2002). The problem. In M. A. Finkel and A. P. Giardino (Eds.), *Medical Evaluation of child sexual abuse: a practical guide, 2<sup>nd</sup> edition* (pp. 1-22). Thousand Oaks, California: Sage Publications.
- Gibson, T., & Barkhuizen, B. (1997). *Discourse*. Kenwyn, South Africa: Juta & Company Ltd.
- Gillham, B. (1991). *The facts about child sexual abuse*. London: Cassell Educational Limited.
- Glaser, D., & Frosh, S. (1988). *Child sexual abuse*. London: MacMillan Education Ltd.
- Goddard, C., & saunders, B. J. (2000). The gender neglect and textual abuse of children in the print media. *Child Abuse Review*, 9(1), 37-48.

- Goodman, G. S., & Aman, C. (1990). Children's use of anatomically-detailed dolls to recount an event. *Child Development*, 61, 1859-1871.
- Goodman, G. S., Hirschman, J. E., McKee, D. H., & Rudy, L. (1998). Children's memories for stressful events. In R. A. Baker (Ed.), *Child sexual abuse and false memory syndrome* (pp. 97-148). New York: Prometheus Books.
- Goodman, G. S., & Schwarz-Kenney, B. M. (1992). Why knowing a child's age is not enough: Influences of cognitive, social and emotional factors on children's testimony. In H. F. Dent & R. Flin (Eds.), *Children as witnesses* (pp. 15-32). England: John Wiley & Sons Ltd.
- Gudjonsson, G. (1992). *The psychology of interrogations, confessions and testimony*. England: John Wiley & Sons Ltd.
- Haugaard, J. J. (1993). Young children's classification of the corroboration of a false statement as the truth or a lie. *Law and Human Behavior*, 17(6), 645-659.
- Haugaard, J. J., & Reppucci, N. D. (1992). Children and the truth. In S. J. Ceci & M. D. Leichtman & M. E. Putnick (Eds.), *Cognitive and social factors in early deception* (pp. 29-46). New Jersey: Lawrence Erlbaum Associates, Inc., Publishers.
- Hewitt, S. K. (1999). *Assessing allegations of sexual abuse in preschool children: Understanding small voices*. London: Sage Publications.
- Heynes-Seman, C., & Baumgarten, D. (1995). Improvement of clinical and legal determinations in cases of alleged sexual abuse. *Family and Conciliation Courts Review*, 33(4), 472-483.
- Hobbs, C. J., & Wynne, J. M. (1987). Child sexual abuse: an increasing rate of diagnosis. *The Lancet*, 2, 837-841.
- Hoorwitz, A. N. (1992). *The clinical detective: Techniques in the evaluation of sexual abuse*. New York: W. W. Norton & Company.
- Human Rights Watch (2001). *Scared at school: Sexual violence against girls in South African schools*. Human Rights Watch. Retrieved May 17 2004 from the World Wide Web: [www.hrw.org/reports/2001/safrica](http://www.hrw.org/reports/2001/safrica)
- Johnson, B.C. (2000). *Child sexual abuse accommodation syndrome*. Retrieved May 14 from the World Wide Web: <http://www.falseallegations.com/csaas.htm>
- Jones, D. P. H., & McGraw, J. M. (1987). Reliable and fictitious accounts of sexual abuse to children. *Journal of Interpersonal Violence*, 2(1), 27-45.
- Kinnear K. L. (1995). *Childhood sexual abuse: a reference handbook*. Santa Barbara: ABC-CLIO, Inc.

- Kuehnle, K. (1996). *Assessing allegations of child sexual abuse*. Sarasota, FL: Professional Resource Press.
- Lalor, K. (2004). Child sexual abuse in sub-Saharan Africa: a literature review. *Child Abuse and Neglect*, 28(4), 439-460. Retrieved 17 May 2004 from the World Wide Web: [www.sciencedirect.com/science?](http://www.sciencedirect.com/science?)
- Lamb, M. E., Sternberg, K. J., Esplin, P. W., Hershkowitz, I., & Orbach, Y. (1997). Assessing the credibility of children's allegations of sexual abuse: a survey of recent research. *Learning and Individual Differences*, 9(2), 175-194.
- Lampinen, J. M., & Smith, V. L. (1995). The incredible (and sometimes incredulous) child witness: Child eyewitnesses' sensitivity to source credibility cues. *Journal of Applied Psychology*, 80(5), 621-627.
- Lanning, K. V. (1996). Criminal investigation of sexual victimization of children. In J. Briere, L. Berliner, J. A. Bulkley, C. Jenny & T. Reid (Eds.), *The APSAC handbook on child maltreatment*, (pp. 247-264). Thousand Oaks, California: Sage Publications, Inc.
- Lee, R. M. (2000). *Unobtrusive methods in social research*. Buckingham: Open University Press.
- Leekam, S. R. (1992). Believing and deceiving: Steps to becoming a good liar. In S. J. Ceci & M. D. Leichtman & M. E. Putnick (Eds). *Cognitive and social factors in early deception* (pp. 47-62). New Jersey: Lawrence Erlbaum Associates, Inc., Publishers.
- Levesque, R. J. R. (1999). *Sexual abuse of children: a human rights perspective*. Indianapolis: Indiana University Press.
- Levett, A. (1988). *Psychological trauma: Discourses on childhood sexual abuse*. Unpublished doctoral thesis, University of Cape Town, Cape Town.
- Lewis, M., Stanger, C., & Sullivan, M. W. (1989). Deception in 3-year-olds. *Developmental Psychology*, 25(3), 439-443.
- Lewis, C., Wilkens, R., Baker, L., & Woobey, A. (1995). "Is this man your daddy?" Suggestibility in children's eyewitness identification of a family member. *Child Abuse and Neglect*, 19(6), 739-744.
- Loftus, E., & Davies, G. M. (1984). Distortions in the memory of children. *Journal of Social Issues*, 40(2), 51-67.
- Loftus, E. (1975). Leading questions and the eyewitness report. *Cognitive Psychology*, 7, 560-572.
- Louw, D. A., & Allan, A. (1996). Forensic psychology in South Africa. *American Journal of Forensic Psychology*, 14(4), 49-61.

- Madu, S.N., & Peltzer, K. (2000). Risk factors of child sexual abuse among secondary school students in the Northern Province (South Africa). *Child Abuse and Neglect*, 24(2), 259-268.
- Marais, C. (1990). *Children of sorrow: Child sex abuse in South Africa*. Johannesburg: Ashanti Publishing.
- Marshall, A. & Herman, V. (2000). *Child sexual abuse in South Africa*. Cape Town: RAPCAN.
- Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research, 3<sup>rd</sup> edition*. Thousand Oaks, California: Sage publications, Inc.
- McNichol, S., Shute, R., & Tucker, A. (1999). Children's eyewitness memory for a repeated event. *Child Abuse and Neglect*, 23(11), 1127-1139.
- Meyer, J. F. (1997). *Inaccuracies in children's testimony: Memory, suggestibility or obedience to authority?* USA: Haworth Press, Inc.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: an expanded sourcebook*. Thousand Oaks, California: Sage Publications.
- Muller, K. (2003). The enigma of the child witness. A need for expert evidence. *Child Abuse Research in Southern Africa*, 4(2), 2-9.
- Muller, K., & Hollely, K. (2000). *Introducing the child witness*. Port Elizabeth: Printrite.
- Naylor, N. (2002). *Prohibiting the ongoing sexual harassment of and sexual violence against learners*. Education Rights Project, Issue paper 4. Retrieved May 14 2004, from the World Wide Web: <http://www.erp.org.za/html/issue4-2htm>
- Newton, P., Reddy, V., & Bull, R. (2000). Children's everyday performance on false-belief tasks. *British Journal of Developmental Psychology*, 18(2), 297-317.
- Osborn, J. (1990). *Psychological effects of child sexual abuse on women*. Norwich: Social Work Monographs.
- Parker, I. (1992). *Discourse dynamics*. London: Routledge.
- Parket, I. (1994). Discourse analysis. In P. Banister, E. Burman, I. Parker, M. Taylor, & C. Tindall (Eds.), *Qualitative methods in psychology: a research guide* (pp. 92-107). Buckingham: Open University Press.
- Pence, D., & Wilson, C. (1994). *Team investigation of child sexual abuse: the uneasy alliance*. Thousand Oaks, California: Sage Publications, Inc.
- Pendegrast, M. (1995). *Victims of memory: Incest, accusations and shattered lives*. Hinesburg, Vermont: Upper Access, Inc.

- Pezdek, K., & Taylor, J. (2000). Discriminating between accounts of true and false events. In D. F. Bjorklund (Ed.), *False memory creation in children and adults: Theory, research and implications* (pp. 69-91). New Jersey: Lawrence Erlbaum Associates, Inc.
- Pienaar, A. (2000). *Family violence, child protection and sexual offences unit*. Retrieved July 5, 2003 from the World Wide Web: [http://www.saps.org.za/7\\_crimeprev/7\\_childunit.htm](http://www.saps.org.za/7_crimeprev/7_childunit.htm).
- Poole, D. A., & Lamb, M. E. (1998). *Investigative interviews with children: a guide for helping professionals*. Washington, DC: American Psychological Association.
- Potgieter, R. (2002). A model for the assessment of sexually abused children. *Child Abuse Research in South Africa*, 3(2), 9-19.
- Potter, J. (1996). *Representing reality: Discourse, rhetoric and social construction*. London: Sage Publications, Ltd.
- Potter, J., & Wetherell, M. (1987). *Beyond attitudes and behavior*. London: Sage Publications, Ltd.
- Powell, M. B., Roberts, K. P., Ceci, S. J., & Hembrooke, H. (1999). The effects of repeated experience on children's suggestibility. *Developmental Psychology*, 35(6), 1462-1477.
- Powell, M. B., & Thompson, D. M. (1994). Children's eyewitness-memory research: Implications for practice. *Families in Society*, 75(4), 204-216.
- Raskin, D. C., & Esplin, P. W. (1991). Statement validity assessment: Interview procedures and content analysis of children's statements of sexual abuse. *Behavioral Assessment*, 13, 265-291.
- Raulinga, T. J. (2002) Expert testimony in cases of child sexual abuse: Does it assist judicial officers to arrive at the truth? *Child Abuse Research in South Africa*, 3(1), 25-30.
- Rubin, H. J., & Rubin, I. S. (1995). *Qualitative interviewing: the art of hearing data*. Thousand Oaks, California: Sage Publications, Inc.
- Rust, R., & Golombok, S. (1999). *Modern psychometrics: the science of psychological assessment*. London: Routledge.
- Sgroi, S. M. (1988). *Vulnerable populations volume 1: Evaluation and treatment of sexually abused children and adult survivors*. Lexington: Lexington Books.
- Sgroi, S. M., Blick, L. C., & Porter, F. S. (1982). A conceptual framework for sexual abuse. In S. M. Sgroi (Ed.), *Handbook of clinical intervention in child sexual abuse* (pp. 9-37). Lexington: Lexington Books.

- Siegal, M., & Peterson, C. C. (1998). Preschoolers' understanding of lies and negligent mistakes. *Developmental Psychology, 34*(2), 332-341.
- Simpson, G. (1993). Women and children in violent South African townships. In M. Motshekga & E. Delpont (Eds.), *Women and children's rights in violent South Africa* (pp. 3-13). Pretoria West: Institute for Public Interest, Law and Research. Retrieved May 17 2004 from the World Wide Web: [www.csvr.org.za/papers/papwo&ch.htm](http://www.csvr.org.za/papers/papwo&ch.htm)
- Snyman, C. R. (2002). *Criminal Law, 4<sup>th</sup> edition*. Durban: Butterworths.
- Sodian, B., Taylor, C., Harris, P. L., & Perner, J. (1991). Early deception in the child's theory of mind: False trails and genuine markers. *Child Development, 62*, 468-483.
- Spanos, N. P. (1996). *Multiple identities and false memories: a sociocognitive perspective*. Washington, DC: American Psychological Association.
- Stahl, P. M. (1994). *Conducting child custody evaluations: a comprehensive guide*. Thousand Oaks, California: Sage Publications, Inc.
- Steller, M., & Boychuk, T. (1992). Children as witnesses in sexual abuse cases: Investigative interviews and assessment techniques. In H. Dent, & R. Flin. (Eds.), *Children as witnesses* (pp. 46-71). England: John Wiley & Sons Ltd.
- Stern, C., & Stern, W. (1999). *Recollection, testimony and lying in early childhood*. Washington, DC: American Psychological Association.
- Summit, R. C. (2000). The child sexual abuse accommodation syndrome. In A. C. Donnelly & K. Oates (Eds.), *Classic papers in child abuse* (pp. 155-172). Thousand Oaks, California: Sage Publications, Inc.
- Talwar, V., & Lee, K. (2002). Emergence of white-lie telling in children between 3 and 7 years of age. *Merrill-Palmer Quarterly, 48*(2), 161-181.
- Talwar, V., Lee, K., Bala, N., & Lindsay, R. C. L. (2002). Children's conceptual knowledge of lying and its relation to their actual behaviors: Implications for court competence examinations. *Law and Human Behavior, 26*(4), 395-415.
- Thierry, K. L. (2001). Before misinformation is encountered: Source monitoring decreases child witness suggestibility. *Journal of Cognition and Development, 2*(1), 1-26.
- Tye, M. C., Amato, S. L., Honts, C. R., Devitt, M. K., & Peters, D. (1999). The willingness of children to lie and the assessment of credibility in an ecologically relevant laboratory setting. *Applied Developmental Science, 3*(2), 92-110.

- Umlilo, T. (2002). *Little girl, arise! New life after incest and abuse*. Pietermaritzburg: Cluster Publications.
- Undeutsch, U. (1984). Courtroom evaluation of eyewitness testimony. *International Review of Applied Psychology*, 33, 51-67.
- Vrij, A., Edward, K., Roberts, K. P., & Bull, R. (2000). Detecting deceit via analysis of verbal and nonverbal behavior. *Journal of Nonverbal Behavior*, 24(4), 239-263.
- Warren, A. R., & McGough, L. S. (1996). Research on children's suggestibility: Implications for the investigative interview. In B. G. Bottoms & G. S. Goodman (Eds.), *International perspectives on child abuse and children's testimony: Psychological research and law* (pp. 12-44). California: Sage Publications.
- Warren, A. R., Woodall, C. E., Thomas, N., Nunno, M., Keeney, J. M., Larson, S. M., & Stadfeld, J. A. (1999). Assessing the effectiveness of a training program for interviewing child witnesses. *Applied Developmental Science*, 3(1), 128-135.
- Wilson, T. (1998). *An investigation into abused women's encounters with psychiatric discourse*. Unpublished masters dissertation, University of the Western Cape, Cape Town.
- Wood, L. A., & Kroger, R. O. (2000). *Doing discourse analysis: Methods for studying action in talk and text*. Thousand Oaks, California: Sage Publications, Inc.
- Youngman, M. B. (1978). *Designing and analysing questionnaires*. Nottingham: Nottingham University School of Education.
- Zeitlin, H. (1987). Investigation of the sexually abused child. *The Lancet*, 2, 842-845.

## APPENDIX A: QUESTIONNAIRE ON THE ASSESSMENT OF ALLEGATIONS OF CHILD SEXUAL ABUSE

Thank-you for agreeing to participate in this research. The following questionnaire has been designed to assess which criteria South African professionals believe to be important for ascertaining whether an allegation of child sexual abuse is genuine or false. The data obtained will form part of a research project for a psychology master student from the University of Cape Town. The results of the study can be requested from Heather Baker ([heatherb@bdmail.co.za](mailto:heatherb@bdmail.co.za)) after April 2004. For each completed questionnaire returned, a toy will be donated to a child patient at Somerset Hospital in Cape Town.

The questionnaire consists of four sections and will take approximately 10 minutes to complete. Please answer thoughtfully and honestly.

### Section 1: Participant information

Profession: \_\_\_\_\_ Gender: \_\_\_\_\_

Approximately how many cases of alleged child sexual abuse involving children younger than ten have you dealt with throughout your career? (Please circle)

less than 10                      11 – 20                      21 – 30                      more than 30

Of these cases, what percent do you believe were false? \_\_\_\_\_%

Please give details of any training that you have undergone relevant to the area of child sexual abuse allegations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Section 2

Based on your professional experience, what percent of child sexual abuse allegations involving children younger than ten in South Africa do you believe are genuine? \_\_\_\_\_%

### Section 3 (40 items)

The following is a list of factors that could be present within a case of alleged child sexual abuse. For each item please indicate (by circling the appropriate number) whether you think the factor should be used to demonstrate that the allegation is (highly) probable or (highly) improbable, or whether it should be irrelevant in trying to determine the sincerity of an allegation.

For example:

- Child has green eyes:

(abuse) highly improbable	(abuse) improbable	irrelevant	(abuse) probable	(abuse) highly probable
1	2	3	4	5

A respondent would circle 1 if he/she believes that the fact that the child has green eyes should be used to indicate that the abuse allegation is highly improbable.

	(abuse) highly improbable	(abuse) improbable	irrelevant	(abuse) probable	(abuse) highly probable
<b>EXTERNAL EVIDENCE</b>					
• Medical evidence of abuse	1	2	3	4	5
• Corroborating evidence from a family member	1	2	3	4	5
• Corroborating evidence from an outsider	1	2	3	4	5
• Conflicting evidence from a family member	1	2	3	4	5
• Conflicting evidence from an outsider	1	2	3	4	5
<b>EVIDENCE FROM THE CHILD</b>					
• The child's statement is incoherent and disorganized	1	2	3	4	5
• The child's statement is detailed in line with his/her language ability	1	2	3	4	5
• The child's statement lacks detail	1	2	3	4	5
• The child has a record of delinquent behaviour	1	2	3	4	5
• The child disclosed abuse to a relative	1	2	3	4	5
• The child disclosed abuse to a friend	1	2	3	4	5
• The alleged abuse was discovered, not disclosed	1	2	3	4	5
• The child is male and the suspect is male	1	2	3	4	5
• The child is female and the suspect is male	1	2	3	4	5
• The child is male and the suspect is female	1	2	3	4	5
• The child is female and the suspect is female	1	2	3	4	5
• The child appears confident that the allegation is true	1	2	3	4	5
• The child's social or emotional development is delayed	1	2	3	4	5
• The child's intellectual ability is below average	1	2	3	4	5
• The child is of average intellectual ability	1	2	3	4	5
• The child's intellectual ability is above average	1	2	3	4	5
• The child has made previous, unrelated abuse allegations	1	2	3	4	5
<b>THE ALLEGED EVENT</b>					
• The alleged abuse occurred once	1	2	3	4	5
• The alleged abuse occurred repeatedly	1	2	3	4	5
• The alleged abuse occurred on the same day as disclosure	1	2	3	4	5
• The alleged abuse occurred a week before disclosure	1	2	3	4	5
• The alleged abuse occurred more than a week before disclosure	1	2	3	4	5

THE ALLEGED PERPETRATOR	(abuse) highly improbable	(abuse) improbable	irrelevant	(abuse) probable	(abuse) highly probable
• The accused is a relative of the child	1	2	3	4	5
• The accused is an acquaintance of the child	1	2	3	4	5
• The accused confesses to the abuse	1	2	3	4	5
• The accused denies the allegation	1	2	3	4	5
• The accused is of low intelligence	1	2	3	4	5
• The accused is of average intelligence	1	2	3	4	5
• The accused had access to the child at the time of the alleged abuse	1	2	3	4	5
• The accused had no access to the child at the time of the alleged abuse	1	2	3	4	5
• The accused has a previous sexual abuse conviction	1	2	3	4	5
• The accused has a previous conviction for a violent crime	1	2	3	4	5
• The accused is married	1	2	3	4	5
• The accused is unmarried	1	2	3	4	5
• The accused is a respected member of society	1	2	3	4	5

**Section 4**

*Are there any criteria that you believe indicate that an allegation of child sexual abuse is definitely true?*

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*Are there any criteria that you believe indicate that an allegation of child sexual abuse is definitely false?*

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**Thank-you for your time.**

## **APPENDIX B: INTERVIEW SCHEDULE**

*I would like to begin by thanking you for agreeing to participate in this interview. As part of my psychology Masters' thesis, I am investigating how the issue of child sexual abuse is approached by professionals in South Africa and this interview will be analysed as part of my research.*

*I would like to assure you as well that both your answers and your identity will be kept confidential.*

*Let me quickly run over the format of the interview before we start. I have a number of questions to ask you about child sexual abuse in South Africa. I would like for you to answer them in as much detail as possible, keeping in mind that you are in no way obliged to provide answers or give details of any cases with which you have worked.*

*Should we begin?*

*The first question I would like to ask you is what is the procedure at \_\_\_\_\_ when a child alleges sexual abuse?*

*And how do you evaluate a case of alleged sexual abuse?*

*What kind of factors would suggest that the allegation is genuine or based in fact?*

*What kinds of factors would indicate to you that an allegation is fabricated or false?*

*Why would a child falsely allege abuse?*

*Have you ever been called to testify in court as an expert witness in a case involving child sexual abuse?*

*How did you find this experience?*

*Could you tell me about the laws in South Africa regarding child sexual abuse?*

- *What constitutes child sexual abuse?*
- *What are the sentences for convictions on such cases?*

*Do you think there are any myths or misconceptions about child sexual abuse in South Africa?*

*Where do you think the strengths lie in the South African system for dealing with allegations of child sexual abuse?*

*What changes would you like to see in South Africa with regard to dealing with child sexual abuse allegations?*

*That concludes the interview. Do you have any questions you would like to ask me?*

*You have my phone number if you have any queries about the interview.*

*Thanks again for your time and your valuable contribution to my research.*

University of Cape Town

### APPENDIX C: TRANSCRIPTION NOTATION

- (1) → Round bracketed numbers represent pause length. The number in the brackets represents the number of seconds of the pause.
- (.) → A full stop inside round brackets represents a pause of less than a second.
- ... → Three consecutive full stops represents where parts of the text have been omitted from the extract.
- () → Round bracketed writing indicates where parts of the text (e.g. names) have been replaced with descriptions, usually to avoid reporting identifying details.
- [] → Square brackets indicate where I, as the researcher have added information (usually for clarification) into the extract.
- → Underlining indicates words that have been emphasised by the speaker.

University of Cape Town