

**CHILD ABUSE AND DECISION-MAKING
IN SOUTH AFRICA:
A GROUNDED THEORY EXPLORATION**

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Unless specifically indicated to the contrary, this thesis is the result of my own work.

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THESIS SUPERVISOR'S APPROVAL OF THIS THESIS FOR SUBMISSION

As the candidate's supervisor I have ~~have not~~ approved this thesis/dissertation for submission.



B J KILLIAN

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ABSTRACT

It was recommended by the American Psychological Association and the American Bar Association in October 1999, that the time had come for psychologists to do more than act as expert witnesses, and that their influence should be felt "... at the first level of intervention" (Foxhall, 2000, p. 1). The first level of intervention is considered, in this study, to be the decision-making process. This research examines the decision-making processes used by four of the disciplines integral to the child abuse multi-disciplinary team. Social workers, child protection officers of the South African Police Services, psychologists and prosecutors currently involved in the child abuse arena in South Africa were given case vignettes to anchor their decision-making on simulated examples. On the basis of these in-depth interviews, using a Grounded Theory methodology, three specific questions are addressed, namely: how decisions are made and substantiated; how they differ across disciplines; and how they compare to recommended protocol. Results indicate interesting differences across these four disciplines. The differences between the decision-making processes in the disciplines seem to be rooted in their philosophical tenets, which give rise to specific aims in addressing child abuse. Differences between the decision-making processes and recommended protocol were also noted in cases where guidelines are available. In addition differences in expected outcomes of the vignettes, use of assumptions and a level of mistrust between professionals was shown. If this research can help to sensitise professionals to begin to understand their own decision-making processes and those of their fellow decision-makers, then perhaps key role players and policy makers may be one step closer to responding to the challenge of child sexual abuse in South Africa.

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Chapter 1: Motivation for this Research

It is generally accepted that child abuse is a social phenomenon that impacts on the well-being and mental health of children the world over. While there is some argument to the contrary (Yorukoglu & Kempf, 1966; Lukianowicz, 1972 in Conte & Shore, 1982), the majority of professionals seem to support this as fact (Sedlak & Broadhurst, 1996).

Recent indications are that the incidence of child abuse may be on the increase.

Significant increases in the reporting of abuse and neglect have resulted in children entering the legal system with higher frequency than has been seen before (Ceci & Carr, 1999; Dent & Flin, 1992). Statistics suggest that child sexual abuse is, currently, the fastest growing type of reported child abuse (Sedlak & Broadhurst, 1996). The American Psychological Association, in a 1996 press release, claimed that more than 200 000 children pass through the American legal system in any one year (APA Public Communications, 1996). Of these, more than 13 000 are testifying in child abuse cases, and most are of pre-school age (ibid.). The Executive Summary of the Third National Incidence Study of Child Abuse and Neglect, undertaken by the United States Department of Health and Human Services (Sedlack & Broadhurst, 1996), reports that the estimated number of sexually abused children in America rose 83% from 1986 to 1993. This trend in increased reporting of child abuse, particularly sexual abuse, seems to be recognisable in South Africa too (Child Abuse Action Group, 2000).

The effects of child abuse are well documented. Immediate and short term effects may include initial adjustment difficulties reflected in displays of anger, anxiety, fear,

depression, inappropriate sexualised behaviour and/or somatic difficulties (Browne, Cohen, Johnson & Smailes, 1999; Gamefski & Diekstra, 1996; McLeer, Dixon, Henry, Ruggiero, Escovitz, Niedda & Scholle 1998; Wolfe, Sas, & Wekerle, 1994). The development, for example, of Post Traumatic Stress Disorder, Major Depression, Borderline Personality Disorders, Dissociative Personality Disorder, Obsessive Compulsive Disorders and Eating Disorders have all been linked to, and described as long term consequences of, childhood sexual abuse (ibid.). The World Health Organisation reports that the emotional and behavioural effects of sexual abuse may include poor self-esteem, hyperactivity, self-inflicted injuries, poor peer relationships, feelings of shame and guilt, somatic disorders, poor school performance, depression, anxiety and drug and alcohol abuse (World Health Organisation, 1999). In addition, research has indicated a possible link between childhood abuse and socially deviant behaviour (Harlow, 1999). Thus the impact of sexual abuse on a child, while being immediate, may also be long-term and contribute significantly to the ongoing mental health of the child and his/her ability to function normally within society, even into adulthood.

The call to respond positively and effectively to this situation may necessitate the multidisciplinary involvement of a number of spheres of expertise, with different levels of involvement. Part of what these professionals do revolves around making decisions regarding child placement, safety, reporting, involvement of other agencies, assessment of risk, and interventions to ensure the on-going well-being and safety of the child. The decision-making processes used may, in part, rely on implicit theories of understanding the abused child and beliefs about how to help (Jones & Ramchandani, 1999). Because

the various professional disciplines appear to have different goals and assumptions in working with the abused child, they may on occasions have areas of theoretical and applied conflict. In practice this means that they could be making decisions very differently, an issue that has been cause for concern amongst researchers and workers in this field (Wiebush, Freitag & Baird, 2001). Attempts have been made to understand the different theoretical underpinnings of how these professionals approach the situation, resulting in an acknowledgement that responding to child abuse in an appropriate manner seems to be complicated by how key issues such as 'best interests of the child' and 'appropriate' are defined by each of the key role players (Bagley & Thurston, 1996).

For some time now, the professional community has attempted to understand how best to meet the needs of children in distress, particularly victims of sexual abuse. Much research defining, describing, prescribing and explaining the experience of abuse from the child's point of view has been undertaken (Bagley & King, 1990, in Bagley & Thurston, 1996; Bukowski, 1992 in Bagley & Thurston, 1996; Cole & Putnam, 1992; Dempster & Roberts, 1991; Finkelhor, 1995). This has been supplemented by studies focussing on how the different professional disciplines might respond to child abuse; how they should respond; the procedures and therapeutic tenets of how to assess risk, resilience and harm; and how to intervene effectively (Asquith, 1993, in Bagley & Thurston, 1996; Berlin, Malin & Dean, 1991; Berlinger & Conte, 1993; McDonald & Associates, 2001). The majority of these studies are informative and set the scene for how professionals understand and respond to child abuse. However, there seems to be little research in the area of decision-making processes and the differences across professional disciplines. In 1983, Stein and Rzepnicki (cited in Thoma, 1998) claimed

that researchers have made efforts to discern the processes that child welfare workers engage in when making decisions for abused children. Such research assumes that identification of key decision-making points may enhance the description of the decision-making process and thus impact on the effectiveness of decision-making. This, in turn, would be valuable in developing a framework for key role players involved in the child protection arena. However, Thoma (1998, p. 1) claims, “consistent decision-making principles have not been identified.”

Considering that in any one case of suspected child abuse, members from a number of professional disciplines may be involved, it seems appropriate that a study examining the differences and similarities between decision-making processes in different disciplines be undertaken. While research results describing decision-making processes in an individual discipline such as social work (Thoma, 1998) have been published, there appear to be few multidisciplinary studies in this area.

Jones and Ramchandani (1999) have highlighted the need for a multidisciplinary teamwork approach to understanding child abuse. They suggest that professionals might benefit from integrating their strengths and attempting to work together towards an understanding of each other’s specific dilemmas and contributions towards the phenomenon of child abuse. In this regard any research aimed at understanding the complex differences between invested parties may be worthwhile. Jones and Ramchandani (1999) have pinpointed some areas in which research is needed. They report that research in the area of child protection has not dealt adequately with the immediate protection of the child victim and the planning of the investigation phases.

They reflect, with regard to social workers, that the reason for this may be due to the “difficulty of studying social workers and their decision-making as they go about their day to day work” (1999, p. 9). It seems that there is a dearth of information as to how “planning processes and decisions are actually made in day to day practice” (Jones & Ramchanadani, 1999, p. 24). However, from the research available it is suggested that the integration of input from key role players at all stages of the decision-making process is vital in order to achieve desirable results (ibid.). The ‘desired results’ centre on ensuring child safety, treating symptoms and engaging in psycho-education. The process of attaining these desired results might require the involvement of police workers, social workers, psychologists, medical professionals and lawyers. In order to achieve this, Jones and Ramchanadani (1999) indicate that good working links and policies between professionals are vital. However, this suggestion may be complicated by the inherent difficulties in crossing theoretical boundaries and traditional areas of expertise (ibid.). In 1999, the World Health Organisation recommended that policies in the child abuse field have an interdisciplinary and collaborative approach that permits the involvement of the medical, mental health, education, police, social services, and legal professions. Such policies should focus on prevention, rehabilitation and care (World health Organisation, 1999). McFarlane (1993) states that communication between professionals requires elements of attitude, skill and knowledge, and notes that, “professional cultures are strong and often foster suspicion and stereotyping of other professionals” (p. 125).

Birchall and Hallet (1995) report that different phases in decision-making seem to be more productive when a number of different professionals are involved. Research

funded by the Department of Health in London United Kingdom (Birchall & Hallet, 1995), aimed at exploring professionals' views of co-operation in the child protection field, indicated that multidisciplinary co-operation seemed to be linked to different phases of the decision-making process. Two thirds of the respondents (n=339) indicated that multidisciplinary co-operation was most beneficial in the assessment phase of case management. Respondents thought that this differed in later phases with 25% reporting that working together was not beneficial in the protection phase and 75% stating that they thought multidisciplinary co-operation was worthwhile.

One of the first moves to emphasise the need to integrate disciplines with regard to child victims of abuse occurred in 1995, when in *S v. S* 1995 (1) SACR 50 (ZS), Ebrahim, J.A., held that, in evaluating the testimony of a child witness, it became necessary to take stock of, and apply, a certain amount of psychological knowledge and the results of recent psychological research (Foxhall, 2000). There appears to be a general consensus that society is embarking on an "era when psychology can realise its true potential in assisting the legal process" (Foxhall, 2000, p. 1).

The American Psychological Association and the American Bar Association (ibid.) have recognised the need to use psychologists more in the legal system, thus broadening their involvement beyond the role of expert witness. This call to integrate the professional expertise and knowledge of psychology with the law may warrant a response.

The first level of intervention is considered, in this study, to be the decision-making process as it pertains to suspected child sexual abuse. This research will first examine

the decision-making processes employed by different professional sectors involved in the child abuse arena in South Africa, and how they are explained. Secondly, the differences of these decision-making processes, across disciplines, will be described. The final part of this research will be to depict these decision-making processes in the light of recommended protocol as set out in the National Policy Guidelines for Victims of Sexual Offences in South Africa (Department of Justice Task Team, 1996).

This study will focus only on child sexual abuse. The rationale for this lies in the increasing frequency with which child victims of sexual abuse are being brought to the attention of professionals in South Africa today. Grounded Theory, a qualitative methodology aimed at discovering themes and describing processes that emerge from data, is used. This research method is motivated by the researcher's desire to understand a basic social process at the most fundamental level (Strauss & Corbin, 1990). This entails examining the meanings attached to a particular phenomenon as understood by those most involved. If this research can help professionals to begin to understand each other better then perhaps they will be one step closer to initiating a multidisciplinary teamwork approach to the challenge of child sexual abuse.

Chapter 2: Review of the Literature on Child Abuse

In attempting to examine the decision-making processes employed by different key role players, it becomes necessary to orientate the study in terms of the relevant literature.

This literature review will begin with a general orientation to the field of study and will then move on to an examination of the relevant issues of decision-making in child protection. One complicating factor in doing this literature review is the place of literature in Grounded Theory. As this will be explained in detail later, it may be important to note at this stage, that this review has been undertaken in a number of stages in line with particular methodological requirements. Thus, while the review may be presented as a solid piece of work, the process of literature collection and review ran parallel to the research process. This method aligns with the recommendations of Strauss and Corbin (1990) where a fine-tuned literature search is only undertaken in the light of data analysis and research results.

2.1 Definitions of child abuse

Although child sexual abuse has been a concern for many researchers and child protection workers for the past three decades, several primary issues regarding child sexual abuse remain vague (Haugaard, 2000). In particular, no consensus has been reached regarding the term 'child sexual abuse'. The lack of a commonly accepted definition of child sexual abuse impacts on research, prevention measures, treatment and legal efforts. Early researchers used broad and inclusive definitions of child sexual abuse that Haugaard (2000) claims continue to be used today. The debate concerning an appropriate definition of abuse seems to continue. A reading of available literature

indicates that defining child abuse is not merely a matter of describing and classifying a phenomenon. One of the difficulties in highlighting a working definition relates to the number of varied definitions of child abuse. A comprehensive approach to the definition of child abuse, and one traditionally accepted, indicates that child abuse is any behaviour that is not beneficial to the well-being of the child (Alvy, 1975). In this light, a definition of child abuse as suggested by Gil (1973, cited by Alvy, 1975) is:

“Any act of commission or omission by individuals, institutions or society as a whole, and any conditions resulting from such acts of interaction which deprive children of equal rights and liberties and/or interference with their optimal development”.

While dated, this definition recognises that different types of abuse against children occur in different sites in society, namely collective abuse, institutional abuse, and individual abuse. Collective abuse may be described as abuse that occurs within the parameters of a particular ideology held by certain social groups at particular historical times. An example of collective abuse is atrocities resulting from racist beliefs, such as the inaccessibility of equal education for children in South Africa under the Apartheid era. Institutional abuse refers to the harm done to children when certain institutions in society neglect to adhere to the best interests of the child, such as the detrimental way in which children are sometimes treated in court or in the child protection services (McGough, 1994; Watkins, 1990). Individual abuse refers to acts of abuse or neglect against children, perpetrated by family members or caretakers. Alvy stated in 1975

(p. 36) that the comprehensive definition of child abuse “represents a sweeping indictment of our negligence in protecting the rights, health and development of all our children”.

Other narrower definitions of abuse recognise caregivers and family members who sometimes abuse children, as suffering from an illness (Alvy, 1975), and fail to consider collective and institutional abuse. Such definitions neglect to make values concerning children explicit, and thus fail to address more widespread indicators of child abuse.

Several recent definitions have been outlined. A working definition of child abuse resulting from a World Health Organisation consultation in March 1999 concluded that:

“Child abuse or maltreatment constitutes all forms of physical and or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power” (Mian, 2000).

The United Nations defines sexual abuse as:

“... contacts or interactions between a child and an older or more knowledgeable child or adult when the child is being used as an object of gratification for an older child’s or adult’s sexual needs. These contacts or interactions are carried out against the child using force, trickery, bribes,

threats or pressure. Sexual abuse can be physical, verbal or emotional and includes: touching and fondling of the sexual portions of the child's body...sexual kissing... penetration... exposing children to adult sexual activity or pornographic movies and photographs... having children pose, undress or perform in a sexual fashion...peeping into bathrooms or bedrooms to spy on a child ” (NGO Group, 2002).

The definition above stands out in its comprehensiveness in covering different actions that are viewed as sexually abusive. In South Africa, finding a generally accepted definition is difficult. The South African Law Commission advocates that “sexual offences against children refer to common law and statutory crimes involving prohibited sexual activity with or against children” (South African Law Commission, *Sexual Offences Against Children*, 2001), where a child is anyone under 18 years of age. “Sexual abuse describes the behaviour which is, or should be, prohibited by the offences act; it is any act which results in the exploitation of a child, whether with their consent or not, for the purposes of sexual or erotic gratification” (South African Law Commission, 2001).

In reality defining child sexual abuse is a difficult task, not least because it encompasses a wide range of behaviours, relationships, types and situations that combine in unique ways in particular contexts. Different definitions of child sexual abuse also impact on reports of prevalence since some definitions encompass a wide variety of acts as abuse and others do not. The implication is that in examining such reports cognisance must be taken of what definitions are used to arrive at the reported results.

2.2 The rights of the child

While the first 'Declaration on the Rights of the Child' was endorsed by the League of Nations in 1924, it was only in 1989 that the international community reached consensus regarding the standards of human rights concerning children (UNICEF, 1989). This was evidenced in the development of a unitary legal instrument, the Convention of the Rights of the Child, detailing the rights of every child. The Convention was drafted over a period of ten years by a task team chosen to represent social diversity. The Convention was groundbreaking in a number of ways, but its primary value lay in its conception of the child as an individual in a family supported by a community. Since children had previously been thought of as belonging to their parents this represented a departure from the norm and recognised that children are vulnerable members of society whose protection by family and community cannot be taken for granted.

The Convention has been ratified by 191 countries with only the United States of America and Somalia yet to commit to the standards therein (UNICEF, undated). The South African government ratified the Convention on 13 June 1995 (Office of the President, undated). By doing so the government of this country committed to the tenets and principles upheld by the Convention and also agreed to submit to the Convention's standards of accountability. This means that South Africa is obliged to report its ongoing efforts to adhere to the principles of the Convention to the United Nations every five years.

The key principles identified at the 'United Nations Convention on the Rights of the Child' are:

1. all rights apply to all children, where a child is any person under 18 years of age (Article 2)
2. the best interests of the child must be a primary consideration (Article 3)
3. all children have the right to life and optimum survival and development (Article 6), and
4. children's views must be sought and taken into account (Article 12).

The ratification of the Convention was pre-empted by the drawing up of 'The Children's Charter of South Africa' in June 1992. This charter was the result of the 'International Children's Summit on The Rights of Children in South Africa' (The Children's Charter of South Africa, 1992), and was developed with the input of children from all regions of South Africa. This was a significant move by the government in its recognition of the right of children to express themselves and be active participants in reform in South Africa.

The South African government, in its commitment to children, has overseen the establishment in 1994, of a National Steering Committee on the Development of a National Plan of Action for the Children of South Africa. The committee has since delegated the monitoring of legal reforms and research to the South African Law Commission, whose aim is to uphold the rights of the child in South Africa.

While it seems that every effort has been made, within the leadership in South Africa, to acknowledge and oversee the instigation of children's rights reforms, the translation of

policies into practice may be more complicated than this. In effect, South Africa is plagued with increasing incidences of children's rights abuses, amongst them child sexual abuse. The reasons for this are many and varied, however, some concern may need to be placed with the leadership of the country. Resources are limited, and while policies dictate certain standards for child protection, this appears to be difficult to implement (South African Law Commission, 2001). Specialised training for those working with children in protective services is scarce and it seems that South Africa is lacking in the infrastructure to cope with the in-pouring of child abuse cases.

To summarise, while South Africa has ratified the Convention of the Rights of the Child, there may be some hindrances to the timeous implementation of reforms needed to ensure these rights. In this regard, the South African Law Commission has been given the task of monitoring developments in this area.

2.3 Child Abuse Statistics

In 1996, The Executive Summary of the Third National Incidence Study of Child Abuse and Neglect (Sedlak & Bradhurst, 1996), funded by the United States Department of Health and Human Services published the following statistics relating to child abuse:

- The number of sexually abused children rose from 119 200 in 1986 to 217 700 in 1993, an increase of 83%
- The number of physically neglected and abused children increased 102% from 167 800 in 1986 to 338 900 in 1993

These increasing statistics reflect a trend that indicates child abuse is becoming a problem of national concern. This trend seems to be indicative of the situation in South Africa. While attempts to quantify child abuse have met with many obstacles, the statistics that have been made available to the South African public (Wolmarans, 2002) reflect the following:

- Rape of children increased 38% from 1995 to 1996, that is from 10 037 to 13 859
- Sodomy of children increased 35% in the same time period
- Incest involving children increased 15% in the same time period
- There seems to have been a small decrease in rape and attempted rape from 1997 where the numbers were 21 450 to 21 438 in 2000
- However, indecent assault figures increased from 3 121 in 1997 to 4 027 in 2000
- Incest statistics for 1997 were 201 and in 2000 down to 113
- The figures for the first 9 months of 2001 indicate that rape and attempted rape reports were 15 680, indecent assault were 5 079, and incest reports numbered 101

These statistics need to be read with some caution. They are valuable for indicating patterns and trends in the area, but might belie the truth of the matter. In view of the fact that child sexual abuse most often occurs in the home or in secret, and since it is overshadowed by a social taboo, the actual incidence is likely to be significantly higher than the statistics given (Waldfoegel, 1998). The statistics are collated from police reports and may be significantly biased, given that many cases never come to the attention of any authority. This is evidenced by numerous studies indicating that mandatory

reporting laws for professionals who suspect child sexual abuse are frequently not complied with (Crenshaw, Crenshaw & Lichtenberg, 1995; Delaronde, King, Bendel, & Reece, 2000; Finkelhor & Zellman, 1991; Finlayson & Koocher, 1991; Kalichman & Craig, 1991). This means that there are likely to be many cases of suspected child sexual abuse that are treated professionally, without a formal report to a recognised reporting authority, or the police. These cases do not get statistically verified. In addition, many cases of child sexual abuse may go untreated and undetected (MacDonald, 2001). These factors compound the difficulty of quantifying child abuse.

2.4 Mandatory reporting

Mandatory reporting can be defined as the obligation by law, for certain identified persons, to report specific forms of child abuse to a recognised government authority when such a person has cause to suspect that abuse has occurred (ACT, 1993).

In South Africa both the Child Care Act (1983, Section 42, in South African Law Commission, 2001) and the Prevention of Family Violence Act (1993, Section 6, *ibid.*) outline mandatory reporting as the requirement of any professionals who work with children in any capacity to report suspected neglect, ill treatment or abuse. In addition, the Child Care Act (Section 42) states that any professional who fails to report abuse will be held criminally liable of an offence punishable on conviction (South African Law Commission, 2001). However, the discussion paper outlining areas of review of the Child Care Act, indicates that mandatory reporting is an area of concern in South Africa (*ibid.*) and states that:

“... many people are ignoring the law, and the system is not working at all in most of the country” (South African Law Commission, 2001, p. 130).

Mandatory reporting is required in 56.4% of the countries in the world, with 34.5% relying on voluntary reporting and 8.6% of countries with an unknown status (Bross, Miyoshi, Miyoshi & Krugman, 2000). Reporting laws appear to be based on two main concepts: a) the inability of some parents to protect their children from harm, and b) the responsibility of the state to protect children at risk of harm (Finlayson & Koocher, 1991). In 1963, the Children’s Bureau of the Department of Health, Education and Welfare (Finlayson & Koocher, 1991) described the ideal elements of a child abuse reporting law. These elements were:

- all professionals are expected to report all cases of suspected child abuse
- mandated reporters should be immune from liability
- patient privilege should not be grounds for excluding evidence, and
- those who do not report should be charged with a misdemeanour

In South Africa educators, doctors, dentists, child care workers, social workers, psychologists, police officers and any other personnel providing a service to children, are considered mandatory reporters. Research has indicated that, despite legal requirements to report, “large numbers of professionals fail to report suspected child abuse” (Finkelhor & Zellman, 1991, p. 335). It has been claimed that as many as 40% of mandated reporters fall into the category of non-reporters (Zellman, 1990) - research that appears to have been confirmed in numerous other studies (Finkelhor & Zellman, 1991).

A national study of reporting professionals in America indicated that mandatory reporters could be grouped according to reporting behaviour. The following groups emerged from the survey (Zellman, 1990):

- consistent reporters
- consistent non-reporters
- the uninvolved, and
- discretionary reporters

The results of the above survey highlight the fact that distrust in child protection services and specifically in the legal system, and the desire to act in the best interests of the child, contributed significantly to discretionary reporting behaviour (ibid.). In addition, the decision to not report appeared to be well thought out and was mostly adhered to by recognised and experienced experts in the child abuse arena (ibid.).

The reporting pattern in psychologists seems to indicate that while the vast majority are aware of their obligation to report (Finlayson & Koocher, 1991), many do not adhere to reporting laws (Kalichman & Craig, 1991; Kalichman, Craig & Follingstad, 1988). The major reason for this occurrence appears to be the ethical dilemma experienced by psychologists whose theoretical paradigm and codes of ethics (American Psychological Association, 1996; Psychological Society of South Africa, 1999) require upholding the principle of client confidentiality. In addition, psychologists as therapeutic service providers, have the dilemma of role conflict. The role of case management is often counter-therapeutic which may significantly impact on trust issues (Finlayson &

Koocher, 1991), and frustrate treatment goals (Kalichman & Craig, 1991). Other reasons given for non-reporting relate to fears of halting the disclosure process and/or a breakdown in family interventions (Finlayson & Koocher, 1991).

Research examining the reporting behaviour of social workers, paediatricians and physician assistants revealed that 58% of mandated reporters selectively reported cases of child abuse (Delaronde, King, Bendel, & Reece, 2000). Reasons given were: concerns for the best interests of the child; a belief that Child Protection Services are not effective, and; respect for different cultural norms. In this study, the social workers appeared to be less invested in reporting cases of child abuse than the other professions, and supported the investigation of an alternative reporting policy (ibid.).

Teachers, while being especially well situated to identify child abuse, seem to also vary greatly in their reporting behaviours. Research by Crenshaw (1995, in McCallum & Johnson, 1998) concluded that educators had difficulty recognising the symptoms of sexual abuse and had typically low rates of reporting despite being mandated reporters. Reasons appear to be related to lack of training in the recognition of abuse, reluctance to be involved in the legal system, role conflict and lack of confidence in their ability to substantiate suspicions, whilst a perceived negative effect on the child and the family appears to be a universal concern (McCallum & Johnson, 1998; Tite, 1994). Further studies confirm these findings (Tite, 1993; Tite, 1994). Being unsure of reporting procedures contributed to 40% of teachers failing to report abuse in a British Columbian survey (Beck, Ogloff & Corbishley, 1994). Specific case characteristics also seem to impact on professional's tendency to report child abuse. Zellman (1992) claims that

evidence of previous abuse, increased severity of abuse, retracted statements, child age, and family socio-economic status all impact on the tendency to report. These findings align with Haskett, Wayland, Hutcheson and Tavana (1995) who found that substantiated reports involved older children, more intrusive types of abuse and minority ethnic groups.

Mandatory reporting has become an area of heated debate. McElwee (2000, p. 2) claims “when it comes to any debate on children and social policy the one thing most systems have agreed on is that there are significant actors who disagree with each other”. There seem to be a number of issues fuelling the conflict. Firstly, mandatory reporting laws state that reporting is necessary when one has reasonable cause to suspect abuse has occurred. However, ‘reasonable cause’ has not been clearly defined and, considering the difficulty in general with the definition of child sexual abuse, this becomes a contentious issue (Lichman, 2001). Secondly, while national guidelines and recommended protocols may be available, the difficulty of practically interpreting these may contribute to non-reporting (ibid.). One of the primary reasons for the concern surrounding mandatory reporting is the high number of unsubstantiated reports of abuse, mostly due to a lack of evidence. This places undue strain on the protection system in terms of time and resources. A third area of contention is the political nature of reporting. Research indicates that underreporting of white, affluent cases of abuse may be a significant problem (Newberger, 1983). The converse of this may mean that minority races from lower socio-economic backgrounds are reported more frequently and may be subject to stereotyping which could also account for the number of unsubstantiated reports. The focus of concern has been that “reporting as a way of getting services to families may no

longer be an effective national policy ... rather we need to consider the needs of all children who might be vulnerable to maltreatment” (Newberger, 1983, p. 310).

Newberger (1983) claims that reporting has not had the overall expected success in addressing child abuse and should be replaced by a system more equipped in assessing the needs of unique families and more adequate training of professionals. An added unforeseen and negative consequence of mandatory reporting has been the decrease in voluntary reporting by offenders thus limiting identification and protection of the child concerned (Berlinger & Barbieri, 1984). A comparative analysis revealed that the lack of mandatory reporting has no impact on the number of false or unsubstantiated reports (Anthony & Watkeys, 1991, in Bagley & Thurston, 1996). Unsubstantiated reports are claimed to be as high as 60% (Bagley & Thurston, 1996) and appear to place significant stress on Child Protection Services.

The Child Protection Services in Quebec, North America, have a unique protocol for investigating and treating child sexual abuse. When suspected child abuse is brought to the attention of key role players, programmes of therapy are initiated, thus avoiding the legal process, and best meeting the needs of the child and family concerned. There appears to be no obligation to report abuse to the police and it is often assumed that child abuse investigations will not be in the child’s best interests (Bagley & Thurston, 1996).

The failure of professionals in South Africa, to adhere to the requirement for mandatory reporting is a concern. The South African Law Commission suggested the following in a recent discussion paper (Review of the Child Care Act, 2001, p. 130):

“... in a context where there is a serious lack of backup resources, mandatory reporting can increase the vulnerability of children, and set them up for secondary abuse”.

This debate reinforces the necessity of policy being researched and informed by those whom it directly affects. In South Africa the legal requirement to report suspected child abuse may need to be examined hand in hand with proposals on how to practically work with the implications of this requirement. There appears to be a need to upgrade current infrastructure if mandatory reporting is to succeed in its desired goal of attending to the needs of abused children. In summary, Besharov (1985, in Thoma, 1998, p. 8) says:

“these laws set no limits on intervention and provide no guidance for decision-making. They are a prime reason for the system’s inability to protect obviously endangered children even as it intervenes in family life on a massive scale”.

2.5 Professionals and decision-making

This section will introduce the role players involved in decision-making and then examine the areas in which decisions need to be made. Lastly, recommended protocol internationally and specifically in South Africa will be highlighted.

When a case of suspected child abuse is brought to the attention of authorities, a number of different professionals may be involved depending on where the report comes from and the way in which it is made. The professionals being studied in this research are psychologists, social workers, police officers and prosecutors. For this reason, each of

these role players will be introduced in the light of their position in the field of child sexual abuse.

2.5.1 Social workers

The first official welfare agency dealing with sexual abuse of children and mandated to remove children from their parent's care was opened in New York, America, in 1847 (Conte & Shore, 1982). The social work profession, while initially a middle class institution that discriminated against the poor (ibid.), developed during the early 1900's into a strongly emerging profession. This came in the light of national moral reform, individualism, psychoanalysis and child protection programmes (ibid.). The overriding aim of social work practice has been centred on reducing barriers to the fulfilment of human potential (Conte & Shore, 1982), and therein sexual expression is seen as an intricate part of human functioning, and as suggested by Gochros (1982, in Conte & Shore) should be watchdogs of those who oppress sexual expression. This, as a basis of the social work profession in the light of sexual abuse, entails that the social worker addresses the questions of defining and dealing with the most relevant sex-related problems in society in the context of the profession's purposes and values. One of the most sexually oppressed groups in society was highlighted in the first edition of the *Journal of Social Work and Human Sexuality* as being children who, because of their vulnerability, are often prime targets for abuse (ibid.). Early writings in the social work and sexual abuse field have assumed that the caretakers of children have three major tasks to fulfil in child rearing. Firstly, they are obliged to aim to minimise the probability of children engaging in sexual activity, secondly they are obligated to teach them

appropriate sexual behaviour and thirdly, they need to protect them from sexual experiences with adults (ibid.).

The reasons behind these three tasks were based on the assumptions that inappropriate sexual activity could have negative and harmful results, that children were incapable of making responsible decisions, that children need to be acculturated into prevailing sexual norms, and that since children are “naive and powerless” they need protecting from the exploitation of adults (Gochros, 1982, in Conte & Shore, p. 43).

These early assumptions raised many questions in the social work field as societies developed and changed over time, such as the definition of a child, the right of a developing child as a sexual being to self expression, and the moral value in accepting the ‘norms’ that particular ideologies maintain. However, debates in the field seemed to conclude that the social worker’s function in relation to child sexual abuse, rests on how to protect the child from sexual exploitations, how to help the exploited child and how to minimise secondary trauma in the management of accusations of abuse. Gochros (1982, in Conte & Shore, p. 45) claims, “a calm, low-key, empathic evaluation of a child’s reaction to a sexual experience may be the best guide to interventions with the child”.

In the light of the challenge to intervene in a society where sexual abuse of children seems to be occurring, or is at least being noticed with much more frequency, the discipline of social work seems to require that its workers acknowledge that the abused child be seen as part of a broader system that may contribute to and sustain the abuse. Intervention therefore needs to be directed towards this system and aimed at

reintegrating the child into an environment conducive to on-going physical and emotional well-being. Parton (1999, p. 6) states that:

“Social workers are differentiated from workers in other services mainly by their willingness to forsake the formality of their roles, and to work with ordinary people in their ‘natural’ settings, using the informality of their methods as a means of negotiating solutions to problems rather than imposing them”.

Early writing in the social work field seems to indicate that social worker’s aims were difficult to follow through due to a number of difficulties. The main difficulties at the time, appeared to focus on the following:

- low likelihood of successful prosecution
- the increased trauma to the child from the insensitive interventions of the legal and child protection systems
- limited jurisdiction and resources of Child Protection Agencies, and
- difficulty in keeping families in treatment

Current concerns in the social work field appear to indicate that these issues remain contentious (Waldfoegel, 1998). Such barriers may have influenced case management and the way in which child victims of sexual abuse and decisions regarding their welfare are presently approached. The major models of conceptualising sexual abuse and case management in the social work field seem to have been the following (MacFarlane & Bulkley, 1982):

a) Victim advocacy model: holds the view that child sexual abuse is a crime that warrants explicit punishment of the offender via the justice system. This view assumes that the age of the child or the relationship of the child to the abuser is irrelevant in prosecution and punishment. It also rests on the belief that society in the form of the justice system has procedures in place to protect the rights of children and assumes that the legal process is inherently valuable.

b) Improvement model: has as its focus the welfare and best interests of the child victim. While the value of the legal process is acknowledged, the prosecution of the offender is not always advocated. Of more concern is the way in which the child is treated in the legal system and the consequences thereof. This is practically translated in numerous efforts to improve legal procedures so that they are more conducive to the child witness, and comes from in-depth knowledge of child development and the dynamics of each case. For example, in this model the child victim of incest will often remain in the home while the offending parent is removed. This model also advocates the treatment of abusers usually after sentencing as an alternative to imprisonment and thereby aims to intervene in the nuclear family system.

c) System modification model: stemmed from an effort to address the traditional methods of approaching child sexual abuse, particularly incest. The aim was to create systemic changes in the legal process so that the perceived trauma to the child could be minimised. A major thrust in this model was the belief that little was to be gained for the child, family or society from imprisonment of offenders within the family unit. Instead, it was advocated that the legal system could be used in motivating and providing an

“authoritative incentive for abusers and families to participate in treatment” (Giarretto, 1976 in MacFarlane & Bulkley, 1982). In practice this model endorsed a family treatment programme for intrafamilial abuse, agreed with post-conviction therapeutic sentencing, pre-trial diversion strategies and co-ordinated efforts to defer criminal prosecution in favour of agreements to adhere to treatment programmes (MacFarlane & Bulkley, 1982).

d) System alternative model: takes the stance of being therapeutically motivated in the safety and protection of the sexually abused child, and being committed to the welfare of all members of the family unit that should be preserved whenever possible. Family members in incest cases are viewed as being ill and displaying dysfunctional behaviour patterns, which it is assumed, can be addressed therapeutically. This model stems from the belief that the legal system is powerless to treat cases of sexual abuse, in particular incest, and that individual motivation to change is a prerequisite for change. Therefore, the threat of punishment is seen as coercive and not conducive to change. An underlying assumption is that “if intervention is going to be truly psychotherapeutic, any conditions which interfere with that process must be identified and eliminated or avoided” (MacFarlane & Bulkley, 1982, p. 83). In this regard, involvement in the legal process is seen as counter-therapeutic. Greenburg (1979, in MacFarlane & Bulkley, 1982), claims that a major tenet in this model is the issue of informed consent and confidentiality which are inherently threatened in any attempt to combine law enforcement and the ‘helping professions’.

e) An alternative model: is one that has aspects of the aforgoing while its primary motive is to offer offenders alternatives to prosecution that may include a full confession, agreement to co-operate in a specialised programme, and other criteria dependent on the case at hand. The benefits of this approach are many and varied. Firstly, the guilty plea can minimise time and effort spent in the justice system. Secondly, there seems to be support for the idea that the offender in a treatment programme will, due to the continued threat of punishment, comply with treatment. Thirdly, the benefit to the child victim is the avoidance of having to testify in a court of law against- in incest cases - a parent or relative, and the resulting guilt and trauma. The next benefit of this model is that for the family, it avoids the stigma of a public trial in exchange for the opportunity to work therapeutically towards more functional family behaviour and dynamics. The benefit to the abuser is the chance to therapeutically address his/her behaviour in a treatment programme while avoiding prison and a criminal record and the possibility of still functioning as a member of a family unit and society (MacFarlane & Bulkley, 1982).

2.5.2 Psychologists

Numerous different psychological theories regarding child sexual abuse exist, each focus on why the abuse occurs and the processes that take place when it does occur. Of these, the social or cultural explanations and the individual pathological explanations will be briefly examined.

The social or cultural explanations centre on the role of the family, community and broader social circle in the causation of child sexual abuse. For example, the Family

Systems Theory approach (Sue, Sue & Sue, 1994) views sexual abuse within a family by attempting to understand the purpose it serves to each member of the family. It sees the family as a system that requires each member to play a specific role in maintaining equilibrium in the system. As such, the roles that members play are considered functional and arise out of a particular need. Interactional patterns are the focus of attention and, while adaptive, may be contributing to a dysfunctional family system. In this regard, abusive actions on the part of one member may have a certain function within the family, or may be “an inevitable consequence of dysfunctional patterns of relating within the family” (Jenkins, 1990, p. 24).

Although the Family Systems paradigm seems to be well supported, it has been substantially criticised for its tendency to place blame on the victim of sexual abuse (Sue, et. al., 1994). The argument is that a child victim cannot consent to sexual abuse and should not be held responsible for any abuse occurring at the hands of an adult. In effect, the Family Systems view fails to adequately address the criminal elements of child sexual abuse.

The social view has also been taken up by the feminist camp, which blames particular ideologies for marginalizing women and contributing to a social environment that has given rise to the occurrence of child sexual abuse. Patriarchal domination in social culture has led to problematic gender roles, violation of human rights, the disenfranchisement of women in society and violence towards women. In this light, child sexual abuse is seen as symptomatic of a society’s assumption of a patriarchal ideology. Since women are the victims of assault both within the family and in society in

general, the Family Systems view can be negated (James & MacKinnon, 1990). The feminist view is supported by statistics revealing that women seldom sexually abuse children and that most child victims are female (ibid.).

The feminist view has been challenged from a number of directions. Firstly, it has been claimed that the view takes no account of why some men do not abuse children, nor of the fact that most men are not child abusers (James & MacKinnon, 1990). This would seem to argue against the concept of patriarchal social systems advancing the abuse of children. In addition, some societies appear to have difficulties with child sexual abuse despite being non-patriarchal (van der Mey & Neff, 1986). Pleck (1998) claims that a patriarchal society affects men as much as women as they submit to 'patriarchal competition' and seek to dominate each other in various spheres such as economics and politics. This serves to throw doubt on the feminists blaming patriarchy for child sexual abuse.

Social and family disorganisation has also been heralded as an explanation for child sexual abuse. Rapid social change culminating in the erosion of social certainties is seen as the axis of social disintegration, which in turn affects families, and individual members of society (Haugaard & Reppucci, 1988). This impacts on the self-esteem, behaviour, and moral restraints of individuals and contributes to lawlessness and crime.

From this view, child sexual abuse is a symptom of disintegrating social control. This outlook has been criticised for its failure to account for the occurrence of child sexual

abuse in orderly societies where the theory of rapid social change cannot be applied (Leach, 1993).

Individual theories explaining child sexual abuse appear to focus on individual pathology or illness as reasons for exploitation. There are various different theories within this paradigm, each with a different focus of attention. The psychoanalytic theories focus on intrapsychic conflict while biological theories look at individual deficiencies and the social learning theories see learned patterns of behaviour as the cause for abusive behaviour.

While many different views have been postulated, there is no one theory that adequately explains child sexual abuse. Bearing this in mind, perhaps a composite view such as that suggested by Araji and Finkelhor (1986), is acceptable. However, in an attempt to make knowledge practical and applicable, current research may yield important clues in understanding why abuse takes place. Although it is not within the scope of this paper to examine research on offenders, the following brief synopsis may be valuable.

Research on offenders of child sexual abuse has suggested that there are characteristics that imply a profile of the sexual offender. Sex offenders seem to lack social skills when compared to a normal population (Abel, Osborn, Anthony & Gardos, 1992, in Leach, 1993; O'Connell, Leberg & Donaldson, 1990). They appear to suffer from more cognitive distortions than do members of a normal population (O'Connell et al., 1990), and it has been proposed that sexual arousal in response to particular stimuli is a learned response in offenders (Maletzky, 1991).

Psychologists within the child abuse arena are required to make decisions in case management, therapeutic management and in providing expert testimony. This means they are obliged to familiarise themselves with current research and developments within the field. It also means they will tend to view a particular case according to the theoretical framework they personally subscribe to, and this is likely to impact on how certain decisions are made and individual cases managed.

2.5.3 Child Protection Officers

Police officers have historically been the guardians of social life with their role in society resting on protection of the members of society, and prevention of crime (Walke, 1993). Policing in South Africa has become an area of contention mainly because of its role in enforcing government apartheid policies in the country prior to the first democratic elections in 1994 (to be explained in detail in Chapter 3). The actions of police during that time meant that some members of society became wary, afraid and suspicious of their motives and intentions. This was addressed in The South African Police Service Act (Act 68 of 1995) which “provides for an accountable, impartial, transparent, community oriented and cost-effective police service with high standards of professionalism” (SAPS, 1999). In addition, a proposal aimed at reconstructing the South African Police Service highlighted the “delivering of professional customer service by improving the way police appear in the public eye” (S.A.P.S., 1999, p. 7). The White Paper on Safety and Security (1998, in S.A.P.S., 1999) pinpoints a number of areas for policy interventions, among them the improving police service delivery, particularly to the victims of crime, and the enhancement of a coordinated approach to

crime prevention involving national, provincial and especially local role-players” (S.A.P.S., 1999, p. 5).

The vision of the Police Service, in the new democratic South Africa, is to “create a safe and secure environment for all people in South Africa” (S.A.P.S., 1998). In order to carry out this vision, certain values are upheld as follows (extract taken from S.A.P.S., 1998):

- To render responsible and effective service of a high quality with honesty and integrity, in a manner which is both accessible and acceptable to all people, and which is continuously evaluated and improved upon;
- To use available resources optimally, cost-effectively and responsibly;
- To develop skills by ensuring an equal opportunity for and development of all members; and
- To co-operate with the community, all levels of government and other role players.

In the child protection arena, police officers are involved mainly in the area of identification, investigation and validation of suspected abuse (Collingridge, 1997).

Their responsibilities lie in interviewing the victim, offender and other key witnesses and in a thorough investigation of the circumstances surrounding the alleged abuse.

From this point, a case might be opened and the welfare of the child victim becomes a major concern. Ensuring the child’s ongoing safety may entail the removal or apprehension of the offender or the removal of the child to a more suitable environment.

The police officer will then be involved in processing the case through the legal system

and may be called upon as a witness. It becomes apparent therefore that police officers will be faced with a number of decision-making points in the investigation and consequent procedures. How they make decisions and interpret information is vital to how the case proceeds. For this reason specialised training in working with children, child development and interviewing techniques seems to be a necessary requirement.

To this end, the South African Police Service provides specialist training for officers involved in the Child Protection Unit. This training includes modules on child development, verbal and non-verbal communication, child appropriate language, cultural issues and child interviewing techniques. In addition, all South African Police Service officers have been provided with manuals on the responsibilities and role of the police in relation to human rights. The manuals and workshops provide information on the theoretical basis for the training programme on 'Human Rights and Policing' (Human Rights Unit, 2002).

2.5.4 Prosecutors

Scepticism about the reliability of children's evidence and the impact this may have on children entering the legal system, has been a longstanding social concern. Much of this concern has been fuelled by early researchers in the medical and scientific fields who concluded that children were not reliable givers of evidence in court. In a paper published in 1984 by Heydon (McGough, 1994), an English lawyer, seven areas of weakness in a child's testimony were outlined as follows:

- children were considered less reliable than adults in their powers of observation and memory

- children's inclination towards fantasy meant that they tended to magnify or invent certain events
- a tendency to be egocentric meant that children could be likely to forget any events or details unrelated to their own world
- children, owing to their immaturity, appear to be suggestible and easily influenced by adults or other children
- they may have little notion of a duty to tell the truth and fail to understand the importance of evidence and accuracy
- children may behave with evil intent and then may consent to sexual offences and subsequently deny them, and
- children may enjoy revenge by making false accusations.

These 'doubts' cast on the reliability of children's testimony appear to have culminated in a long history of insecurity and confusion regarding children's ability to testify.

Together with the impetus of earlier research upholding Heydon's remarks the status of children in the criminal justice system has historically been challenged. McGough (1994, p. 19) pinpoints nine reliability risks concerning child witnesses. They centre on the child's lack of sensory capability, lack of attentiveness, perceptual deficits, inability to perform cognitive tasks, inclination towards fantasy, presence of memory traces, trauma-blur, suggestibility and conscious deception.

McGough (*ibid.*) claims these risks arise singly or in combination with each other. While they confirm the views of Heydon (McGough, 1994), and many previous academics,

they may have contributed to the traditionally negative perception of child witnesses that current research may challenge.

A South African Appellate Division case in 1951, *R.V. Manda*, culminated in the judge declaring that “the imaginativeness and suggestibility of children are only two of a number of elements that require their evidence to be scrutinized with care, amounting to suspicion” (Louw & Olivier, 1996, p. 168). This suspicion was followed up in a later case, *Woji v. Santam Insurance Co. Ltd.* in 1981, where the judge stated “the danger of believing a child where his evidence stands alone must not be underestimated” (ibid.).

These statements may need to be seen in the context of South African law, where the Anglo-American adversarial system is followed. This means that any accused is presumed innocent until the prosecution has proved guilt ‘beyond a reasonable doubt’ (ibid.). The South African criminal procedure also adheres to ‘cautionary rules’ whereby evidence given by children in sexual abuse cases should be approached with caution (Louw & Olivier, 1996). In practice this warrants corroboration of a child’s testimony (ibid.). Since sexual abuse of children seems to occur in secrecy and the only testimony is that of the child victim, this legal requirement complicates cases of suspected child sexual abuse.

The plight of child witnesses in South Africa was the impetus behind the Report on the Protection of Child Witnesses published in February 1991. Recommendations focused on making the court experience less traumatic and more supportive for the child witness. In practice, however, although officially accepted as policy in July 1993, these

recommendations seem to be difficult to follow through. While marked improvements have been informally noted, (Louw & Olivier, 1996), there seems to be some concern about the resources available to implement the recommendations (van Niekerk, personal communication). Louw and Olivier (1996), state that the system will need to be monitored daily and research aimed at fine tuning the present system is required if it is to have a permanent and widespread effect on how children are supported in the legal system.

In order to begin understanding the complexities at play when a child is called upon to be a witness, an investigation of the ability of a child to recall autobiographical information is warranted. This investigation according to Goodman and Bottoms (1993) needs to be undertaken within the parameters of a developmental perspective. Thus a child's memory, what and how he/she remembers, will vary according to the age of the child. Research (ibid.) has shown that factors such as the timelapse from incident to recall, who is asking for the recall and the particular situational and contextual cues that are employed, all impact on the child's ability to remember past events. The specific factors identified are: the age of the child; the nature of the trauma and distress; the interviewing procedure, and individual personality differences among children (Eisen, Goodman, Davis, Qin, 1999).

Accuracy and completeness of recall appears to differ according to the age of the child. Cognitive theorists claim that the child's cognitive abilities increase with maturation (Piaget, 1985 in Berk, 2000). Common findings appear to have emerged from the many studies examining the age of a child and the ability to recall events accurately (Dent &

Flin, 1992). Most of these studies began by comparing the free recall of adults with that of children. Results suggest that adults perform better in free recall tasks than children (ibid.). However, this picture changes when other variables are considered. It would seem that objective questioning of children from approximately age 6 to 12 produces as accurate recall as objective questioning of adults. Younger children's recall in the same circumstances appears to be less accurate. The impact of these studies is that to dismiss all children's testimony as false based on their age could be inaccurate. At the same time this illuminates the importance of knowing what factors influence the most accurate recall in child witnesses.

Studies (McGough, 1994) have suggested that reducing the formality of the interviewing environment may enhance the recall and reliability of memories. In addition, nurturing and supportive interviewing appears to encourage optimal reliability. In order to research the above factors, Dent and Flin, (1992) tested the impact of three of the most commonly used interviewing techniques on the accuracy of recall, on a sample of (n=245) children (average age = 10) and adults. Results suggest that the free recall of adults is equal to that of children. Likewise, the general questioning technique revealed little difference between children and adults. However, the results using the third technique, that of specific questioning, indicate that adults have the robustness necessary to withstand this type of questioning, whereas children do not. This result was upheld across a number of different situations. However, when attempting to examine the completeness of recall, a different picture emerged. Adults gave more complete recall compared to the children in response to the free recall and general question techniques. In the special questioning context, the two groups gave equally complete information

(Dent & Flin, 1992). This research acknowledges the complexity of children's memory and the effects of age on memory recall together with confounding variables.

In summary, it appears that open-ended, invitational questioning elicits the best responses from children about the details of abuse. However, in practice, focused questions are used more often which appear likely to result in inaccurate and unreliable recall (Lamb, Sterberg & Orbach, 1999).

One of the mediating factors in examining children's memory seems to be the interplay of memory and trauma or distress. Current research suggests that information vital to the initial trauma is recalled more accurately and easily than peripheral information (Eisen et al. 1999). Indications are that there are also individual differences in the way children react to and remember traumatic events (ibid.). A model explaining children's responses to trauma and tested on a sample of 214 children, appears to suggest that the global adaptive functioning of a child is significantly correlated to the accuracy of recall. A study undertaken by Peterson (in Hardiman, 1996) concluded that there was a significant increase in the recall of three-year-olds (at 90%), when compared with two-years-olds (50%), after a time delay of six months. The results also indicated that while some recall is lost over time (interview one year after incident), recall for forensically important details appears to remain intact.

Attention has been drawn to the perceptions of professionals who work with child witnesses. A study by Brigham and Spier (in Dent & Flin, 1992) surveyed the attitudes of four groups of professionals to assess their beliefs in children's memory,

communication skills, truthfulness and ways of eliciting and presenting child witness evidence. Results indicated that the different roles played by certain professionals elicited varying opinions regarding children's testimony. The most noticeable example is the belief by the majority of defence attorneys that children are unreliable, incapable of remembering correctly and often influenced by suggestion. This comes despite the awareness of research to the contrary (ibid.).

Knowledge of how professionals view child witnesses has an impact on the direction of further research, and specifically on policy changes, recommendations for training and education, and the interface of different disciplines. Perceptions of child witnesses affect the decision-making process at the initial level of investigation. The extent to which a child's allegations are taken seriously determines the decision options available, and the possibility of criminal charges being filed (Dent & Flin, 1992). The next level of decision-making revolves around the perceived ability of the child to produce a credible testimony. At this level, experience, beliefs and stereotypes will impact on how a testimony is evaluated and remembered (ibid.). It has been claimed that "the degree to which psychology can interface with the legal system depends to some extent on the role permitted by the legal professionals themselves" (Lloyd-Boydstock, 1988, p. 21).

Kaminer (2000, p. 6) states that "the justice system has an important role to play in ensuring that the rights of children are protected where the family fails to do so ... (they) need to respond much more appropriately to cases of child abuse... judges have handed down very light sentences in cases of extremely violent child abuse. In one case the judge justified this by saying that since the perpetrator had only victimised his

daughter... he was not a threat to wider society". Kaminer's call to revision the UN convention of the Rights of the Child, in the light of South Africa, is a challenge that cannot be ignored (2000).

This section, thus far, has introduced some of the role players, specifically those included in this study, involved in child protection. The aims of the different disciplines, stemming from various theoretical paradigms, impact on how child abuse cases are perceived differently, giving rise to a number of theories of treatment. In addition, it seems that these perspectives and resultant behaviours may also be impacted on by government and political policy. The next section will examine recommended policies regarding responses to child sexual abuse.

2.6 Recognised Protocol in Child Protection

According to the literature, the need for multidisciplinary decision-making appears to have been recognised in many parts of the world. Concerns regarding the lack of agreement on decision-making in child protection, initiated moves to improve decision-making and thus the quality of service to child victims. Many authors have noted the need for multidisciplinary co-operation in child protection services, with some countries working towards multidisciplinary case management teams. Lazar and D'Urso (1995, p. 8) outline the goals of a multidisciplinary management team as the following:

1. To improve investigation, communication and case coordination among community professionals and agencies involved in child protection efforts.

2. To formally adopt multidisciplinary team approaches as the mandated manner for legal, child protective and health service provision.
3. To understand the nature of multidisciplinary professional relationships and their importance to the process of decision-making.
4. To develop effective case monitoring and focused feedback.
5. To enhance professional and community understanding of child abuse and the necessary investigative, child protective and health and human services to promote victim resolution.
6. To ensure that all victims of child abuse and their families receive appropriate diagnostic, treatment and supportive services in a timely manner.
7. To encourage the establishment of dedicated Child Advocacy Centres to provide multidisciplinary services to each community.

The New Jersey State Governor's Task Force on Child Abuse and Neglect (1992) formally proposed the multi-disciplinary case management team approach (Lazar & D'Urso, 1995). Many other American States have followed suite with multidisciplinary management teams being the preferred method of dealing with decision-making in child abuse. In 1992 the U.S. Department of Health and Human Services took up the challenge and published a manual of guidelines for professionals involved in child protection (DePanfilis & Salus, 1992). The manual, aimed at improving multidisciplinary co-ordination in responding to child abuse and neglect, details key principles needed to enhance professional coordination. These principles are (taken from DePanfilis & Salus, 1992):

- 1) agreement on common goals,
- 2) understanding of professional roles and expertise,
- 3) open communication, both formal and informal, and
- 4) protocols, reporting policies and feedback procedures.

Whilst the call to work collaboratively in protecting children from abuse appears vital, conflict in multidisciplinary relationships is not uncommon (DePanfilis & Salus, 1992). There might be numerous causes for this. However, some pivotal reasons have been noted, specifically the difficulties that arise from decision-making strategies, interpersonal relationships, competition, territorialism or a lack of cooperation (ibid.).

This move towards professional teamwork in an effort to provide a better service to child victims and their families, has given rise to the development of many structured decision-making models and protocols in the child protection field. The aim of such protocols appears to be to:

- a) improve on the level of “consistency, objectivity, and validity” (Wiebush, Freitag & Baird, 2001, p. 1) of decision-making in child protection; and
- b) to streamline role player’s efforts and abuse reports so that resources are maximised and the most immediate cases attended to (ibid.).

Research results on structured decision-making models have had promising outcomes. While decision-making appears to have traditionally been the product of clinical judgement, research indicates that such decisions reflect significant variations according to the professional concerned (Dalglish, 2000; Thoma, 1998; Wiebush, Freitag &

Baird, 2001). The Michigan Structured Decision-making Model was implemented in 13 counties in the USA, from 1992 to 1993, as part of a pilot test, with 11 counties providing the control. Results indicated that the test counties were significantly more likely to follow up on high risk cases of child abuse than the control counties, with an indication of higher levels of family participation in skills training and mental health services (ibid.). In addition, those counties not using the model were more likely to close high-risk cases and had a significantly higher re-referral rate. These results provide support for a structured decision-making model, particularly in child protection where individual judgements may impact negatively on the prevention of further abuse and the protection of the vulnerable child.

Structured decision-making models and decision protocols attempt to outline the points of decision-making that professionals will be faced with. From the first point of entry into the child protection arena to the last, professionals are faced with difficult and stressful decisions, often in the light of conflicting evidence and a lack of information. These areas of decision-making for professionals, according to DePanfilis & Salus (1992) are:

1. Identification of possible abuse: this entails some prior knowledge, on the professional's part, of abuse indicators and symptoms.
2. Reporting: this is the formal response to the identification of possible abuse and aligns with the legal requirements of mandatory reporting. Specific reporting procedures may have been outlined by the local governing authority which will include who the report is made to, the information

required to make a report, how it is made and when. In addition, the specific reason for reporting and source of information is important (MacDonald, 2001).

3. Intake: requires that two main issues be addressed. Firstly, the report needs to be judged according to policy guidelines, i.e. does it meet the standards for abuse or neglect as outlined by the relevant authorities (MacDonald, 2001), credibility of the reporter and sufficient information upon which to act. The second issue is to judge how urgent the referral appears to be.
4. Assessment and investigation: this entails the assessment of the reporter's initial concerns, for example physical harm, emotional harm, developmental delays or dysfunctional behaviour. The initial concern should be the safety of the child and immediate implications thereof (MacDonald, 2001). This means deciding what needs to be done to ensure the child's ongoing safety while the issue is thoroughly investigated. Child protection workers have recourse to different measures of intervention depending on the variables of each case, however, if the child appears to be at risk for harm, the offender could be arrested or the child removed, although the latter seems to be the least desirable action. Thereafter, a thorough investigation of the circumstances is undertaken which will include gathering and evaluating evidence from numerous sources. This part of the decision-making process is primarily done by police personnel and assisted by social and mental health workers who may be asked to submit reports on psychological, emotional and family functioning. Interviews, psychometric measures, expert assessments,

observations, medical evidence and documents are used to gather the relevant information (MacDonald, 2001).

5. Family assessment: a needs assessment investigating the particular circumstances of the family involved, is warranted. This focuses on factors that may contribute to this child being at risk or the particular family being at risk or vulnerable, such as poverty, social isolation, lack of skills, adjustment difficulties, health issues, poor relationships, lack of support services and others (MacDonald, 2001). The main decisions will concentrate on understanding the causes of the abuse, the effects and possible interventions, areas of strength and the prospects for change.
6. Case planning: this entails weighing up the facts gathered so far and prioritising them into plans of action. It also may mean that family members are included in the decision process, however, the aim of this stage of decision-making would be to develop a case management plan that upholds the best interests of the child.
7. Treatment: responding to the abused child means acting appropriately to decrease the child's level of risk. Therefore there are many treatment or intervention plans, which may include going to court, counselling, offender programmes, skill training or alternative care for the child.
8. Evaluation: the case management plan is evaluated according to its ability to keep the child safe, achieve the goals of child protection, reduce the risk of reoccurrence and ability to alleviate the vulnerability of the child and family by providing necessary services.

9. Case closure: if the decision-maker, agency or team involved is satisfied that the goals of safety, intervention and prevention have been adequately met, the case may be closed.

While the above is an example of the kinds of decisions and decision-making processes that may be followed, different professionals and agencies have various ways of addressing child abuse reports. In addition, the different professionals will be involved at different stages of the process in different ways. DePanfilis and Salus (1992) have outlined the decision-making process in the light of the expected participation of different professionals (see Appendix A).

The process of making decisions in child protection appears to be stressful, difficult and fraught with uncertainties. This makes decision-making personally difficult, something which may be alleviated, in part, by teamwork and collaboration as suggested by Lazar and D'Urso (1995). Gil (2001) cautions that it is unacceptable to intervene in suspected abuse cases by threatening the alleged offender, bargaining, abandoning a client or conducting one's own investigation.

2.6.1. Recommended policy guidelines in South Africa

The National Policy Guidelines for Victims of Sexual Offences in South Africa (Department of Justice Task Team, 1996) was the result of a high-level intersectorial task team established under the auspices of the Department of Justice to develop guidelines for all role players handling sexual offences. The specific aim in drawing up such a document would be the "development of an integrated and holistic" (ibid., p. 2)

approach to these offences that would be applicable across government departments, individual professionals and non-government organisations throughout South Africa. The intention was that the guidelines would assist service providers when faced with suspected child abuse, by being a practical tool, and that it would thereby improve the experiences of victims in the legal system.

The procedural guidelines for social welfare workers or any professional falling under this designation, such as social workers, reported in the National Policy Guidelines, is as follows:

- Report of suspected abuse
- Interview child and parents
- Strive to serve the best interests of the child
- Report to child protection
- Assist non-abusing parent in child's safety
- Open case file
- Offer continued support
- Assess risk of other children
- Assist abuser in effective treatment

Since no formal decision-making protocol is available for psychologists, the discipline then falls under Section 42 of the Child Care Act (1983, in South African Law Commission, 2001) and the Domestic Violence Act (1998, *ibid.*), requiring mandatory reporting and adherence to the ethical principles outlined in the South African code of

ethics for psychologists (Psychological Society of South Africa, 1999). The key principles are:

- Competence
- Integrity
- Professional responsibility
- Respect for people's human rights and dignity
- Concern for other's well-being
- Social responsibility

These principles serve to guide psychologists in every aspect of their professional work and are upheld by specific guidelines outlined in the ethical standards, such as confidentiality and the well-being of clients, which are enumerated in detail in the Ethical Code (Psychological Society of South Africa, 1999).

The South African Police Service falls under the National Policy Guidelines for Victims of Sexual Offences in South Africa (Department of Justice Task Team, 1996) where a specific decision-making protocol for police officers investigating a sexual offence is outlined as follows:

- Report of suspected abuse is received
- Assess need for medical examination
- Assess desire to lay a charge – if positive open docket – if negative refer for counselling
- Engage help of specialised child protection officer

- Activate investigation
- Secure safety of the child
- Arrest perpetrator or remove child
- Inform victim of police procedures
- Advise parent on case confidentiality
- Explain need for medical examination and obtain consent
- Offer referral for counselling
- Offer support
- Registration of case docket

The policy recommendations given for prosecutors in sexual offence cases, in line with the Department of Justice and the National Policy Guidelines, do not give a detailed decision-making protocol, but rather uphold certain principles that should inform practice specifically in the case of sexual offences. These principles focus on:

- using a specialist prosecutor
- empathic and respectful consultation with the victim
- thorough consultation with Accredited Health Care Practitioner
- efficient consultation with the police
- special treatment such as no undue delays, exposure to offender, etc.
- proceedings 'in camera'
- the use of intermediaries (the choice is left to the child)
- opposing of bail
- proceedings in court

It appears from the National Policy Guidelines, that the recommended protocols are similar in some respects and different in others. One of the main differences in the protocols for social workers and police officers lies in the call to 'strive for the best interests of the child' which reflects in the social worker's protocol and not in the police officer's. In relation to the prosecutors and psychologists, 'striving for the best interests of the child' may be implicit in the guiding principles. This may raise concerns since these principles appear to be open to interpretation. In the absence of explicit guidelines and definitions of the 'best interests of the child' for these professions, the National Policy Guidelines may be encouraging, by default, different decision-making processes.

One of the obvious differences in the national protocol is the recommendation that police officers assess a desire to lay a charge. This indicates that if the victim or victim's family do not want to lay a charge the police are powerless to proceed. The social worker's recommended protocol differs and does not take heed of the explicit desires of the victim or victim's non-offending family. This too may encourage different decision-making processes. Again, recognising and respecting the victim's wishes may be implicit in the principles recommended for prosecutors and psychologists. However, since they are not made explicit, individual judgement becomes the qualifier.

Since many different professionals are often involved in one case of suspected child abuse, professional co-operation is important. However, professional guidelines that enhance this co-operation may also be an important aspect. Hallet (1995, in Waldfoegel, 1998) claims that comprehensive procedural guidelines and a specific instrument for working together "can be very helpful in promoting interagency coordination"

(Waldfoegel, 1998, p. 174). Indications are that interagency co-operation may impact positively on the quality of services to abused children and their families (ibid.).

Conversely, when the procedural recommendations are different or implicit, as in the South African National Policy Guidelines, the co-operation of the multidisciplinary team may be compromised. This in turn may negatively impact on the quality of services offered to abused children and their families.

In summary, there seems to be little descriptive or empirical data on how the different disciplines involved with suspected child abuse in South Africa, make decisions or attend to reports of child sexual abuse. Since studies from other countries have noted the importance of structured decision-making instruments and multidisciplinary approaches to child abuse, there seems to be a need for research in this area.

International research has concluded that professional co-operation and coordinated responses to child abuse may be enhanced by efforts to improve professional understanding (McFarlane, 1993). For this to be a reality in South Africa, it may be necessary to investigate the decision-making processes of various professionals involved in child sexual abuse, how these processes differ from each other and from recommended protocol. This may provide a basis on which to begin understanding why different key role players think and behave differently, if indeed they do.

Chapter 3: Child Abuse in a South African Context

3.1 Introduction

In situating this research within relevant literature it becomes important to take cognisance of areas of impact extraneous to the academic field. The aim of this chapter is to orientate the reader to the specific context of child abuse in South Africa. While the statistics, definitions, different role players and general literature on the subject of child abuse was examined in chapter two, this belies the subjective context of what is happening in South Africa today. Since this study focuses on the subjective experience of key role players as they make decisions in cases of suspected child abuse, it may be important to situate their experiences in a broader ecological context.

This is theoretically in line with Bronfenbrenner's (1979) Ecological Systems Framework. According to this view, society is made up of a number of interdependent systems whose impact on each other is experienced at every level, from the Microsystem and the Mesosystem, through to the Exosystem to finally the Macrosystem. This approach recognises the impact of social culture, government policy, political ideals and conflict on those who make decisions at the most basic levels. In line with this, the media too is influenced by prevailing political policies and may at times be the forum in which political conflicts play themselves out. As such, the media is a powerful tool and as a disseminator of political and public opinion also sets the scene for decision-makers in child protection.

3.2 The role of the media

The media plays an important role in disseminating current perceptions of this 'lived experience' (Deputy President Zuma, 2001, cited in iafrica.com, 23 Nov. 2001). They also portray the emotional impact of child abuse where statistics may fail to depict reactions to such reports. The media may illustrate the complexities of the South African situation, as they are understood by leaders in different fields, and the reading public. In this light, it may be possible to obtain a measure of public opinion by monitoring media reports. While media reports do not have specific claims to truth or scientific knowledge, they are instrumental in creating public awareness and useful for portraying collective opinion. The media forum may reflect a particular culture of understanding and responding to child abuse. Since key role players are currently making decisions within a contextual framework, media reports may hold vital emotional and reactive cues that help to situate and contextualize this study.

3.3 The role of the South African Law Commission

The role of the South African Law Commission may also need to be explained at this point. The Commission was established in 1973 as an "advisory body whose aim is the renewal and improvement of the law of South Africa on a continuous basis" (South African Law Commission, 1997(a), p. 1). The Law Commission monitors the current state of affairs and offers recommendations by initiating law reform proposals and publishing issue papers, discussion papers and draft reports. These reports are then submitted to the Minister of Justice for consideration and made known to the public via an official media statement and conference (South African Law Commission, 1997(a)). The Commission has a media policy to direct and control the way in which

recommendations are made public. Since the Commission is accountable to the Minister of Justice and ultimately to Parliament, it seems that any findings, drafts and media statements may need to meet certain ideological parameters. In this regard the guidelines state “to ensure the integrity of the public and the independent process the Commission strives to uphold and to eliminate confusion and conflict, the Commission requires all public statements relating to the work of the Commission...to comply with the guidelines” (South African Law Commission, 1997(a), p. 6). The Law Commission has been instrumental in recently proposing reforms in the Child Care Act and the Sexual Offences Act (South African Law Commission, 1997(b); 2001). These are currently under discussion with the intended draft paper scheduled for February 2002. The South African Law Commission remains an active force in the child protection field, however, it too is subject to the influences of political policy and conflict, and in turn may exert an influence on decision-makers involved in child protection.

3.4 Concerns raised by the media regarding child abuse

Media reports concerning child abuse cases and both public and political reaction to them were obtained from major newspaper and television media outlets. Reports that appeared around the time of the interview process were used, together with others that seemed particularly pertinent to this study. This literature is not considered academic or scientific but rather as ‘data’ in accordance with the Grounded Theory Method (Dick, 2000). Headlines in South African newspapers and by the South African Broadcasting Corporation have highlighted the current situation regarding child sexual abuse with statements such as:

- “SA’s culture of sexual violence ‘endemic’” (Independent Online, Nov. 17, 2001)
- “SA’s image suffers: two kids abused ” (iafrica.com, Nov. 3, 2001)
- “Criminal law is failing South Africa” (iafrica.com, Nov. 8, 2001),
- “Children are no longer safe in our society” (Daily News, Nov. 14, 2001),
- “Moral summit on increased child rape planned” (Mercury, Nov. 14, 2001)

Media reports such as the above, suggest that the current social culture in South Africa is being portrayed as failing to support and protect the rights of children. While South Africa is a signatory to the United Nations Rights of the Child, the practice of upholding these rights may give rise to complex dilemmas for government, policy makers and professionals. President Nelson Mandela on 16 June, 1995, (Office of the President), committed to the ratification of the United Nations Convention on the Rights of the Child. This was seen as an expression of political commitment to ensuring that the rights and safety of the children of South Africa would become a priority at all levels of government.

Widespread outrage at the increasing rate of child sexual abuse as reflected in media reports, indicates that government policies and interventions do not seem to have impacted significantly on the safety of children (Natal Witness, Dec. 4, 2001; iafrica.com., Nov. 26, 2001). Recent headlines confirm the concern for abused children from the highest levels of social authority to the general public. Statements, reported in the media, from prominent political leaders reflect the growing frustration with traditional ways of addressing the issues at hand and reiterate that the problem of child

abuse in South Africa needs to become the concern of every citizen. Media reports on the 4 December 2001 following outrage over a succession of child rape reports expressed the anger of a number of prominent political figures. Gauteng Safety and Liaison Minister, Nomvula Mokonyane issued a statement saying, "... the government's message is that it is high time that everybody takes a stand against this. Mothers and fathers need to be vigilant. They must protect their children" (Natal Witness, Dec. 4, 2001). The Inkatha Freedom Party spoke out against abuse saying "South Africans should be allowed a referendum to vote on whether the death penalty should be reinstated for child rapists" (Natal Witness, Dec. 4, 2001). A response from the African National Congress stated "we call on all South Africans to join us in protesting against this hideous crime" (Natal Witness, Dec. 4, 2001). The Democratic Alliance issued a statement of outrage saying, "South Africa cannot afford another horrifying weekend" (Natal Witness, Dec. 4, 2001), while the New National Party reacted to the recent increase in reports of child sexual abuse by announcing "the government should send out a clear message that child rapists will be tracked down and removed from society" (Natal Witness, Dec. 4, 2001).

While media reports purport a nation in crisis, they seldom seem to clarify reasons for the increase in child sexual abuse. This comes with the exception of the link between HIV/Aids and child sexual abuse that has been emotionally debated in the media. Nelson Mandela was reported as saying that "a campaign should be launched to dispel the myth that sex with a virgin, child or baby can cure HIV/Aids" (Natal Witness, Dec. 4, 2000). Judge Kenneth Mthiyane referred to the prevailing myth when he, in sentencing, said "you may have done this in the stupid belief that after sexual intercourse with a virgin

you may be cured of HIV or Aids” (Mail & Guardian, Aug. 18, 1999). The origins of this myth according to Deborah Valeka of Life Line (Redpath, 2000) go further than the Aids debate to a traditional legend that claimed sexual intercourse with a virgin was a cure for Sexually Transmitted Diseases.

While one of the most recent causes given for the increase in sexual crimes against children is this link with mythical beliefs, South African political policies of the past have been pinpointed and blamed for creating an environment that historically condoned human rights abuses and set the scene for the current lack of moral standards. It is not within the scope of this research to discuss in depth the policies that give rise to this view, their effects will however, be briefly mentioned.

The Apartheid policies, whereby racial segregation and white supremacy were upheld, resulted in massive violation of human rights. Inequality in resources such as education, meant that certain populations were directed towards the mass labour force resulting in personal frustration, poverty and social disintegration. Attempts by the minority to address this situation were silenced and often resulted in mysterious deaths, detention without trial and more stringent limits to personal freedom. 1994 saw the release of Nelson Mandela and the dismantling of Apartheid that led the way to the first democratic elections in South African history. However, the backlash of policies under the mantle of Apartheid, such as the Group Areas Act and ‘migrant labour’ meant that a change in power did little to change the lives of ordinary South African people who suffered under the previous government. High unemployment rates, a weakly resourced welfare support system, low levels of education, the breakdown of family structures,

escalating crime and extreme poverty were some of the issues the new democratic government needed to work with. Some writers have claimed that the injustices of the past have contributed a great deal to the current levels of crime against children. An International Children's Summit in 1992 culminated in the drawing up of the Children's Charter of South Africa. This Charter recognises that within South Africa, "children have not been treated with respect and dignity, but as a direct result of Apartheid have been subjected to discrimination, violence and racism that has destroyed families and communities and has disrupted education and social relationships" (The Children's Charter of South Africa, 1992). Child abuse may, in this context, be seen as a symptom of destabilisation and human rights offences that may have contributed to a culture of violence and oppression.

Some media reports appear to confirm this notion:

- Speakers in parliament are reported to have linked "moral degeneration to apartheid exploitation, poverty and marginalisation" (The Mercury, Nov. 14, 2001),
- "Recent studies indicate that among the major causes of child abuse and prostitution is family disintegration" (Echo, Aug. 28, 1996),
- "... these mothers reason that by not reporting the matter to the police, they save the family because if the father is the breadwinner and he goes to jail, they do not know how they will survive" (Echo, May 7, 1998).

The legal system has frequently come under the spotlight in the media and has been criticised for the actions and judgments taken in child abuse cases. This criticism was taken up in a recent meeting when Deputy President Zuma is reported to have stated, "... from prosecutors, senior counsels, attorneys to magistrates and judges, they need to join the debate about how to make this society crime-free. We need to openly debate with them the issue of making the law an effective deterrent against wrongdoing" (iafrica.com, Nov. 23, 2001). This raises the question of what initiatives have been taken in attempting to address the issues provoked by child sexual abuse in South Africa. Media reports indicate that certain possibilities have been raised. In 1997 groundbreaking legislation was created to provide for a Commissioner for Children in Kwa-Zulu Natal. The aim of this position would be to investigate child abuse cases when other channels had failed, and to give attention to the training and development of government departments and employees in the area. The legislation also made provision for a register of child abuse offenders (Natal Witness, May 16, 1997). This move, as reported, was prompted by dissatisfaction with the lack of response in ensuring the implementation of the Right of the Child as recommended by the United Nations. The establishment of a central registry has however been an issue of contention, the main concern being the right to privacy of the offender and the infringement of their rights. In 1998, Welfare and Population Minister, Geraldine Fraser-Moleketi was reported as saying that a task team to investigate the introduction of a national register of sex offenders had been established (Natal Witness, Jan. 23, 1998).

Public protests have attempted to address the seeming lack of governmental action with regard to child abuse. Recently the Gauteng provincial government launched a 16 day

campaign to highlight awareness of women and child abuse (iafrica.com, Nov. 26, 2001). The intention was to unite provincial and local government as well as non-government and community organisations and the police. This public outcry was one way of expressing disgust and dissatisfaction with the current situation, and local headlines reflected the outcome by commenting "hundreds march against child abuse" (ibid.). Efforts to highlight the plight of abused children extended to a petition on the Internet calling for young children's testimonies on video to be admissible in court (Natal Witness, Apr. 25, 1998).

Detective Michael Johnson from the United States was invited to South Africa to engage in a number of workshops aimed at strengthening teamwork and developing a system of intersectorial management of child abuse, as reported in the Natal Witness (Nov. 26, 2001). Johnson is reported as describing the current situation as "an extremely under-resourced, under-staffed and unskilled sector that is battling to cope with a level of abuse that is far more heinous than I have ever experienced or read about" (Natal Witness, Nov. 26, 2001). At the workshops he discussed an innovative system in America, the one-stop Child Advocacy Centres. Moves such as these attempt to get advice from other professionals and engaging in multidisciplinary forums is a positive step towards making the needs of children in South Africa today a priority.

The increased reporting rates of child abuse have been claimed to be, in part, the result of a police awareness strategy according to the National Detective Services spokesman as reported in the media (Natal Witness, Dec. 4, 2000). While resources in South Africa

are scarce, it seems attempts are being made, at both government and organisational levels, to address the child abuse 'epidemic' in whatever way possible.

3.5 Conclusion

According to local media, the historical remnants of political policies appear to have impacted on the current incidence of child sexual abuse in South Africa. The media as a disseminator of information and opinion has been used to reflect printed public and political reactions to the concern regarding child abuse, as well as providing a forum for political parties to play out their conflicts. However, it must be remembered that media reporting is by necessity often brief, sensational and subjective and in this sense reflects the mood and attitude of current affairs, and not necessarily objective truths. Since key role players work within this context, and may be affected by it, a reflection on the current mood surrounding child abuse in South Africa was deemed worthwhile.

Chapter 4: Decision-making Models and Related Research

Decision-making is one of the key elements in the case management of suspected child abuse. All involved professional role players are expected to make decisions about the way in which a particular case proceeds, and may be required to account for those decisions and their consequences. Research on decision-making indicates that this is a complex field, particularly when the stakes are high, as in child sexual abuse. This chapter will briefly orientate the reader to the field of decision-making by looking at definitions, components of decision-making, related models and research. This section is intended as a brief overview only.

Decision-making can be defined as the “process of sufficiently reducing uncertainty and doubt about alternatives to allow a reasonable choice to be made from among them” (Harris, 1998, p. 1). It can also be defined as the “study of identifying and choosing alternatives based on the values and preferences of the decision-maker” (ibid.). Together these definitions stress some important points in decision-making, namely that there is a choice to be made among alternatives, that the ultimate choice is the alternative that most closely aligns with desired outcomes and values and that decision-making involves a process of gathering information. Decisions also involve risk and are aimed at reducing uncertainty (Harris, 1999; von Winterfelt & Edwards, 1986).

4.1 Approaches to decision-making

Different theories encompassed in the field of decision-making can be differentiated by their focus and whether they are normative, prescriptive or descriptive (Svenson & Maule, 1993; von Winterfelt & Edwards, 1986). These main fields, encompassing a number of approaches to decision-making, have traditionally been the impetus in decision-making theory and research. However, recent strides in decision-making research have centred on a new area of investigation, namely, Naturalistic Decision-making (Klein, 1998; Lipshitz et al., 2001). Although not fully accepted in the field, this view has interesting and valuable contributions to offer.

Decision-making theories can be traced back to the early 1800's when games of chance were subjected to mathematical analysis in an effort to understand and describe theories of human behaviour (Goldstein & Hogarth, 1997; Mellers, 2000). Over time these mathematical explanations of chance and predictability developed into a highly scientific field of decision analysis. Decision analysis is a normative theory, thus its focus is on what decisions people should be making in particular situations. Examples of these are Bayes's theorem, which uses mathematical concepts to estimate the likelihood or prior probability of a certain outcome as measured against current data. This gives rise to the conditional probability that a certain outcome will result. MacDonald (2001) argues that this model is particularly useful in the assessment stages of the child protection arena. The Subjective Expected Utilities Model (Goldstein & Hogarth, 1997; Mellers, 2000; von Winterfelt & Edwards, 1989) has been hailed as the dominant approach. In this approach the beliefs of a particular outcome, held by decision-makers, are weighed heavily in predicting an outcome based on utilities (Mellers, 2000). The

core of these theories is founded on rationality and the expected value of probability which, with the use of mathematical concepts, can be used to predict choices and behaviour.

The decision analysis paradigm assumes that preferences in decision-making lend themselves to mathematical description and by applying a set of rules, can be empirically discovered and measured. While this approach takes uncertainty into account, it has been criticised for its experimental orientation and for failing to consider personal characteristics, implicit values and the personal history of decision-making in certain contexts (Azar, 1999; von Winterfelt & Edwards, 1989). Fischhoff (Azar, 1999) counters this critique by arguing that experiments undertaken in laboratory settings have a significant contribution to identifying new phenomena that warrant empirical verification in laboratory settings. Whilst being outdated, studies conducted by Meehl (1954, in Goldstein & Hogarth, 1997), continue to have significant academic value today. They concluded that decisions based on “intuitive clinical judgements...are almost invariably less accurate than a simple statistical combination of the same information available to the judge” (Goldstein & Hogarth, 1997, p. 6). This view has been modified by accepting the merits of laboratory work as well as field results (Azar, 1999). The decision analysis paradigm’s strengths may lie in the rigour with which results are produced lending itself to validation and replication (Shafir, Simonson & Tversky, 1997).

In contrast, behavioural decision theory is defined as a descriptive model of decision-making, based on describing the real life actions of decision-makers and arose from an

attempt to make the understanding of decision-making more practical and applicable. This view is also referred to as a reason-based paradigm and is supported for its ability to align with everyday reality. However, since the models in this paradigm are more informal and best suited to qualitative data, they have been criticised for being vague and unreliable (Shafir et al., 1997). A further critique focuses on the assumption that reported reasons for action have a direct relationship to reality. The argument claims that explanations may at times have no bearing on reality since “subjects are sometimes unaware of the precise factors that determine their choices, and generate spurious explanations when asked to account for their decisions” (Shafir et al., 1997, p. 71). The multiple decision-making criteria paradigm (Henig & Buchanan, 2001) is an example. This model takes into consideration, when describing decision-making, the implicitly held values, beliefs and history of the decision-maker and aims to make this explicit. The purpose behind this aim is based on the assumption that if a decision-maker can be encouraged and helped to examine his/her subjective and implicit contribution to decision-making, then such decisions will be made more carefully and may give rise to improved outcomes (Henig & Buchanan, 2001). Studies examining two types of justification pressure on decision-makers concluded that an explicit justification process entails more complete processing of information and possibly more thorough decision-making (Huber & Seiser, 2001). In addition, predecisional distortion has been shown to interfere with jurors’ capacity to integrate information in decision-making, and refers to the tendency to select and interpret new evidence in order to support the initially favoured verdict (Carlson & Russo, 2000).

From this paradigm, the decision-making process is seen as creative, recursive and dynamic (Harris, 1998; Henig & Buchanan, 2001). It is a process whereby the decision-maker, while initially having little information to go on, builds up a set of criteria and attributes that are refined as contradictions arise and explanations need to be found. Other examples are Prospect theory (von Winterfelt & Edwards, 1986) and the Bioethical Decision-making model (Husted & Husted, 1995). Reason or explanation based models of decision-making have been used to understand a wide variety of settings in a number of disciplines, for example how jurors address decision-making under time pressure and stress (Pennington & Hastie, 1992).

While decision analysis theories, seem to have been well supported, Mellers (2000) argues that these theories have neglected to focus on emotions in decision-making. Recent interest in the role played by emotions in decision-making seems to be drawing support (Finucane, Alhakami, Slovic & Johnson, 2000). Emotions have historically been claimed to play an adverse role in rationality: “they are said to wreak havoc on orderly thought, interfere with logical reasoning, and subvert even the most carefully laid plans” (Mellers, 2000, p. 120). However, the role of emotions in decision-making can be adaptive and positive as claimed by Mellers (2000), and needs to be accounted for within modern decision-making theories. In this regard, Mellers (2000) states that some descriptive accounts that accommodate emotions such as the Subjective Expected Pleasure Theory may encompass the reality of decision-making more completely than normative theories. This view has been upheld in recent research. The role of affect experienced when decisions are in the process of being made has been studied by Loewenstein, Weber, Hsee & Welch (2001), and the role of the ‘affect heuristic’ in

judgements of risk and benefits has been published by Finucane, Alhakami, Slovic and Johnson, (2000). MacDonald (2001, p. 243) highlights the dominance of first impressions in decision-making concluding that "... initial judgements are highly resistant to change. Once formulated, they tend to mould subsequent information gathering in a confirmatory, rather than disconfirmatory way".

A fairly new development in theorising about decision-making is that of Naturalistic Decision Making (referred to as NDM). First introduced in 1989 by Gary Klein (1998; Lipshitz et al., 2001) its aim is to understand decision-making in stressful situations. NDM is upheld by a theory Klein refers to as Recognition-Primed Decision-Making (Klein et al., 1993). The theory purports that people make decisions based on experience. Instead of contemplating a number of alternatives and engaging in a cost/benefit analysis, they rely on the familiarity of a situation to choose the option with the 'best fit'. This frees the decision-maker to attend to unusual attributes of the decision context and in effect enables him/her to make quicker sense of the situation while absorbing its unique dynamics (Azar, 1999). The theory is most suited to research on professional decision-making since it incorporates making decisions under time pressure, high stakes, personal responsibility and shifting conditions. Azar (1999) reports that NDM research focuses on expert, tactile decision-making and the strengths that decision-makers bring to the process. Klein garners support for his model by arguing against the traditional focus on narrowing "decision-making to a set of probabilities and statistics" (Azar, 1999, p. 4). The main contributions of NDM theory are claimed to be coping with uncertainty, team decision-making, decision errors and a particular methodology (Flin, Salas, Strub & Martin, 1997; Lipshitz et al., 2001).

Specific models of decision-making have been developed from the above theories in order to address many different and diverse fields. Economics and management arenas have made use primarily of the statistically based predictive models while psychology and the law have made use mainly of descriptive models (von Winterfelt & Edwards, 1986). In each case the theories may be adapted to suit the particular environments to which they are best suited, often giving rise to decision-making protocols or recommended decision trees intended to be used as aids to decision-making (ibid.). Research into the willingness of decision-makers to use models as aids to problem solving concluded that decision-makers were more invested and more likely to use models as aids when they had been engaged in the development process (Kaplan, Reneau & Whitecotton, 2001). This implies that policy makers may need to engage invested parties in the drawing up of recommended protocols if they intend for them to be used.

4.2 Components of decision-making

Decision-making is made up of a number of components, namely the decision environment, quantity and decision-making and the decision context. These are briefly examined below.

4.2.1 The decision environment

The decision environment is made up of the information available, alternatives, values and preferences of the decision-maker at the time of making the proposed decision (Harris, 1999; Schick, 1997; Slade, 1994). 'Information' is defined as all knowledge

about the decision to be made, the different options available to the decision-maker and an acknowledgement of the effects of such options, both long term and short term, on invested parties. 'Alternatives' refers to the range of choices the decision-maker has at his/her disposal and while they may be easily identifiable, they may also need to be created since "searching for pre-existing alternatives will result in less effective decision making" (Harris, 1998, p. 4). Criteria refer to the 'characteristics or requirements' that are used to rate the different alternatives and their relative acceptability that is usually measured against a desired goal or outcome. 'Preferences' refers to the inherent belief system and moral values of the decision-maker that may impact on defining the desired goal of the decision-making.

Various factors serve to complicate this decision-making environment. Time constraints play a role in pressurising the decision-making process as do available resources, such as man-power or finances necessary to gather information or carry out a certain decision (Slade, 1994; Svenson & Maule, 1993). Because the environment is not always conducive to decision-making the primary challenge is uncertainty (Svenson & Maule, 1993). Thus the major aim in the early stages of decision-making is to minimise uncertainty.

Harris (1998) notes that two important issues related to decision-making need to be recognised. Firstly, the wisdom of hindsight. As time passes the decision environment continues to change and part of this change may be accessing more information and the availability of new alternatives. Because the decision-making environment has redefined itself, decisions made after the time constraint may often be better than the original.

Secondly, reflecting on the above, it stands to reason that delaying a decision until the latest possible time may give rise to a better decision based on more accurate information. One occasion when this scenario is complicated is when options expire with time, or when the threat of danger is imminent. However, in general, delaying a decision for as long as possible enables the decision-maker to access more information and the potential for more alternatives, and over time may allow for the decision-maker's preferences to change or mature.

4.2.2 Quantity and decision-making

One of the major difficulties in making decisions under stress and time pressure is the availability of information. While decisions made on the grounds of too little information may give rise to inaccurate or wrong decisions with negative consequences, accessing too much information may give rise to a number of problems, such as information overload, mental fatigue, selective use of information and decision paralysis (Harris, 1998).

Therefore the decision-maker is in the difficult position of needing to decide when enough information has been accessed with which to make a decision that will provide the desired outcome. This in itself is a judgement call that, in situations typified by high stress, stakes and uncertainty such as child protection, may give rise to significant conflict. Decision-makers deal with the interplay of these factors in different ways, which will be outlined in a later section.

4.2.3 Decision context

Decisions occur in a particular environment as well as in a particular personal context. This context is the accumulation of previous experiences with decision-making and theoretical and practical assumptions about particular issues. Thus every decision has the likelihood of occurring in a context where it follows on from previous decisions, enables future decisions, and limits the possibility of other decisions (Harris, 1998; MacDonald, 2001). This is supported by Bronfenbrenner's model (1979) outlined in chapter 3. The implication of this decision-making context is that multiple variables combine so that the decision-maker chooses or creates alternatives to problems within a particular framework of experiences and social being. This social being incorporates the implicit impact of the different ecological systems on the decision-maker as he/she engages in meaningful social action (Bronfenbrenner, 1979).

4.3 Decision-making strategies

The task of any decision-maker is to gather information about a decision or problem, to consider alternative solutions and to weigh-up and ultimately choose the best possible solution in line with a certain desired outcome. The interplay of a number of variables may make decision-making a complex activity, and in order to cope with the demands of different situations, decision-makers rely on a number of strategies to facilitate this exercise. While there are many different strategies, four will be outlined below (Harris, 1998; Svenson & Maule, 1993):

- 1 Optimising: this occurs when the decision-maker chooses the best possible solution among a number of alternatives that are mediated by the relative

importance of the problem, the time urgency, the resources available for implementing certain alternatives, the cost and the decision-maker's personal value system.

- 2 Satisficing: this strategy entails choosing the first alternative that appears satisfactory rather than attempting to find the best solution.
- 3 Maximax: this occurs when a cost/benefit analysis is undertaken and the choice offering the best or maximum reward or payoff is chosen resulting in a favourable outcome with high potential.
- 4 Maximin: this strategy entails choosing the alternative with the least negative outcome and is often used when outcomes are expected to have harmful results and focuses on the "guaranteed return of the decision" (Harris, 1998, p. 8).

While the above strategies may be ways of dealing with decisions and problem solving, an acknowledgement of the role of heuristics may be worthwhile. Heuristics are the 'rules of thumb' used when making everyday judgements and decisions (MacDonald, 2001; Svenson & Maule, 1993). Two particular heuristics are often used, the 'availability heuristic' and the 'representative heuristic'. The availability heuristic can be defined as, "the tendency to form a judgement in line with evidence, information and experience that is readily available" (MacDonald, 2001, p 268). The representative heuristic refers to the "tendency to approach problems of categorisation on the basis of a simple resemblance to 'goodness of fit'" (MacDonald, 2001; Svenson & Maule, 1993).

MacDonald (2001) claims that these heuristics, while being adaptive and time effective, may also, in more formal decision-making situations, be "misapplied and misleading"

(p. 270). Research seems to indicate that in complex situations such as child protection, intuitive decisions based on the strategies outlined above and heuristics, often yield inaccurate solutions. In this regard, MacDonald (2001) calls for formal, tutored responses to decision-making, especially professional decision-making, since patterns of inconsistency have been noted in those whose training is expected to cover decision-making.

4.4 Summary

Formal approaches to decision-making have been examined and refined over a long period of time. The strategies spontaneously used to solve problems and make decisions, while being functional in some situations, may be detrimental in others. In relation to child protection and child sexual abuse, it has been recommended that formal models of decision-making be used in order to elicit more consistent, and possibly, more accurate decision-making procedures (MacDonald, 2001).

In summary, decision-making and related concepts and approaches have been described together with recent research. The process of decision-making is affected by numerous variables, which make it a complex and difficult undertaking. It seems that while there are many different models of decision-making, they may be best suited to particular disciplines. Perhaps taking stock of their different contributions may impact on the accuracy with which decisions are made. In this light, it may be important for decision-makers in the different disciplines to be aware of current research and advances in the field.

Chapter 5: Aims and Methods

5.1 Aims of this study

The overall aim of this research is to investigate, through qualitative methodology, the decision-making process entered into by key role players when a child is suspected of being sexually abused. It is assumed that this can be accomplished by understanding the experience of key role players, as they are involved in a process of self-reporting. The way in which they describe and validate their actions is the key to understanding their implicit theories of decision-making. While every role player may have a particular way of theorising about decision-making in the event of suspected child sexual abuse, these theories may be different for particular professions. It is hoped that this study may provide a body of research that could encourage and aid the understanding of how different professionals make decisions in this field. The intention is that this may, in future, lead to more research in the field that will promote a multidisciplinary teamwork approach and ultimately enhance the policy and practice of child protection.

In an attempt to meet these goals, the following questions were asked:

1. What decision-making processes are employed by different key role players when a child becomes the victim of suspected sexual abuse, and how they are explained?
2. How do these decisions compare across disciplines?
3. How do these decision-making processes compare with recommended protocol?

This study aims to give an account of the decision-making process employed by key role players when a child becomes the victim of suspected sexual abuse.

5.2 Research Method

The theoretical perspective taken in this research is social constructionist. This perspective assumes that an individual is a social being who engages in a process of creating flexible meaning systems through social interaction (Durrheim, 1995; Danziger, 1990; Gergen, 1985). People construct meanings in relation to broader social practices embedded in ideologies and use these meanings to interpret the social world and make sense of their lives. Human behaviour may be patterned and regular due to social conventions that prevail in a particular culture or subculture. Thus, human nature seems to be situated in historically and culturally defined meaning systems (Kvale, 1995). Psychological knowledge appears in the form of descriptions of how a group's meaning system is generated and sustained (Danziger, 1990; Durrheim, 1995.). In this way "there can be no brute facts and no unitary truths because facts and truth depend on ways of seeing the world" (Durrheim, 1995, p. 177). Therefore knowledge, according to this paradigm, is historically situated in a context of socially shared meanings, in which many truths may exist.

Some researchers have argued that the social constructionist paradigm does not make any advances towards preferential positions in its attempts to 'see things from all sides' (Billig, 1991), and claim that this position is weak and apolitical. Birren and Heglund (1987, in Billig, 1991) argue that gaining insight into an individual's understanding of his/her experiences may be more valuable than an attempt to access and measure the objective reality of a situation. This critique has also been countered by Billig's (1991) argument claiming that the reasonableness of different constructions of meaning must be used to highlight the creative human capacity to justify and criticise human action. Of

interest in this study is the creative human capacity of different key role players to justify and criticise their decision-making processes in the light of legal and social obligations.

In summary, it is assumed that a person's sense of reality emerges from a pragmatic orientation to a set of assumptions about the world, which creates a particular frame of reference. Inner experiences are mediated by social interactions with others, personal experience and common meaning systems. These meaning systems are used to demarcate the parameters of (i) self definition; (ii) the experiences of self; and (iii) the manner in which social constructs and experiences are understood.

The aim, in research, is to understand and describe meaningful social action. It has been argued that "the subject of psychological investigation should be meaningful human activity... (and that)...human meanings originate in socially shared constructions, and are the proper object of psychological investigations" (Durrheim, 1995, p. 175). In keeping with this argument, Strauss and Corbin (1996, in Dey, 1999, p. 17) state that reality "cannot actually be known, but is always interpreted". This means that research needs to be focused on what motivates human action in particular contexts and how this is understood by those involved. If knowledge is assumed to be the result of interpretation, the personal position of the researcher as a "crucially significant interactant" (Strauss & Corbin, 1996, in Dey, 1999, p. 17) is noteworthy. Work within this paradigm requires that the researcher adopt a critical and reflexive stance in relation to how a personal frame of reference may impinge on and inherently guide research. The rigours of the chosen methodology seem to provide a procedure that enhances the

researcher's desire to acknowledge and suspend this personal position, while simultaneously working within a certain theoretical paradigm.

5.2.1 Grounded Theory

The particular methodology that appears to align most with the theoretical perspective outlined above, and provides the best fit with the aims of this research, seems to be Grounded Theory. Grounded Theory is a qualitative research technique that uses an inductive approach, guided by a structured set of procedures, to explore a basic social process. The method was first proposed by Glaser and Strauss (1967), who claimed that Grounded Theory outlined a procedure of undertaking social research, with unique goals and methods. They proposed that the method offered an alternative to the prevailing empiricism of the time. They stated that, "the theory must fit the situation being researched, and work when put into use" (1967, p. 3), and claimed that the value of the method lay in its ability to fit the different social problems being researched as well as offering a wider application than traditional empirical methods. The method has, over time, evolved and numerous, sometimes very different, branches of Grounded Theory have emerged. However, the major breakaway occurred when the method was refined in a new partnership of Strauss and Corbin (1990) whose ontological and epistemological assumptions were rooted in the symbolic interactionism of the Chicago School. It is not within the scope of this study to expound on the different ways of doing Grounded Theory, nor their conflicts. *'Grounding Grounded Theory'* by Ian Dey (1999) and *'Glaser or Strauss?: Grounded theory and adult education'* by Wayne Babchuk (1997) are good resources for clarification.

The different branches within Grounded Theory seem to agree on the basic tenets of the theory and differ on how to go about putting them into practice. In general, Grounded Theory is a method of analysing data in such a way that emerging themes or incidents can be ordered into categories which are then, by way of higher order coding, grouped into core categories. These core categories become the fundamental units of a theory that describes a basic social process or phenomenon. These core categories are, by a process of "constant comparison" (Strauss & Corbin, 1990, p. 273), ordered to elicit a story-line, in this case, of decision-making. The act of constant comparison consists of comparing one data set with another, pinpointing incidents, or areas, of agreement or disagreement and then working with the differences to understand the conditions that give rise to such disagreement (Dick, 2000). Theory is "inductively derived from the study of phenomena it represents ... therefore ...one begins with an area of study and what is relevant to that area is allowed to emerge" (Strauss & Corbin, 1990, p. 23).

According to Cresswell (1998), the aim of Grounded Theory is to generate or discover theory. The researcher takes a position whereby he/she attempts to set aside personal theoretical ideas in order to allow a 'substantive' theory to emerge. The focus of the theory is on a basic human process or the interaction of key role players in relation to the phenomenon being studied (Cresswell, 1998). Future research in the field ensures that the theory is never finalised, but rather has a fluid nature so that through further research it can be fine-tuned and validated to address the changing nature of basic social processes. "New evidence rarely overthrows the original theory; instead it shows how to adapt or modify it to take this evidence into account " (Dey, 1999, p. 31).

The process of theory building in Grounded Theory is reliant on five phases, namely: research design; data collection; data ordering; data analysis and literature review (Pandit, 1996). Each of these steps will be described below.

1. Research design begins with the researcher expressing an interest in a basic social process. The initial sample is identified and an appropriate methodology for the main focus of study is chosen. Thereafter, the aim of this step is to define the basic research questions narrowly enough to focus the study and generally enough to allow for flexibility (Pandit, 1996; Strauss & Corbin, 1990).

Prompted by the researcher's interest in the child abuse field, different key role players in the child abuse field were approached for their opinions on areas lacking in, or warranting research. In conversation various dilemmas in child abuse reporting, multidisciplinary co-operation and policy recommendations were highlighted. The questions giving rise to this study were formulated with respect to these discussions.

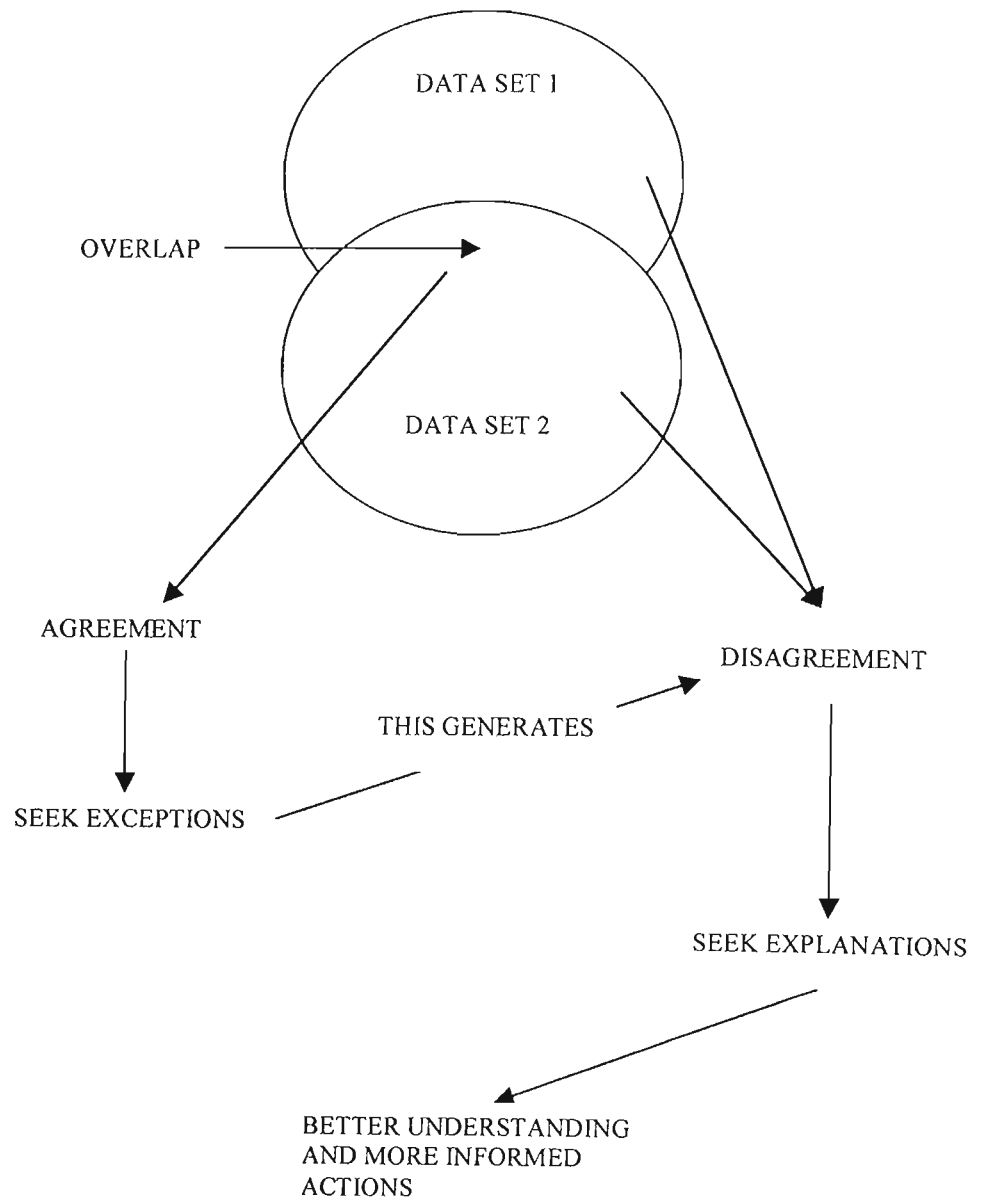
2. Data collection is undertaken in a number of different ways such as by interviews, observations, documentation and relevant literature (Dey, 1999). The questions asked by the researcher in interviews, for example, are general or open enough to let the respondent direct the course of the interview. After the initial data collection process has been completed, further data collection is based on what emerges from the data and is called 'theoretical sampling' (Glaser & Strauss, 1967). Theoretical sampling has been defined by Dey (2000) as a "flexible and dialectical process of

determining data collection in the light of the emerging analysis" (p. 5). It is based on the likelihood of comparative and variably rich data being obtained from further data collection. The focus is on how further data collection will contribute to theory development, rather than emphasising population representation.

3. Data ordering is the process of surveying the data collected in an effort to grasp the overall process being communicated. At this stage, the researcher also sorts the major incidents or happenings into some kind of order, for instance, chronological order. This facilitates data analysis and allows for the basic social process to be methodically examined thus setting the scene for a detailed analysis (Pandit, 1996).
4. The analysis of the data requires that the researcher work through a number of steps in a methodical and rigorous fashion. Each data set or interview was numbered and prioritised according to the amount and richness of the data, and the three highest ranking sets were then used for the analysis.

This meant that in total twelve data sets were analysed in detail. The remaining four were used to confirm and check the results. The data sets were divided into the different professions to facilitate analysis. In each case, data set one was analysed and contrasted with data set two, and their respective similarities and differences used to understand the properties and dimensions of the emerging categories (*ibid.*). Data set three was then compared with data set one. This is illustrated in the diagram on the next page.

Diagram 5.1: The Grounded Theory Process: taken from Dick (2000, p. 13).



The Grounded Theory analysis then continued along the following lines:

- Firstly, the data was observed and incidents coded into categories. An incident is any action that occurs within the data. The incidents that related to certain events or decisions were grouped to form categories. The emphasis was on categories that were "analytic and sensitising rather than representational" (Dey, 1999, p. 8). In other words, not only common themes were of interest, but diverse and varied happenings. This process is called open coding and is followed by axial coding.
- Axial coding requires that the researcher examine the categories in detail in an effort to illuminate and explain certain relationships and dimensions. In this study, this was undertaken according to Strauss and Corbin's paradigm model (Strauss & Corbin, 1990), where each category was examined according to the causal conditions, context and actions or interactions used to manage the phenomenon. Intervening conditions such as time, culture and history, and the consequences of action taken were then defined. It is important to note that the paradigm model is flexible and needs to be adapted to the nature of the study so that the concepts are not made to fit the model. Axial coding resulted in a detailed definition of the categories highlighted in the open coding stage.
- Thereafter selective coding occurred. This was the process of creating a narrative about the central phenomenon that followed a particular story-line and integrated the categories and relationships that emerged in the earlier analytical steps (Strauss & Corbin, 1990).

- An extra step was added at this point. Although not outlined in any literature it seemed valuable as a way of validating the results. Each participant's decision-making process for each vignette was crosschecked by applying it to the flow chart that resulted from the selective coding process. This can be seen in Appendices F, G, H, and I.
5. The review of literature is traditionally an important element in the initial phases of conducting research. However, literature resources are treated a little differently in Grounded Theory. Traditional research methods use the literature review to inform and guide the hypothesis and questions being asked. Since the researcher does not know ahead of time what areas will become relevant, doing a detailed literature review in Grounded Theory is difficult. Grounded Theorists are recommended to overcome this dilemma by becoming familiar with the broad area of study (Glaser, 1978; Strauss & Corbin, 1990). However, a specific and narrowed literature review is not undertaken at the beginning of the research process (Dey, 1999). There are two reasons for this. Firstly, the researcher is cautioned against investigating an area of study with a priori hypotheses and knowledge and thus impacting on the theory with preconceived ideas (Dey, 1999). Although the researcher comes into the research with a particular frame of reference that will automatically set the parameters of interest, this is acknowledged and suspended in favour of allowing certain themes to emerge from the data. In this way the theory is 'grounded' in the data. Secondly, literature is not given a position of privilege when compared to the data (Dick, 2000; Strauss & Corbin, 1990). Instead, the available literature is treated

as data and in some cases may be analysed together with any other data collection therefore becoming an integral part of the data collection and analytical procedure (Dick, 2000). Eisenhardt (1989, cited in Pandit, 1996, p. 10) claims that "tying the emergent theory to existing literature enhances the internal validity, generalisability, and theoretical level of the theory building from case study research... because the findings often rest on a very limited number of cases". The process of literature analysis continues until theoretical saturation has been reached.

Theoretical saturation (Glaser & Strauss, 1967) can be defined as the failure of the concepts in the data to reveal new categories, properties or relationships. It is at this point that the analysis and theoretical sampling stops since no further information, related to the story-line, can be expected from subsequent data collection (Dey, 1999).

5.2.2 Instrument

Case vignettes (Appendix C) were used to structure the process of data collection. It was assumed that by giving all respondents the same stimulus material, it would be possible to trace a decision-making process that would be comparable across disciplines. In order to examine the decision-making processes used across disciplines a common starting point was considered important. Miles and Huberman (1994) suggest that the most valid way of drawing up a vignette is a collaborative method whereby a number of experts in the field collectively construct the narrative. This is done to ensure that the topic being explored is reliably represented. Along these lines a number of experts in the field of child abuse were involved in drawing up the vignettes. This included a lawyer, social

worker and two psychologists; all recognised experts in the field of child abuse (these participants were excluded from the interviews). In order to facilitate diversity, three vignettes were developed, each involving a female victim, intrafamilial perpetrator and sexual abuse. The type of sexual abuse, the intensity, the age of the child involved, the race of the child and the relationship of the abuser to the child were varied across vignettes in order to define the scope of this study. This was based on scenarios often seen by key role players in South Africa today.

5.2.3 Sample

The sampling process in Grounded Theory is one of theoretical sampling whereby several different sites are identified. This differs from many field studies where the focus is often on one particular site. The reason for this lies in the need to generate data that will yield rich and variable information, in order to facilitate a comparative analysis between data sets or interviews (Dey, 1999; Dick, 2000). In line with the above, a number of different sites were used in this study. Since the aim is to examine a theory of decision-making in the arena of suspected child abuse, the key disciplines involved in child abuse were included. Social workers, psychologists, child protection police officers and prosecutors were interviewed. Medical practitioners, educators and other role players were excluded from the study in order to focus more directly on the key disciplines. Four key role players from each of the four disciplines were identified based on their current involvement in the child abuse field. This sample represented an average of ten years experience per participant. This represents a non-probability sample based on expertise and availability. Of the sixteen interviews conducted, twelve were analysed in detail with the remaining four being used only if needed to enhance the quality of the

data. It is possible, and perhaps more common, to use a much smaller sample than this in Grounded Theory. However, in this case, the inexperience of the researcher in the Grounded Theory method meant that the procedures were undertaken with caution. Some authors have indicated that Grounded Theory is a difficult process for the inexperienced (Dey, 1999; Dick, 2000; Pandit, 1996). Bearing this in mind, it was decided that to err on the side of too much information would be more rigorous than proposing a theory from too little information.

Key role players were telephonically approached and their willingness to participate assessed. In the process of soliciting their co-operation, the following issues were clarified:

- 1) Time and effort involved
- 2) Confidentiality
- 3) Voluntary nature

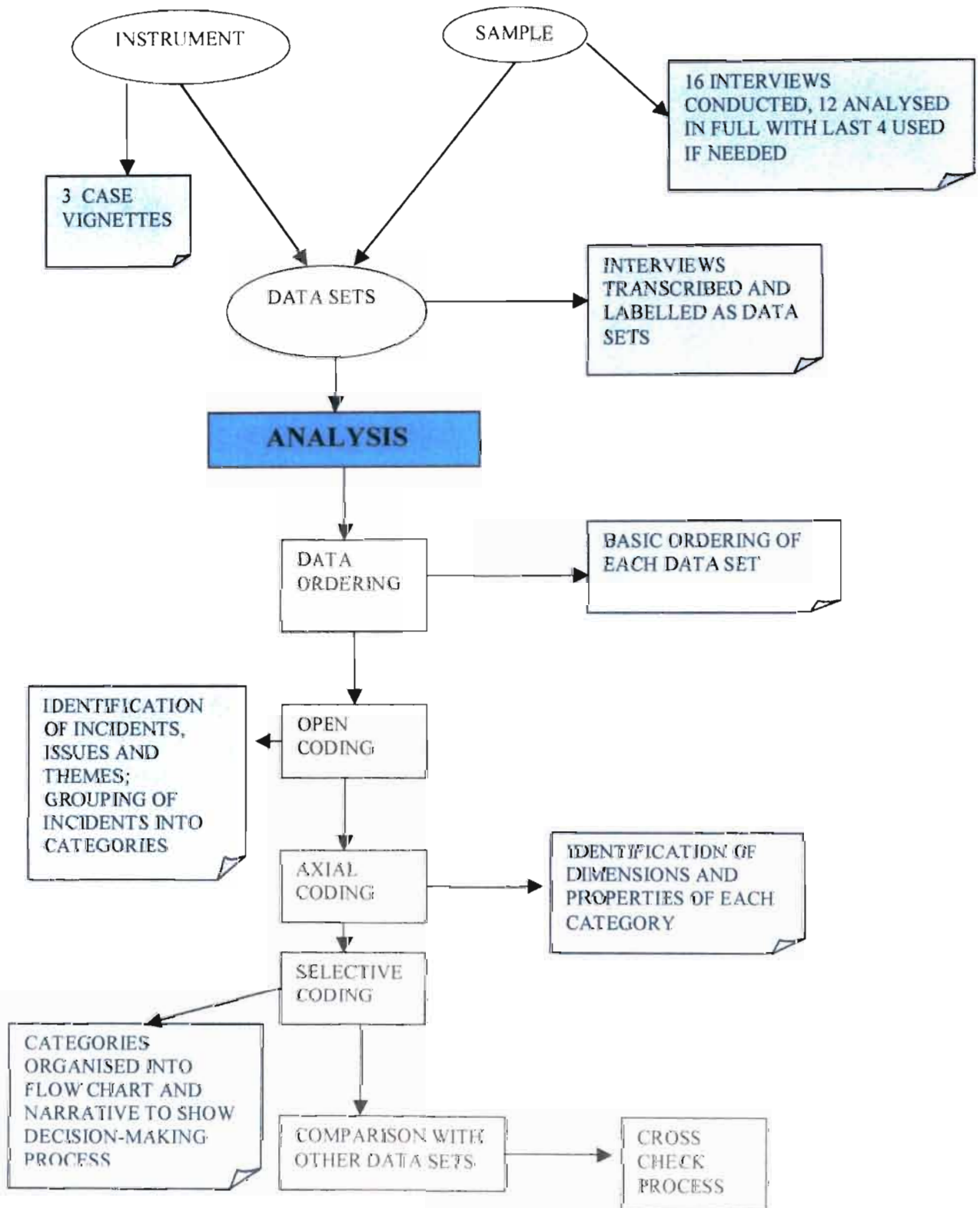
If willing to participate, a convenient time and place for the interview was agreed upon. Each participant was asked to sign a consent form (Appendix B) detailing their willingness to participate, right to confidentiality and their right to withdraw from the study at any time. The vignettes were given to the participants who were asked two initial questions referring to the vignettes. The first question related to their initial impressions of the vignette and the second to what decisions they think, based on experience and opinion, should be made and why. The interviews were recorded and transcribed. In some instances the tape recordings were too poor to transcribe and, since hand-written notes had been taken, these were used instead. This is in line with Dick

(2000) who states that at times recording is not possible or appropriate and notes are acceptable. One participant requested that she receive a brief feedback report detailing the main findings and recommendations of the research.

5.2.4 Flow Chart

In order to simplify the method used in this study the stages of analysis have been combined in a flow chart. This may facilitate understanding and replication of the study.

Diagram 5.2: Analysis process used in this study



5.2.5 Ethical considerations

The ethical principles outlined in Steere and Wassenaar (1985) were made salient in all aspects of this study. In addition, aspects of confidentiality and anonymity were upheld at all times. This, however became difficult when certain role players were recommended by other interviewees, although there was no guarantee that such recommendations would be followed. Each participant was verbally reminded of their right to decline to participate and their right to withdraw at any time from the study. This was further confirmed in signed consent forms.

5.2.6 Reliability and Validity

The concepts of reliability and validity are an important point of discussion in any research process. Validity and reliability have traditionally had, as their core belief, adherence to an objective and measurable reality (Durrheim, 1995.; Kvale, 1995). However, from a social constructionist paradigm, the concept of validity, itself a social construction, needs to be re-evaluated. This has been examined and argued by Kvale (1995). He examines three approaches to validity in qualitative research while clearly arguing against the “common psychometric concepts of validity” (p. 19), as related to positivist theories of one singular truth. Instead, he recommends that the concept of validity be acknowledged as playing a particular role in upholding certain research traditions, and as such are socially constructed. In qualitative research, the notion of validity needs to be redefined in the light of the following:

- Validity as craftsmanship: this concept places importance on the quality of the research as verified by “checking, questioning and theorising on the nature of the phenomenon investigated” (Kvale, 1995, p. 19).
- Validity in communication: this concept emphasises the need to communicate observations so that they become verified via constant comparison.
- Validity as action: this embodies the idea that validity can be tested in the practical application of knowledge.

Glaser & Strauss (1967) noted that the credibility of Grounded Theory research could be improved by basing the results on multiple comparison groups. In line with Kvale’s (1995) concept of craftsmanship, this is practically achieved by using one case to “generate conceptual categories and a few more cases to confirm the indication” (ibid., p. 30). In this study, multiple comparisons were undertaken in each group of analysis, namely social workers, prosecutors, police officers and psychologists.

In order to increase the reliability of the study, inter-rater reliability testing was also undertaken. This meant enlisting the help of an outsider to check the accuracy of the coding process. A research psychologist tested the inter-rater reliability of the coding process by analysing sections of the interview transcripts against the coding categories.

Boyatzis (1998) recommends the use of the following formula:

$$\text{Percentage agreement} = \frac{\text{number of times both raters agree on a category}}{\text{number of times coding was possible}}$$

The inter-rater reliability for the sections of interviews tested, averaged between 96 - 100%. The rationale behind the choice of rater for this process lay in his lack of knowledge of the child abuse arena, which meant that he would need to rely on the themes emerging from the data. This was considered more reliable than choosing a rater who was familiar with the field and may have prejudiced the process of testing for reliability by possessing a priori knowledge of the field.

The concept of validity in communication means that discussing findings with others and creating a forum for negotiating conceptual relationships may increase the credibility of a study. In keeping with this recommendation, Yin (1989, cited in Pundit, 1996, p. 6) suggests, "every case study project should strive to develop a formal, retrievable database, so that in principle, other investigators can review the evidence directly and not be limited to written reports. In this manner the database will increase markedly the reliability of an entire case study". In keeping with this recommendation all data and coding procedures were discussed with supervisors and colleagues, including some experts in the area of study. In addition, all data analysis is available for perusal. However, in keeping with the ethical concerns of maintaining confidentiality, the transcripts of interviews will not be available.

While it has also been recommended that data triangulation may increase the validity and reliability of results, it was not within the scope of this research to do. Pundit (1996, p. 6) states that "quantitative data can indicate directly observable relationships and

corroborate the findings from qualitative data” and that “qualitative data can help to understand the rationale of the theory and underlying relationships”. The scope of this study covers understanding the rationale for the theories of decision-making and the relationships that underlie these theories. Perhaps future research could undertake a corroboration of these findings in a qualitative study. This may also fulfil Kvale’s (1995) recommendation that a practical application of the emergent results be undertaken.

In summary, the concept of validity, and to a lesser extent reliability, may need to be redefined in the light of a qualitative study. Bearing this in mind, recommendations for increasing the credibility of qualitative research have been offered, and where possible adopted in this research study.

Chapter 6: Results and Discussion

Before examining the results of the three main aims of this research, it may be worthwhile presenting some of the findings outside of the questions directly examined. This will provide some descriptive material and orientate the reader to the results of this study. To reiterate, the main areas of interest were:

1. To investigate how key role players make decisions in cases of suspected child sexual abuse;
2. To examine the differences and similarities between the decision-making processes of key role players; and
3. To examine these decision-making processes in the light of recommended protocol.

6.1 Orientation to the results

While all participants interviewed were enthusiastic and willingly took part in this study, it became clear once the interviews had begun, that the topic of decision-making was a sensitive one. Some of the participants became nervous and requested that certain remarks be deleted or made off the record. It seems that the cause for this was some uncertainty about who would have access to the interview transcripts and how the results of this study would be used. Perhaps this observation alone is of importance. In a field such as child protection, professional co-operation and understanding have been upheld as vital aspects for the provision of adequate and professional services to abused children and their families. However, the level of suspicion which appeared to be aimed at other professionals may be cause for concern. In many cases the conversations

continued after the tape recorder had been switched off, which may have been an indication that the participants felt a need to air their views. Their acknowledgement of inconsistencies and a lack of guidance in decision-making became obvious, as was their insistence that the situation could only improve with advances in government commitment and multidisciplinary co-operation. These themes are examined, together with the different reactions to the vignettes, in the sections below.

6.1.1 Reactions to Vignettes

One of the initial results in appraising the interviews were the different reactions to the vignettes. On occasions when, for example a social worker thought a case should not be taken to trial, the police officers thought it should. This lack of congruence between the expected outcomes of the vignettes will be detailed below.

Vignette 1: All the social workers interviewed expected the outcome of Vignette 1 to be a preference towards systemic interventions. This seems to be based on the possible lack of medical evidence linking the perpetrator to the victim, previous experience with similar cases and lack of faith in the legal system. Also impacting on this expectation is the fact that the child was only 5 years of age, the assumed lower education of the parents and the child, and the race of the child. One social worker said that she had a 45% confidence in a conviction if the sexually transmitted disease could be linked to the perpetrator.

Of the police officers interviewed, all responded to Vignette 1 in a similar way with expectations of the case going to court but little confidence in getting a conviction based

on the lack of a witness and the child's age and perceived inability to testify. However, one police officer made it very clear that children this young do not tell lies.

In response to the first vignette, the prosecutors indicated that there was a slim chance of a conviction based on the child's testimony since she is very young, however if evidence of DNA or the sexually transmitted disease could be linked to the perpetrator, there would be more hope of a conviction.

The psychologists responded to Vignette 1 by indicating that it may be in the best interests of the child to avoid court and concentrate on systemic interventions to keep the child safe. In one case where the psychologist thought the case could go to trial, no conviction was expected due to lack of evidence. In addition, one psychologist indicated that using an informal reporting procedure may be a good scare tactic.

Vignette 2: All social workers were unanimous in avoiding a court appearance for the victim and would rather suggest a diversion programme for the perpetrator based on possible stigmatisation of the family, previous experience, discontent with the legal system and the age of the perpetrator.

The recommended route, according to the police officers, was counselling. One police officer referred to juvenile detention as an appropriate measure. The reason for the avoidance of court was based on the fact that the abuse was categorised as indecent assault.

The expected outcome, according to the prosecutors, was unanimous in that systemic interventions were considered appropriate, based on the best interests of the child victim and the youth of the offender.

The decisions and expected outcome, according to the psychologists, were all based on legal interventions being unwarranted due to the offender's age and a lack of evidence.

Vignette 3: 75% of social workers were in favour of systemic interventions for the third vignette, with one participant unsure of the expected outcome based on the wishes of the non-offending parent and victim. Other reasons given were the perception that prison does not rehabilitate offenders but may exacerbate the problem, in which case avoiding a prison sentence would be in the best interests of the family, the offender and the child victim.

The responses of police officers to the third vignette were varied. One police officer indicated that the man was guilty, unless previous sexual activity on the part of the victim could be proven, another that there was no evidence to support a conviction and the next that the child was not at risk and no action should be taken. Reasons given for the inclination towards no action were based on the likelihood that the child had something to gain from lying, that older children do lie and that she may want revenge for being reprimanded.

All prosecutors would be inclined to prosecute the offender in Vignette 3 based on his admission of guilt, that the abuse was not an isolated incident and that this vignette seems to reflect the typical paedophile scenario.

In Vignette 3, psychologists expected a systemic intervention based on the trauma of the child testifying against a family member, the age of the child concerned and the negative perceptions of the rehabilitative potential of prison. Reasons given were that at 13 years of age the child's integrity may be questioned and she herself may be unsure of her actions, in addition the likelihood of her sexual experience being questioned would be traumatic.

6.1.2 Assumptions

During the interviews it became apparent that decision-making was affected by the way in which each role player had assimilated information regarding age, type of abuse, culture, race and education. These results are presented in the tables in Appendix D. In summary, the professionals interviewed all seemed to make statements about the victims or perpetrators based on their own experience instead of on the facts presented by the cases, for example "... 13 year old girls lie so I wouldn't take this case any further, this child is not at risk" (Police Officer 3). Of all groups, the psychologists appeared to make the fewest assumptions, and police officers and prosecutors the most.

6.1.3 Professional distrust

It became clear as the interviews proceeded that there seems to be a level of distrust and some animosity between the different professions. Since Grounded Theory is reliant on the results emerging from the data, direct quotations may illustrate this best. For example:

“... a lot of cases like this don’t even get reported through CPU. They often aren’t even interested in hearing about it because their guidelines ...are different to ours ...you find social workers that feel threatened...you find police who treat you like dirt... I find it difficult because there are a lot of people within the system who find that they can’t work with one another... different courts, different people and the right prosecutor and you could get somewhere” (Psychologist 3).

“I have had numerous cases where they (police) come in like bulldozers and we actually lose children as potential witnesses because they ...get frightened by the police: and sometimes the uniform and the lack of tact and the lack of feeling... and the kid shuts up and we have lost the case forever” (Social Worker 4).

This distrust and animosity was not restricted to the professions participating in the study and extended to the medical field and certain government departments specifically committed to child welfare in South Africa. For example:

“I don’t like going to the XXX (*to maintain anonymity*) because they are busy, they don’t have the time, they don’t have the effort, they don’t have anywhere to

remove a child to, so they are basically useless a lot of the time... I am very dubious to go to XXX and I'm saying something that's racist ... but I find that they do tend to take up white cases..." (Psychologist 3).

6.1.4 Professional trust

In contrast, while some negative perceptions were evident, there were also aspects of professional co-operation that were positive, for example:

"I know a lot of people who have a very different experience with CPU, but my own experience is if I phone and I phone only one particular person at CPU if I'm looking for information ... I can trust that... he's never given me advice that I've been sorry that I've trusted " (Social Worker 3).

"The CPU need more affirmation – they are wise and committed" (Psychologist 2).

6.2 The decision-making process:

The first goal of this study was to describe the decision-making processes of the key role players of the different disciplines. The decision-making processes of those individuals interviewed will be presented in two formats. Firstly, a narrative description of the process will be given followed by a flow chart for clarity and quick reference when comparisons are made with other disciplines.

6.2.1 Social workers

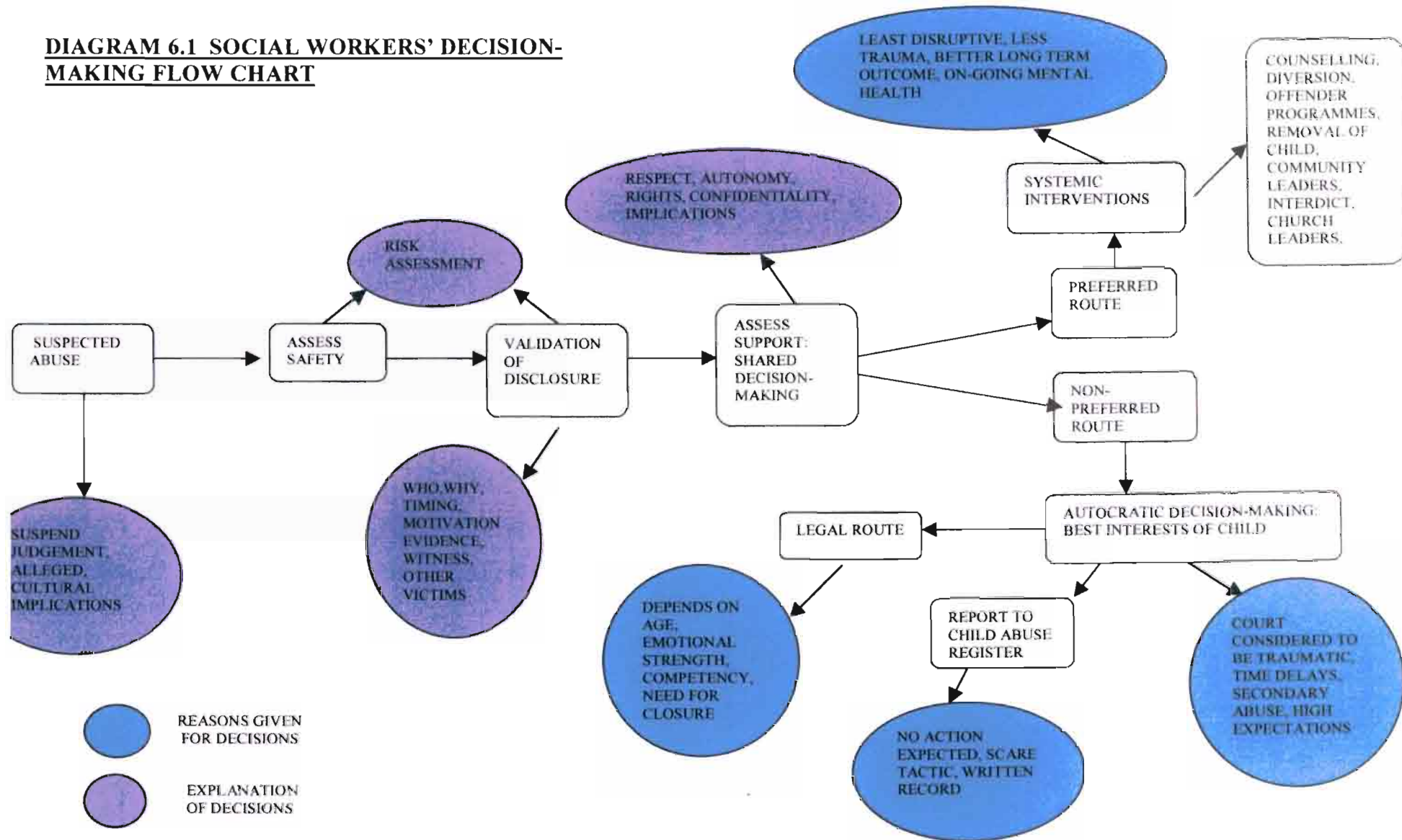
When the suspected child abuse is first brought to the key role player's attention, any judgement is suspended with the consideration that the alleged abuse has not yet been verified. Cultural implications are immediately considered, for example the language of the child victim. The first priority of the key role player is the safety of the child. This is investigated via a process of risk assessment. The process of risk assessment requires that the professional involved validate the disclosure by asking who reported, why now, what has motivated the disclosure, is there medical evidence, are there witnesses, what is the level of trauma, what happened and are others involved. This is done by way of interviews and specific techniques such as play therapy. After the risk assessment phase, the non-offending parent or primary caregiver is engaged in a process of shared decision-making with the key role player. During this process different options are outlined together with their consequences. The key role player will also use this interaction to establish the level of support for the child in his/her immediate environment. The rationale underlying shared decision-making is respect for the child's wishes and the wishes of the adult caregiver. Since the caregiver has knowledge of the child's environment and the particular context of the family, their involvement in decision-making is considered to be important. Issues of confidentiality, individual rights and respect for autonomy also act as incentives and play a role in shared decision-making. If, during and after the shared decision-making phase, the key role player assesses the support for the child to be favourable and conducive to safety, then the preferred route of systemic interventions is chosen. Systemic interventions such as counselling, diversion programmes and the involvement of community and church leaders are negotiated and implemented. This route is preferable to engaging the legal

process because it is seen as less disruptive to the child and family, less traumatic, and better for the on-going mental health and wellbeing of the child.

If, however, during or after the shared decision-making phase, the key role player judges there to be little support for the child, autocratic decision-making is undertaken. At this stage, the best interests of the child are considered in the light of the child's age, emotional stability, ability to be a credible witness, available evidence and need for closure. If the key role player, after assessment of the best interests of the child, thinks that the legal process will be the better option for the child in terms of on-going safety, then the case will be reported to an authorised reporting body or the police. Thereafter the child will be directed to counselling and court preparation. The court procedure, as the non-preferred route, is considered to be traumatic and constitutes secondary abuse, to have expectations that are too high for most children to meet, and to have unrealistic time delays that interfere with the testimony of the child. If it is considered not in the best interests for the child to enter the legal process, then the abuse will be reported to the child abuse register. While no action is expected, this decision is based on the likelihood that reporting will be a scare tactic and a written record of the abuse. The child will then be referred for counselling.

This decision-making process is summarised in the following flow diagram:

DIAGRAM 6.1 SOCIAL WORKERS' DECISION-MAKING FLOW CHART

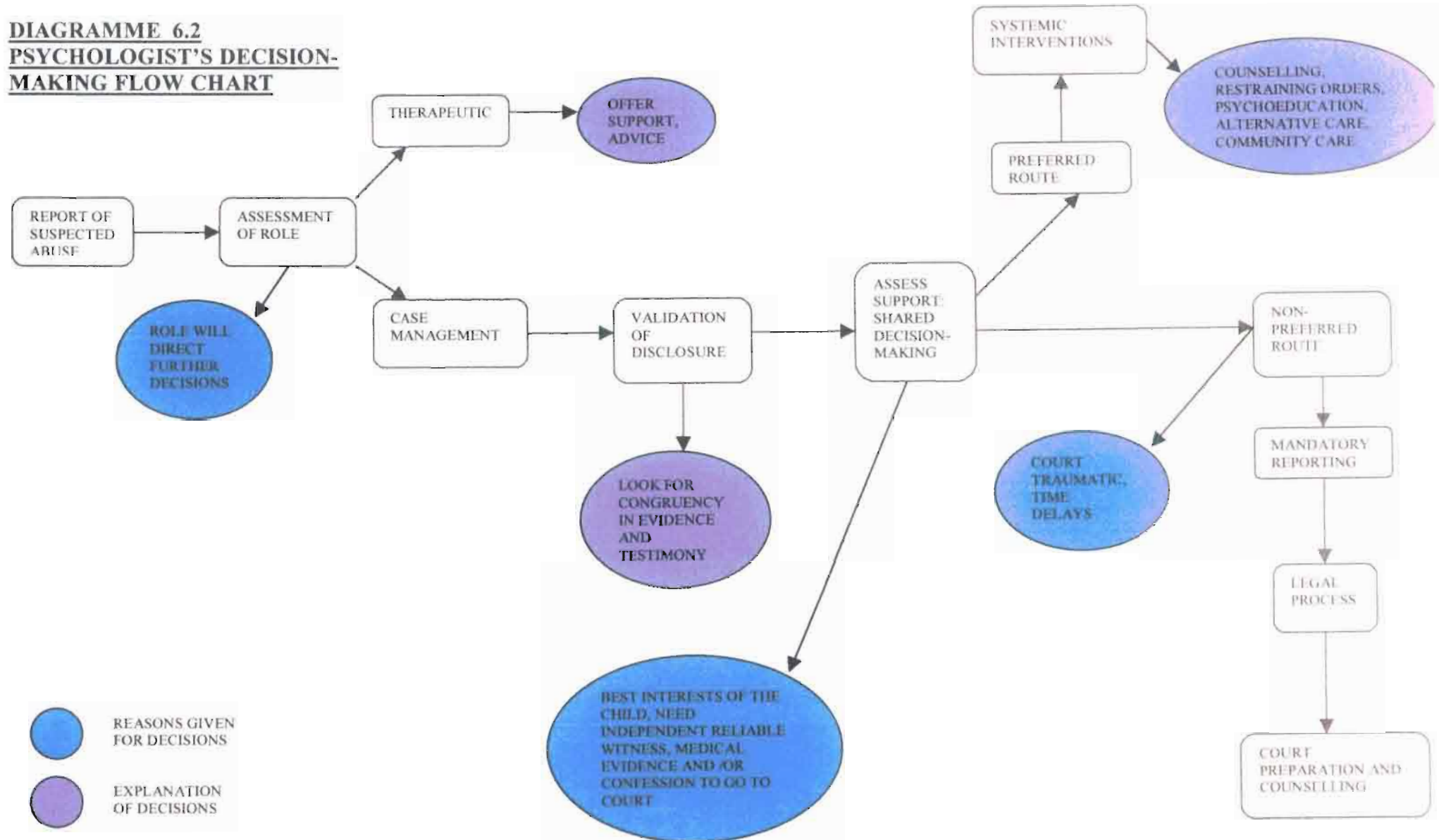


6.2.2 Psychologists

When a report of suspected child sexual abuse comes to the attention of the psychologists, one of the first concerns is an assessment of the role the psychologist will play in the process that follows. A conflict arises over a difference between a therapeutic role when the psychologist offers support and advice to the victim and/or family with the assumption that a parallel legal process is underway. If however, there appears to be no legal process underway, then the psychologist will assume a case management role. This will entail a validation of the disclosure of suspected abuse involving, for example, an interview with the child concerned in an effort to find some congruence between available evidence and the child's testimony. Psychometric tools may be used to assist this process. If the psychologist feels that there is reason to suspect abuse has occurred, then a formal report will be made to a recognised authority such as the police or a social worker. This is in line with mandatory reporting laws. Thereafter, the psychologist will assess the level of support for the child in the family and community, usually by engaging in an in-depth interview with the non-offending parent. A full family, social, and developmental history will be taken in order to assess what actions would be in the best interests of the child. The psychologist would prefer to engage in a shared decision-making process with the child and family in order to assess support systems and the safety of the child in the current environment. The reason for this is based on respect for the individual wishes of the victim and family. If the psychologist ascertains adequate support for the child in this environment and from her family, the preferred route would be to enter into a treatment plan that would include systemic interventions and avoid the legal route which may require the case going to court and the child testifying. Systemic interventions would entail some of the following: on-going therapeutic counselling, taking out a restraining order against the offender, requiring the offender to undergo a treatment programme, psycho-education and

alternative care for the child in the community with, for example a family friend or relative. However, if, as a result of the shared decision-making process, the psychologist does not find in favour of the child returning to the community or to the family, alternative arrangements, such as foster care, may need to be sought. In this case, it is expected that a case docket be opened and the legal process followed. This is the non-preferred route since court is deemed traumatic and the time delays counter-therapeutic. In addition, the need for an independent reliable witness, medical evidence and/or a confession from the offender, as most sexual abuse cases with children are perceived by psychologists to be very difficult to present to the court and convictions are seldom forthcoming. Counselling and court preparation are considered beneficial in these cases.

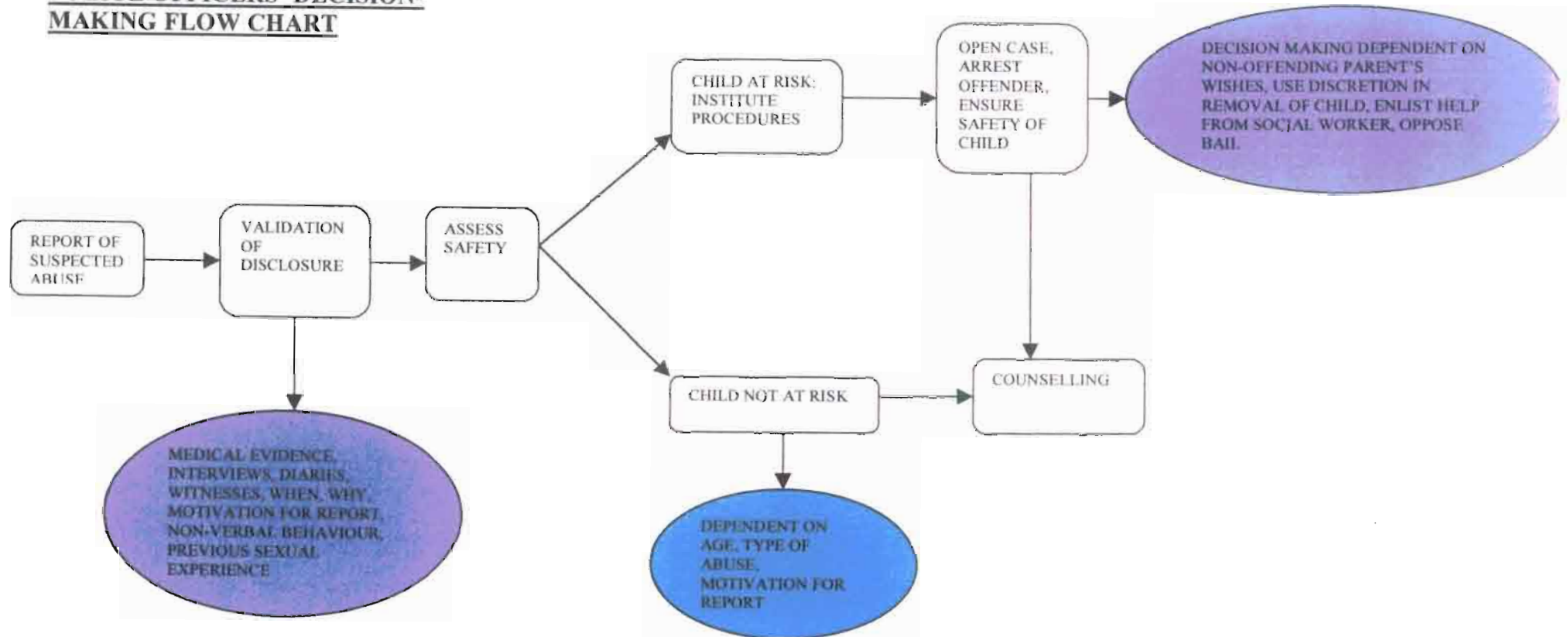
DIAGRAMME 6.2
PSYCHOLOGIST'S DECISION-
MAKING FLOW CHART



6.2.3 Police Officers

When a police officer receives a report of suspected child abuse, the first step would be to begin investigating the allegations and validating the abuse. The situation is investigated with the child's safety in mind. Medical evidence is gathered by requesting a medical examination from a paediatrician or district surgeon. Thereafter interviews with the child victim, family, friends, teachers, or any other prominent people are undertaken. The police officer will observe non-verbal behaviour, assess the level of trauma to the child, examine the motivation for the report or disclosure, assess why this is being reported at this moment in time and the period of the abuse. Thereafter, if the police officer suspects that the child has been abused or is at risk of further abuse, legal procedures may be instituted. A case may be opened, the offender arrested or in some cases, to ensure the safety of the child, the child removed to a place of safety. However, this decision-making process is dependent on the non-offending parent's wishes. If the police officer finds the non-offending parent is not supportive of the child then the help of a social worker will be enlisted and their discretion used in removal of the child. The child and family will then be referred for counselling. If the child is not at risk, then the child and family will be referred for counselling.

DIAGRAMME 6.3
POLICE OFFICERS' DECISION-
MAKING FLOW CHART

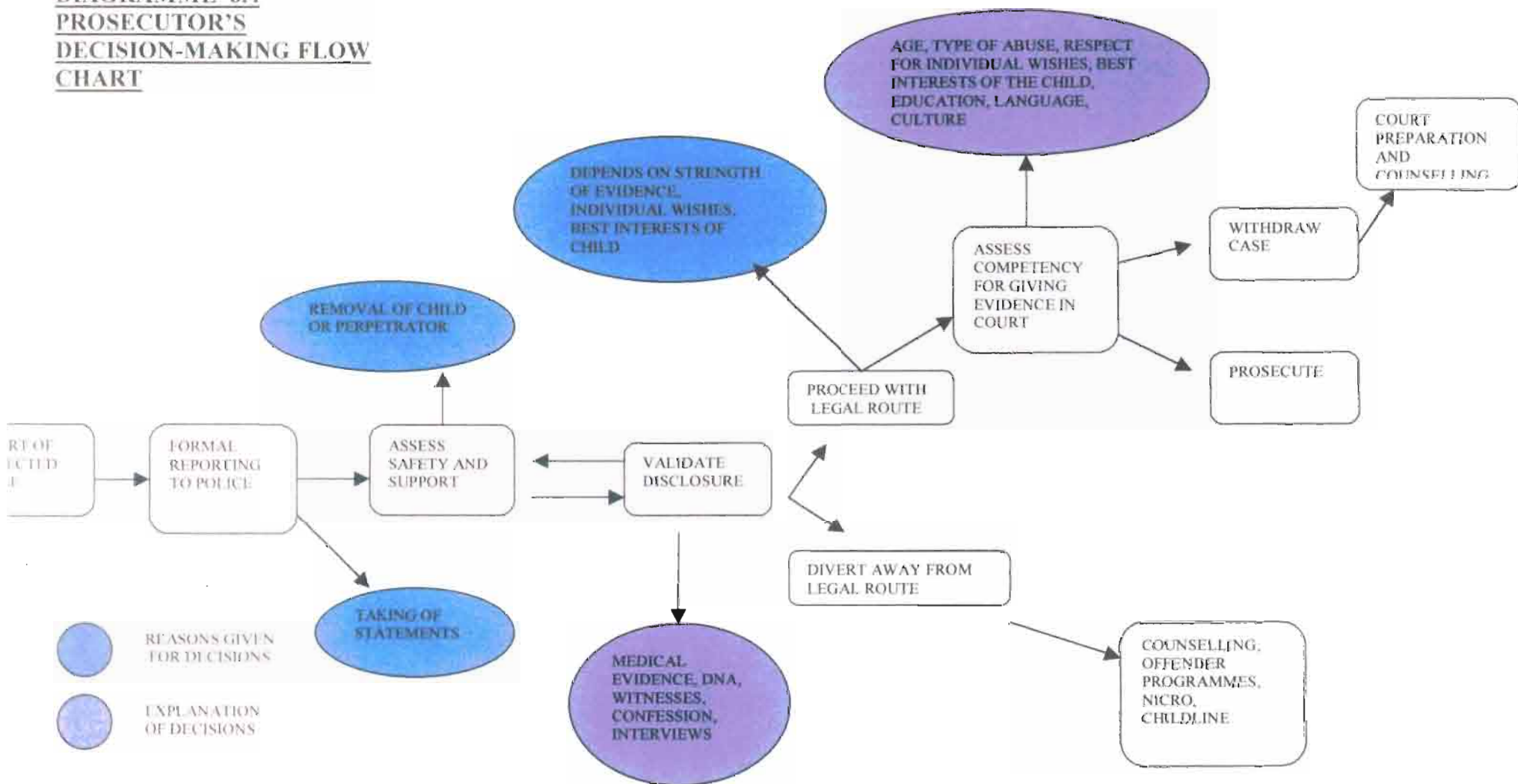


-  REASONS GIVEN FOR DECISIONS
-  EXPLANATION OF DECISIONS

6.2.4 Prosecutors

The prosecutors expect that as soon as suspected child sexual abuse is brought to the attention of any professional working with children, a formal report will be made to the police in line with mandatory reporting laws. Thereafter, they expect that the safety of the child will be assessed by the police and the removal of the child or offender undertaken should the child be at risk of further abuse. This is followed by a full investigation and validation of the circumstances surrounding the alleged abuse. This would include collection of medical evidence with DNA testing if possible, interviewing witnesses and taking statements. If the allegations are validated by the investigation, the decision to proceed with the legal route is made. This is dependent on the strength of the evidence, the individual's wishes and the best interests of the child. If a decision is made to proceed with the case then the prosecutors' role is to assess the competency of the child to testify in court. To do this they need to bear in mind the culture, education, language and age of the child. The best interests of the child are also taken into consideration and will again depend on the age of the child, the type of abuse and respect for the child's autonomy and individual wishes. If after this process, the decision to prosecute is made, the child will be referred for counselling and court preparation. If the abuse is severe and the child too young to decide, the magistrate may decide to prosecute based on medical evidence, witnesses or a confession and the child will be referred for counselling and court preparation. However, if it appears to be in the best interests of the child to avoid going to court due to lack of evidence, trauma to the child or an inability to provide a credible witness, then the child will be referred for counselling, and the case withdrawn. When a decision is made to avoid prosecution, the offender may be required to undergo counselling in an offender programme and may be monitored by other social services.

DIAGRAMME 6.4
PROSECUTOR'S
DECISION-MAKING FLOW
CHART



6.3 Similarities and differences in decision-making

A Grounded Theory analysis and the resulting self-reported theories of decision-making by different professionals indicated that there were areas of agreement and disagreement. Although in most cases these areas were mediated by the individual case characteristics, some of them appeared consistent enough to warrant attention. Key areas of similarity seem to be shared decision-making, the importance of counselling, a need for systemic interventions, the child's safety as a priority and the effect of the legal process on children.

6.3.1 Main similarities in decision-making between key role players

6.3.1.1 Desire for shared decision-making

Social workers and psychologists both prefer to engage in shared decision-making with the child and family concerned. This is a process of negotiating options for the child's on-going safety and in general seems to be based on respect for the child's and non-offending parent's wishes, and a tendency to recognise the non-offending parent's intimate knowledge of the child and environment. If, however, during this negotiating process, it becomes apparent that there is little support for the child and some concern for his/her safety, then autocratic decision-making will be employed.

For example:

“I think before you even consider what you as a professional are going to do, it would be important to include the mother, to see where the mother goes and take it from there... and look at whether she wants to open a case... I would leave it up to the family, if the family wanted to go with it legally... you wouldn't want to stigmatise the family” (Social Worker 3).

“I tend to work very much with mom...lots of things can be done... it’s the mother’s decision...decision-making must come from the family themselves...involve the child in decision-making... empowering”
(Psychologist 3).

While the police officers and prosecutors were in favour of respecting the family and child victim’s wishes, they do not seem to engage in shared decision-making to the extent that the social workers and psychologists seem to. For example, one police officer indicated, “A case can be opened if that’s what the mother wants – most often they want to hide it because it’s not socially acceptable” (Police Officer 1).

In addition, one of the prosecutors indicated “if she insists on not proceeding with the case – I won’t, I won’t proceed on the case after all it’s she who has to testify, she’s the one that’s embarrassed and everything, I’d rather not put her through it”
(Prosecutor 1).

6.3.1.2 Lack of faith in the judicial system

The social workers and psychologists also appear to have preferred and non-preferred routes in attending to child sexual abuse victims based on their lack of faith in the legal system and the perceived trauma to the child of testifying in court. Some indicated that insisting or encouraging a child to go to court may be rendering a disservice to the child. Others mentioned the delays in proceeding with the legal route and felt that this negatively impacted on the child’s ability to work through the trauma and move on from it. All psychologists and social workers talked in detail about the potential harm to the child of a court appearance, for example:

“... if it appears that it is a fairly minor form of sexual abuse... maybe just touching, I would not recommend a court process... (Interviewer: can you tell me why?)... huge experience of borderline child abuse cases that we have lost in court that have actually caused tremendous secondary abuse to the child, trauma to the child which takes them years to recover from” (Social Worker 5).

“... you know there are so many delays with the justice system and whether the child is competent...at five it is very difficult to expect that the child can meet the standard that is required by the court in terms of competence...It is very devastating. The whole process, it is just drilling, it is too much for children” (Social Worker 3).

“... my own experience you don't go to court unless you have either absolutely sound medical evidence that is indisputable or a confession by the alleged perpetrator or a completely independent and reliable witness, if you haven't got one of those three, it is really not worth going to court...even then you are never sure of a conviction...I think then that a legal procedure would be, could become more traumatic to the child...children have a tough time in the legal system” (Psychologist 1).

The prosecutors seem to concur with the social workers and psychologists on the effects of going to court. They acknowledge that the system is harsh on children and that in order to go to trial, the circumstances surrounding the case need to be very clear and the child needs to indicate that he/she will provide a credible testimony, for example:

“... unfortunately we don’t have such a fantastic process going on where little children like these are involved...it takes very long for the case to come to trial...and generally I think going to court is a really daunting experience for children” (Prosecutor 2).

6.3.1.3 Preferred intervention strategies

The preferred route in dealing with child sexual abuse, according to social workers and psychologists, seems to lie in systemic interventions such as engaging community leaders in ensuring safety for the child, counselling, psycho-education, alternative care for the child, restraining orders and bargaining with the perpetrator, for example:

“I might suggest or investigate what other alternatives or living arrangements can be made...can dad be threatened and told to stop it, I am going to be very kind and not actually report you to the police but I am going to be watching you” (Social Worker 4).

“... the way I see it is if we can stop the abuse, okay, and if we could get the offender help it is actually less work, less problems than going to court if we are addressing each issue ... so long as we know for certain ... that she is safe...the alleged perpetrator has to commit to therapy” (Social Worker 2).

Prosecutors appear to agree with social workers and psychologists in sometimes deflecting the case from a formal report or going to court and rather instigating other ways of monitoring the situation, for example:

“I would definitely look at a referral to a suitable programme, but...we do it as a diversion from court so he and his parents would enter into a contract with me whereby he undertakes to attend a programme once every week...and I get regular reports” (Prosecutor 3).

All participants interviewed emphasised the importance of counselling, both for the child victim, the family and in some cases for the offender. This included short term counselling aimed at helping the child to be able to talk about the abuse, and long term counselling that is expected to address the emotional scars left by the sexual abuse.

6.3.2 Main differences in the decision-making processes

In the case of differences, the major areas of disagreement centred on reporting, ways of addressing the abuse in the best interests of the child, role definition, expected outcomes and the assumptions made in each of the case vignettes. The expected outcomes and assumptions have already been presented.

6.3.2.1 Reporting

The social workers and psychologists all alluded to a formal reporting process that they, in general, would prefer to avoid. However, they seem to utilise an informal reporting process whereby the police are contacted and either asked to open and close a case immediately so that it is on record, or to open an enquiry without opening a case. This means that the matter has been reported but there will be no action, for example home visits from the police, until further notice. In both cases informal reporting seems to be used as a threat or scare tactic so that the offender

feels pressurised to comply with certain prevention and treatment conditions. In addition, having the case informally reported means that it is on record should the offender not be rehabilitated. The quotation below supports this finding:

“I say to CPU I’m reporting this to you – please open and close the file. Then they give me a different number.. .it means they’re not going to act on it at all... if at a later stage we wish it to be acted upon we can open the file again and that initial document is there” (Psychologist 3).

A further element in informal reporting is the impression given in some of the interviews with social workers and psychologists that this way of reporting in some respects meets the requirements for obligatory reporting. The legal requirement is met while the person is still able to maintain confidentiality and minimal interference from the police. The police officers and prosecutors did not refer to this informal reporting procedure.

6.3.2.2 Role conflict

Another main difference between the professions centred on role conflict. Both social workers and psychologists referred to the difficulty in defining their roles in child sexual abuse cases. The conflict seems to be between a case management role or a therapeutic role. It appeared to be more prevalent in the psychologists although this was a secondary concern for social workers. The role definition assumed by the professional impacts on how decisions are made and his/her involvement in the case. When psychologists see themselves in a strictly therapeutic role, their involvement in legal and procedural issues may be limited.

6.3.2.3 Preferences in treatment

The differences in addressing each case of child sexual abuse seem to be related directly to theories of what actions are considered in the 'best interests of the child' concerned. While the social workers and psychologists would prefer to work systemically in addressing the issue of child safety and preventing further abuse, the police officers and prosecutors would like to be able to take any case of sexual abuse the full course of the law. This is however mediated to an extent by the explicit wishes of the victim and non-offending family.

6.3.3 Recommended protocol and the decision-making processes

The main points of departure with reference to social workers and recommended protocol appears to be in the process of shared decision-making and mandatory reporting. Recommended protocol states that the best interests of the child must be upheld although a process of shared decision-making is not mentioned. With regard to mandatory reporting, this seems to be considered in reality in two situations. Firstly, mandatory reporting seems to take place if there appears to be little family and community support for the child, in which case the non-preferred route of formal reporting and legal intervention is upheld. Secondly, formal reporting will occur if it is the expressed wish of the victim, family or mother as a result of the shared decision-making process. Recommended protocol dictates that a case file should be opened after assessing the child's safety. In reality this does happen, not as a part of formal reporting, but rather as an element of recording information regarding the case.

In the case of police officers, the main point of departure in terms of recommended protocol seems to be around assessing the desire to lay a charge. In reality this occurs after the validation of risk and only if desired by the parent and/or child victim.

Since there appear to be no specific guidelines for prosecutors and psychologists with regard to decision-making and child sexual abuse, making comparisons with recommended protocol is not possible. However, with regard to mandatory reporting which is a legal requirement, it seems that this is, in practical terms, only partially supported by psychologists who also adhere to a preferred route that avoids the legal process. Prosecutors expect that all abuse will be reported although prosecution will be undertaken in the light of the victim's and the non-offending parent's wishes.

6.4 Discussion of results

The results of this study will be discussed by firstly examining the decision-making processes of the different disciplines presented, and then the recommendations offered by the participants themselves.

6.4.1 Discussion of decision-making processes

One of the major features that stands out in relation to the decision-making process reported by the social workers interviewed, is their reluctance to formally report suspected child sexual abuse. This aligns with research indicating that social workers seem to be the least invested in mandatory reporting (Delaronde, King, Bendel, & Reece, 2000). The reasons given in this study also seem to be in line with those given in other studies (ibid.), with the focus falling on the best interests of the child and a belief that the legal system may induce secondary trauma to the child and/or family. If this issue is examined in the light of social workers' theoretical assumptions, it

seems reasonable that they gravitate towards keeping the family unit together and actively working with the family to prevent any reoccurrence of the abuse. This is deemed the least intrusive and perhaps in the long term, the most appropriate way of addressing the issue. Their reported suspicion of the justice system and the police force, in wanting to initiate legal intervention, may also stem from approaching child sexual abuse from different perspectives. Where prosecutors and police officers have prevention and punishment as their main aim, social workers' primary objective is in helping all affected parties, and believe this can be done systemically. If the Convention on the Rights of the Child is to prevail in any practical sense, then it may be in the best interests of the child to endeavour to solve the problem systemically and in the least intrusive way possible. As indicated, if the social workers felt that systemic intervention was not going to be successful, they would institute legal proceedings. This seems to be working in the child's favour either way, if the 'best interests of the child' is defined as keeping the family unit together. This is one of the primary tenets of social work, so the reluctance to report could be understood in a number of ways. Firstly, that social workers are adhering in every sense to their duty to protect the family unit and minister to the needs of the child, within their communal environment. Secondly, their actions could be viewed in the light of the 'rights of the child', where in Article 3 (UNICEF, 1989), the 'best interests of the child' must be a primary consideration. In addition, social workers reported a tendency to engage in shared decision-making based on respect for individual wishes, rights to autonomy, the right to confidentiality, and an understanding of the implications of reporting for the victim and family. If, in the shared decision-making process, it was the expressed desire of the victim, and non-offending family, that the offender be prosecuted, then the social workers would respect and support this decision. In essence then, it appears that the social workers interviewed could be

defined as 'discretionary reporters' (Finkelhor & Zellman, 1991, p. 336). Any decisions to avert reporting seem to be well considered, a factor noticed in previous research (*ibid.*). It seems that the trends referred to in other research papers are comparable to the social workers interviewed for this study.

The reluctance to report child sexual abuse is also discerned in psychologists. This may be due to having similar theoretical tenets and coming from comparable positions with regard to the importance of keeping the family intact, a belief in treatment for the offender and the effect of the environment in mediating abuse (Bronfenbrenner, 1979). The psychologists interviewed could thus also be defined as 'discretionary reporters'. The social workers' and psychologists' decision-making processes are fairly compatible. Their preferred mode of addressing reports of child sexual abuse is, like social workers, to engage in a process of shared decision-making. While this appears deeply respectful of the individual it may also rest in part on the stress related to making decisions within time limits and uncertainty (Svenson & Maule, 1993). In effect, perhaps sharing the burden of decision-making means shared responsibility for the eventual outcome. It could also have an impact on the degree to which involved parties are invested in the treatment and prevention interventions. Research on decision-making has concluded that those who share in making decisions are more inclined to adhere to the decisions made (Kaplan et al., 2001). This strategy, therefore, could be a part of encouraging those invested to own the recovery process. Theoretically, this makes sense, however, studies on long term outcomes of abused children who have been helped using the preferred route of systemic interventions, would be necessary to validate this idea. Although the reasons for decisions tally well with those given by the social workers, there is more emphasis on the role conflict experienced by psychologists. Since one of the ethical

tenets of psychology is to avoid dual relationships, this emphasis is understandable. A noteworthy issue in the area of role conflict was the idea that should the psychologists' role be seen as therapeutic, this would entail offering support and advice. No mention was made of using any particular treatment modality or strategy in addressing the possible effects of the abuse. It could be argued that the therapeutic role of the psychologist should be broader than offering support.

The feature that stands out in the decision-making process of police officers is their reliance on assumptions about age, type of abuse and race or culture. While their investigation process seems to be extremely detailed, these assumptions, based on individual experience, impacted on what decisions were made. This implies that some cases of suspected child abuse may erroneously not be investigated fully or may be diverted away from the legal process. This implies that the system may be failing to protect some children, which in turn implies that the Convention on the Rights of the Child is not being adhered to in practice.

Shared decision-making also plays a role in police officers' decision-making, although not to the same extent, and reflects a desire to respect individual autonomy. The police officers interviewed claimed that they would respect a non-offending parent's desire to avoid opening a case in suspected child abuse, although this would only be assessed after a full investigation. In effect this means that if a mother objects to a case being opened against her offending husband, the police interviewed would respect this wish. The implication of this is that the child victim may be returned to the same abusive situation. Although police officers are in favour of counselling, there seems to be no formal assessment for treatment, and thus no

monitoring of the cases that deflect from the system. If the best interests of the child are to be upheld in child protection, this strategy may fall short of its mark.

Prosecutors expect that once a suspicion of child sexual abuse is received by another professional, formal reporting will be undertaken immediately and followed by an investigation and validation of the disclosure. This expectation may have serious repercussions if the suspected abuse is not validated. The removal of the offender or even of the child from the home, while the investigation takes place, may place the family in a position of being labelled or stigmatised before any formal confirmation of the abuse has taken place. It may also impact on the emotional well-being of the child. On the other hand, any suspicion of abuse may warrant immediate action, and could align well with the 'best interests of the child', if continued safety is the issue at hand. In effect, this is a judgement call on behalf of the professional and could be debated in depth. However, the immediate issue appears to be based on beliefs about how to best protect and help the vulnerable child. Police officers and prosecutors, by having a criminal focus, indicate that by prosecuting the offender, the child's safety and that of other vulnerable children is addressed. This sums up their aim, and is very different to that of the social workers and psychologists. This issue may be explained, from the police officers' and prosecutors' view, by suggesting that any prosecution of an offender could be regarded as the potential protection of any number of possible child victims. In this case the 'best interests of the child' could be better interpreted as the 'best interests of children'. Thus the focus on civil rights, for police officers and prosecutors, seems to prevail over human rights which are the central tenet of social workers and psychologists, who tended to focus on the individual child's best interests in the immediate and long term future.

With regard to prosecutors' decision-making processes, the issue of competency seems to require much of their attention. This area of judgement is affected by a number of assumptions regarding the language, culture and education of the child victim, which in turn affects decisions. Some of these assumptions defy research results, while others are based on a seeming lack of understanding of the current political situation in South Africa. To comment that African mothers need to learn about birth control so that they can care for their children better and prevent abuse misses the point. No child should be abused, and while parents do have a role to play, the human rights abuses of the past in this country may have more impact on child abuse than the issue of birth control. Thus, engaging with their assumptions may obscure the issues at hand.

All professions raised concerns about secondary traumatising in court. This trend in thinking seems to be a universal concern and may need to be addressed in a more formal forum. Perhaps a different system regarding children testifying in court needs to be investigated. In order to do this, policy makers would need to understand and respond to these concerns. Part of the issue appears to be financial and implies that co-operation at the highest levels of government is warranted. Since South Africa has ratified the Convention on the Rights of the Child, co-operation in addressing the needs of the child in court should be a priority, not just in theory but in action too. This would necessarily include an increased budget to facilitate the implementation of the Convention on the Rights of the Child. Although the South African system for attending to child witnesses appears to be fairly advanced, in reality this is not the case. Financial resources are needed to implement these advances. Should this not happen, it can be expected that children in need will continue to be diverted away from the legal system. This may be short-sighted. If a child victim of sexual abuse

could be directed to a system that was child friendly and minimised the impact of testifying, then the 'best interests of the child' and perhaps the 'best interests of children' would have been addressed. More children testifying in court could mean that civil rights are upheld and an example made of offenders. This could result in a raised conviction rate. A different system could also mean less trauma in testifying and more credible testimonies, which in turn, could also contribute to a raised conviction rate. As suggested, a different system would mean changing procedures and improved training of personnel, all of which require time, money and effort. However, the potential benefits may outweigh the costs and this is an area that may need concerted input from invested parties. Perhaps in this regard, the South African Law Commission could motivate for the required shifts in budget allotment and personal and professional commitment to change, perhaps, for example, through intensive training courses.

While the differences in decision-making processes across the different disciplines may arise from different theoretical orientations, different recommended protocols, and different assumptions about intervention, it may be possible that decision-making strategies and emotional reactions also impact on decision-making. All participants commented on their personal sadness in dealing with abuse cases involving children and their frustration at having to make decisions with often limited resources, incomplete information and under time pressure.

6.4.2 Recommended protocol revisited

Since it has become apparent that adherence to recommended protocol is not always maintained, it may be important to illuminate here the importance of protocol being revisited. Policy makers may be out of touch with the realities facing professionals in

day-to-day practice. If this is the case, it is hoped that these results will alert them to the need for input from all professionals, in drawing up legislation that may better serve the needs of these key role players, and in turn provide a better service to abused children.

6.4.2.1 Social Workers

One of the key areas warranting revision may be mandatory reporting. In the light of social workers' and psychologists' tendency to use informal reporting strategies, perhaps the introduction of specified conditions, as suggested by Finkelhor and Zellman (1991), would make informal reporting insignificant. The results of this study strongly suggest that some decision-makers could be defined as 'discretionary reporters'. This contradicts the legal requirements of South Africa. In order to address the disparity between protocol and action, perhaps the reporting laws need to be discussed in the light of suggestions given by Finkelhor and Zellman, (1991) who outline a process of flexible reporting, whereby mandated reports can be deferred under specific circumstances. One suggestion allows for the mandated reporter to work with the family and monitor the situation without a legal investigation, although the case would be on record and could be investigated immediately should the mandated reporter feel this to be necessary to ensure the safety of the child.

6.4.2.2 Psychologists

It is also perhaps significant that there appear to be no guidelines for psychologists when working with abused children. Apart from the mandatory reporting stipulation, they are guided only by the Psychologist's Code of Ethics. While detailed, this code of ethics leaves much of the decision-making to interpretation. In an area as emotionally loaded as child sexual abuse, this may not be adequate. The results

indicating that psychologists also have a preferred route in decision-making, which entails avoiding the legal process, supports the call for more explicit guidance in decision-making with regard to child abuse. In addition, in order to raise the standards of professional services to abused children and their families, it may be important to streamline decision-making so that there is consensus in relation to what should be done in certain situations. In the long run, such moves have been shown to improve child protection services in other countries. Maybe they should be considered in South Africa too, especially in the light of these results.

6.4.2.3 Police Officers

Police officers' decision-making seems to align closely with recommended protocol, which includes respecting the wishes of the individual in opening a case. How far this goes to helping abuse victims and their families is debatable. Questions such as 'Should respect for individual autonomy take precedence over criminal justice?' are difficult to answer. In the short term, respecting the child's or mother's wishes to avoid opening a case, may protect the family to a degree. In the long term this may not bring an end to the abuse, and may not be in the child's best interests. Perhaps, again a structured decision-making model applied to all cases of suspected abuse could screen for the most high-risk cases. These cases could then be raised at a multidisciplinary case conference where the team could decide on the most appropriate intervention in the light of the attributes of each case. This team could then monitor the interventions so that the best interests of the child, both short term and long term are supported. It may be important to note that philosophical differences between social workers and psychologists may mean that they differ in how they perceive the best interests of the child.

6.4.2.4 Prosecutors

Prosecutors, in entering the arena at a different stage in the process, are not expected to engage in mandatory reporting since this would have been done by the time the case gets to them. However, as one prosecutor said "... decision-making in this field is incredibly difficult" (Prosecutor 3). Part of the difficulty lies in the area of judging a child's competence. At times a child who has been abused may not be able to testify in court due to emotional trauma, age or psychological immaturity. In situations like this there appears to be little a prosecutor can do. One of the options is counselling which may help the child to work through some of the issues at hand. Counselling appears to be offered in most situations, although the tendency to avoid certain government institutions, dedicated to the welfare of children, raises concerns. Most participants interviewed indicated that some of the non-governmental organisations provided excellent counselling services, which in their experience could make the difference between a case being withdrawn or the child being adequately prepared to testify, therefore increasing the possibility of a conviction. The recommended principles for prosecutors also raise certain challenges. Many of the principles are dependent on adequate resources and not the actions of the prosecutor. For example, avoiding the exposure of the victim to the offender requires specialist waiting rooms and procedures. These procedures are seldom adhered to according to the interviewed prosecutors because of a lack of personnel and resources. In addition a reference to the magistrate's preferences indicates that these principles may not be uppermost in certain jurisdictions. In effect, upholding the recommended principles for prosecutors, may in reality be an impossibility.

Again, perhaps addressing financial issues can counteract this. Maybe the government in their commitment to the 'Convention on the Rights of the Child' needs to commit to addressing some of these issues.

6.4.3 Discussion of vignettes

The expected outcomes of each vignette revealed noteworthy differences in outcome with regard to age and type of abuse and offender. In cases where the legal process was used, few convictions were expected. Since this is the case with the most intrusive type of abuse, it is worthy of concern. If cases like this are in reality being diverted away from the legal system, then there may be an argument for these offenders, despite systemic interventions such as diversion programmes, still being a threat to society. Diversion programmes are a part of a restorative justice paradigm, which is aimed at restoring the harmony between a young offender, the victim and society (Juvenile Justice Drafting Consultancy, 1994). The use of diversion programmes may also stem from an attempt to avoid formal sentencing where in some cases mandatory sentences are likely, as in rape. This corresponds with philosophical tenets that uphold restorative justice and place importance on keeping the family unit in-tact as far as possible. From the criminal arena, justice has been averted when the offender is not brought to trial or made to account for his actions in some or other form, such as diversion or the use of sentencing options, such as community service. From the helping arena, justice is averted when the legal process traumatises the child and does not deal appropriately with the offender taking into consideration age and criminal history. This was perhaps best said by one participant of the study who stated, "... the court system and the support system don't go, they just don't work together" (Psychologist 3).

It seems the interplay of different theoretical perspectives, goals and motivations in decision-making confounds co-operation. For this reason, perhaps the introduction of a multidisciplinary structured decision-making model similar to those used in the United States of America, is worth investigating (Wiebush, Freitag, & Baird, 2001). Empirical support for these models appears to have been widespread. The models' reliance on weighing up particular criteria and then linking them to research in similar cases, instead of engaging the decision-maker's subjective experiences and assumptions, seems to be its strength. If this were the situation, it could be expected that high-risk cases, such as that in Vignette 1, would be dealt with as a priority.

Multidisciplinary case conferences appear to be a valuable way of sharing resources, offering support and discussing individual cases. Although this is engaged in, on an informal basis by some professionals, perhaps the increasing incidence of child sexual abuse and the reported difficulty that decision-making in these cases seems to induce, should warrant the introduction of formal case conferences. This would share the burden of decision-making and the outcome of such decisions. If discretionary reporting were ever considered, then these case conferences may also provide a forum for monitoring cases that are averted from the legal system. It may also provide a forum for deciding on the individual merits of a particular case. In order to initiate such case conferences, a more widespread opinion from the professional sphere may need to be garnered.

The multidisciplinary case conference and the structured decision-making model needs to attend to the confusion regarding roles. A number of the participants interviewed said they would like to know explicitly the roles of the different professionals. This may address some of the role conflict and overlap presently

experienced by professionals. Perhaps the table offered by Depanfilis & Salus (1992, see page 59 and Appendix A) and discussed in the literature review, could be a starting point in negotiations. If a similar table could be drawn up reflecting the situation in South Africa, this may initiate some co-operation in dealing with child abuse cases.

The apparent level of distrust and animosity between the professions may need to be addressed in the interests of co-operation and child protection. Part of this mistrust seems to come from a lack of clarity regarding role definitions (Depanfilis & Salus, 1992). As professionals have been reported as being territorial and fostering professional cultures that may stereotype other professionals (McFarlane, 1993), some moves to counteract these tendencies are warranted. If multidisciplinary case conferences and a policy outline, regarding the expected roles of professionals were introduced, this may clarify the roles different professionals play as well as allowing these role players an equal voice. However, this may not be enough and in this light maybe continuing education is a valuable suggestion. Specialised training could be regularly updated, if continuing education were mandatory. Research results pertaining to, for example, abused children, child witnesses, investigative techniques and professional co-operation could be disseminated. If the continuing education were to take place in a multidisciplinary forum where discursive negotiations were encouraged, an increased tolerance and understanding of theoretical perspectives might be fostered. This however, would entail a high level of organisation and commitment from invested parties and may need to be spearheaded by an organisation such as the South African Law Commission. This organisation is suggested in the light of its commitment to upholding the Convention on the Rights of the Child, its government backing and apparent investment in child abuse

prevention. This in itself may not be enough to instigate co-operation, and for this reason perhaps provincial or regional committees could take on the organisational role. Again financial input from the government would be a necessity.

When it comes to a lack of trust regarding certain individuals or institutions, as indicated in the results of this study, perhaps a formal complaints protocol could be initiated to deal with grievances. If this were a regional policy it could be addressed in the multidisciplinary case conference forum. Interaction in this forum could also contribute to increased communication and transparency between different disciplines and organisations, which may contribute to developing a level of trust. It may be important to acknowledge those individuals and institutions that are well thought of and contribute positively to child protection and care for the abused child. This could also take place in the multidisciplinary forum.

6.4.4 Recommendations from participants

Another outcome of the interviews was the desire on the behalf of all participants to see the plight of abused children handled differently. Many of those interviewed were dissatisfied with the system as it presently operates and, as one participant commented “I think it’s slowly but surely dawning on us that we need to change our whole system from scratch” (Prosecutor 1). As a result a number of recommendations were given. These recommendations are outlined below.

- a) The need for a comprehensive child abuse register was highlighted. Although a child abuse register has been in operation, it was seen as ineffective, possibly because it is not available to the public and because it is not a national register.

It was suggested that this register would need to be computerised to enable data to be accessed easily and quickly.

- b) Language barriers were also an issue. The fact that the prosecutors and magistrates often do not speak the same language as the victim, is problematic since much information is lost in the translation process. This difficulty with language was also pinpointed in relation to competency testing where current methods may not be culturally appropriate. The comment was that it is “not something that we as white people think about...the fact that I don’t speak Zulu, I often feel that I’m losing something between the child and myself” (Prosecutor 1).

- c) There was the suggestion that children should not come into court at all, but that video footage of the child’s disclosure should be used instead. This would however entail a high level of co-operation and “a huge, huge amount of change in the police, well the whole police structure’ (Prosecutor 3). This in itself would mean “a whole new set of training” (Prosecutor 3). The system could be far more informal, for example by having all involved parties seated around a table, with the accused removed to an intermediary room, “so that the child can see the magistrate, the child can see the prosecutor asking the questions, I think the child will feel more part of the process” (Prosecutor 1).

- d) Earlier trial dates were recommended. This would avoid the trauma of waiting for the court process to get underway and would also mean that the child and family concerned could get earlier closure and begin the process of healing. However, the healing process inherent in going to court was also recognised.

One of the reasons given for long delays was that the defence was often not ready on time, generally due to not being paid for their services.

- e) A desire for professionals' co-operation and involvement was highlighted with a call for a formal system to address this need. "If you create a network within the system and you realise that yes, we all come from different perspectives and yet we can all help each other along and we can all gain and feed into the system, then I think we can create a system that really works" (Psychologist 3). Although it was recognised that there seems to be more co-operation amongst the different key role players than previously, this needs to be encouraged. One way of addressing this issue was the suggestion that one-stop crisis centres be set up, each accommodating professionals from all involved disciplines. If this were the case, sharing information and asking for advice would be practically possible: "... they've got a system in America, the Advocacy Centre, so everybody goes there and meets there... in that way the child doesn't have to go through the police and give a statement, come to the prosecutor and give a statement, have to go to a 100 different people... less traumatizing" (Prosecutor 2). More interaction may also help in understanding the role each professional plays in responding to child sexual abuse. Although some level of multidiscipline decision-making seems to be in progress in some areas, it appears to be on an informal basis. The need for multidisciplinary interaction was extended to mandatory reporting. Mandatory reporting, although not well supported, was seen as helpful under certain circumstances. "I would be reluctant to take away formal reporting but it needs a team approach" (Psychologist 2). Along these lines, it was further suggested that it might be possible to develop a different procedure or/and a different facility for the

hearing of sexual cases where certain sanctions could be imposed based on the weighing up of the factors of each case.

- f) It was recommended that a more educated public might mean that abused children get help faster which facilitates the more accurate gathering of evidence. An example given was radio advertising on the importance of medical evidence and prompt reporting. The suggestion that more use of DNA evidence could lead to more convictions was linked to public education and the need for early reporting.

- g) One psychologist suggested that perhaps a change in mind-set in dealing with child abuse is warranted. "...it's important to scale down the Western ideal of how things should be – maybe it's more realistic to just be alongside, to guide and support them" (Psychologist 2).

With regard to the recommendations given by participants, it may be necessary to acknowledge the importance of invested parties in policy development. Research indicating that invested parties are more inclined to follow through with requirements if they have taken part in drawing them up (Harris, 1998), is pertinent. Considering this study, the recommendations given by participants, need to be seriously considered.

In conclusion, it appears that while the intended areas of study have produced some issues worth debating, some of the other results may require as much attention. Perhaps it would be a disservice to disregard the recommendations made by those invested in the process of child protection.

Chapter 7: Strengths, Limitations and Personal Reflection

In reflecting on the strengths and limitations of this study, an attempt will be made to include some reflections on the personal process of undertaking this research as well as reflections on this particular method of enquiry.

7.1 Strengths of this study

Research investigating child abuse and decision-making, particularly in South Africa, has been scarce. Although the statistics indicate that child sexual abuse is a phenomenon of increasing occurrence and media reports indicate it to be a matter of national and political concern, research in this domain also appears to be limited. Therefore, perhaps one of the immediate strengths of this study lies in the topic matter. Secondly, while statistical analyses and empirical data are important for describing the extent of the problem, an understanding of why certain decisions are made may be of more value if existing policies are to be addressed. In this light the use of Grounded Theory seems to have been particularly helpful since this method of enquiry is well suited to investigating processes and motivations. A valuable aspect of the study is that it allowed the participants to engage in finding solutions and offering recommendations to areas they perceive as creating conflict. All participants were aware that their recommendations would be presented as part of the results and approached the task with thoughtfulness. The study has presented results that have implications for continued child protection and multidisciplinary co-operation. If these results do nothing more than open up a debate and bring certain issues to the discussion table, then it will have been well worth it.

For the researcher whose intention it is to examine the underlying processes behind certain actions, Grounded Theory provides an interactive and structured methodology. If the method according to Strauss and Corbin (1990, see page 89) is followed then system checks and balances attempt to ensure that the data is valid and reliable. Since this method focuses on the theory that emerges directly from the data, it seems promising. Although qualitative methods are known for their lengthy and detailed analysis and Grounded Theory in this study was no different, the process was invigorating and worth the time and effort since the researcher interacts directly with the data at all times. In addition, the way in which the theories took form more than compensated for the sometimes extreme demands on time and effort.

7.2 Weaknesses of this study

One of the major differences between quantitative inquiry and qualitative, is the issue of representativeness. Since Grounded Theory does not have any claims to being representative of a certain population, the results cannot be generalised. The tendency to want to generalise the results needed to be regularly addressed by this researcher. For example, because some social workers made decisions in certain ways it did not mean that all social workers had the same inclinations. This was an important issue. If generalising the results is important to the researcher then Grounded Theory is not the process to be used. However, since the focus in this study was on self-reported theories of decision-making and the motivation behind these theories, Grounded Theory was a valuable method to use.

This issue is worth expanding on. While this study is a first step in investigating decision-making, the theory behind a Grounded Theory Analysis is that the results are never completed. This could be seen as a weakness as the results become fluid in

nature. On the other hand it could be a strength. Either way the results lend themselves to further analysis and in this case perhaps an empirical study testing the theories and fine tuning them.

One of the issues that I struggled with is that of confidentiality. All participants were concerned about their identities being kept confidential. Although in theory this appears a simple matter of not recording names, in practice the issue becomes more complicated. Since a few experts in the field were interviewed, just reading the interview transcripts would make it possible for some of them to be identified. For this reason the decision was made to keep the transcripts private. This may impact on the validity of this study since the information cannot be verified by an outsider. However, it is hoped that the information given in the coding process and supporting quotations will suffice. A further reason for keeping the transcripts private is the information regarding individuals and organisations referred to therein. It seems ethically appropriate that the integrity of such individuals and organisations not be compromised by making the transcripts available. Any inconvenience this may cause is regretted.

Another area of concern is the assumption in this research that words match actions. As such, the decision-making processes were centred on vignettes and not a study of reality. There is no assurance that what these key role players say they would do, is an accurate reflection of their behaviour in day-to-day practice.

Although previous researchers have cautioned against the inexperienced researcher attempting Grounded Theory, there seems to be no easy way of gaining experience. This study then becomes an area of personal growth and development. In heeding the

cautions regarding experience, every effort was made to collect more data than necessary and to engage in each step of the process whole-heartedly. This was also the reasoning behind doing the analysis by hand when it could have been undertaken with the aid of a computer program. It was important to me for each step to make sense.

Chapter 8: Conclusion

If the 'first level of intervention' is assumed, as in this study, to be the decision-making process, then this research may heed the recommendation that psychologists do more than act as expert witnesses. In an attempt to impact on the protection of abused children the decision-making processes of key role players have been examined. The method used, namely Grounded Theory, provides a forum for the self-reporting of a theory of decision-making. In this light the decision-making processes of social workers, police officers, psychologists and prosecutors have provided insight into current beliefs and behaviours. The results indicate that discretionary reporting of suspected child sexual abuse may be occurring, that shared decision-making is a preferred strategy of decision-making, that there is discontent with regard to the existing legal systems for the protection of abused children and that certain policies and protocols may need to be revisited. Recommendations arising from the results of this study, together with those offered directly from the participants, have been highlighted. They centre on: the need for a structured decision-making model to assess high risk cases of child abuse; the possibility of multidisciplinary interaction via case conferences; continued education; forums for receiving complaints regarding individuals or organisations; the implementation of a computerised and accessible child abuse register for offenders; a reworking of the court system with regard to child witnesses; a task force or committee to press for increased financial allotments from the government; and clarity on the roles and responsibilities of key role players in combination with an increasing capacity to deal effectively with child sexual abuse. The overriding aim of this study was to examine decision-making processes so that professionals could begin to understand the conflicts and experiences of other professions.

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APPENDIX A: Roles and Responsibilities of Professionals

(from Depanfilis & Salus, 1992)

Roles and responsibilities of Various Professional Groups in Responding to Child Abuse and Neglect									
	Identification and Reporting	Intake, Initial Assessment/ Investigation	Family Assessment and Case Planning	Case Management	Treatment and Case Evaluation	Court Action	Secondary Prevention and Self Help	Primary Prevention	Resource Enhancement, Evaluation and Training
Local CPS Agency		Lead	Lead	Lead	Lead	Provide	Provide	Provide	Lead
Health Care System	Lead		Provide	Advise	Lead	Advise	Lead	Lead	Lead
Mental Health System	Lead		Provide	Advise	Lead	Advise	Lead	Lead	Lead
Educational System	Lead		Provide	Advise	Lead	Advise	Lead	Lead	Lead
Legal System	Lead		Provide	Advise	Advise	Lead	Advise	Provide	Lead
Law Enforcement System	Lead	Provide*	Provide	Advise	Advise	Provide	Provide	Provide	Lead
Support Services	Lead		Advise		Lead		Lead	Provide	Provide
Definitions : Lead = Responsible for initiating action and/or coordinating activities, including providing and advising functions Provide = Responsible for participating in actions related to this function, including advising functions Advise = Responsible for providing input regarding actions or activities under this function * In some jurisdictions, law enforcement will have a lead role, with the CPS agency providing assistance in investigation, particularly in terms of physical and sexual abuse.									

Since American terminology may differ to South African terminology, the following key may clarify the corresponding professions

Key: Local CPS Agency = South African Child Protection Unit /Police Officers

Education system = Teachers

Mental Health System = Social Workers and Psychologists

Legal system = Prosecutors

Support Services = Psychologists depending on how their role is defined, non-governmental support organisations

APPENDIX B: CONSENT FORM

I understand that the aim of this research is to describe the decision making processes employed by different professionals when a child becomes the victim of suspected abuse.

I understand that my name will not be recorded, nor my identity divulged. The results will be written up as a requirement for a Masters Degree in Counselling Psychology at the University of Natal - Pietermaritzburg.

I understand that my participation should take no longer than 1 hour.

I acknowledge my right to decline to participate and my right to withdraw at any time from the above mentioned study.

Signature

July 2001

APPENDIX C

Vignette 1

Thembi is a five year old female African child. She has been seen by the local clinic doctor, whose report confirms that Thembi has a Sexually Transmitted Disease and some evidence of anal scarring. Indications are that her father may be the perpetrator. He is presently unemployed and the primary caregiver. Thembi's mother is a domestic worker. Upon questioning by the doctor, Thembi indicated that her father has "done funny things" to her on a few occasions when he baths her, and has also told her that she should not tell anyone as no one would believe her.

Vignette 2

Nadira , a nine year old Indian female, has been referred to you by her school principal who has concerns regarding possible sexual abuse. It appears that Nadira's seventeen year old brother has engaged her in performing oral sex and masturbation on him. This seems to occur when her mother works night shift at the local hospital and her father is still at work. Nadira disclosed the alleged abuse to a school friend who informed the teacher, however Nadira has denied these allegations. According to her friend, her brother has threatened that they will both get into trouble if she tells anyone. Nadira's school teacher reports observing some sexualised and inappropriate behaviour in the school playground.

Vignette 3

Stacey's mother reports that her daughter of thirteen has been sexually harassed by her step father over a number of years. The harassment, recently reported, appears to be limited to fondling and kissing and is followed by remorse and prayers for forgiveness. Mrs. X states that her husband, who is an auditor, suffers from diabetes and erectile dysfunction. The harassment is reported to occur when Mrs. X attends her weekly bible meetings. Upon questioning by his wife, Mr. X claimed that Stacey is seductive and invites his attentions.

Appendix D: Tabular Results of Assumptions

Direct quotations, to support these results, have been used where possible and the interviewee code plus the vignette number shown in brackets, for example (I:2) occurring in the tabulation of Police Officers' responses, indicates that the quotation comes from Police Officer number one commenting on vignette number 2.

Police Officers

<u>Variables</u>	<u>Assumptions</u>	<u>Implication</u>
<u>Age</u>	<p>“Children this young (5 years) don’t tell lies, they may expand a little” (3:1)</p> <p>“Nine-year-olds have a good imagination” (1:2)</p> <p>“this is an older child (13 years) who could be lying – 13 year-olds-do lie” (3:3).</p> <p>“the boy is seventeen, he’s got a problem” (1:2)</p>	<p>“Use discretion in removing the child... oppose bail” (3:1)</p> <p>“Is she using the brother as an excuse?” (1:2). Does she want attention? Be cautious about believing her story.</p> <p>What is motivating this child to lie – revenge? “At this age they know the difference between right and wrong. Not a strong case and the child is not at risk” (3:3)</p> <p>Decriminalises the boy’s behaviour</p>
<u>Race and culture</u>	<p>“Indian families are difficult because there are lots of family members who all want to be involved” (1:2)</p>	<p>Interview the child before the evidence gets tampered with – less complicated</p>
<u>Economic status</u>	<p>“the father is unemployed” (3:1)</p> <p>“poor hygiene can make these things difficult” (1:1)</p> <p>“these people live in a low class area, in a shack with lots of people living there, not educated – dad drinks all day” (2:1)</p>	<p>Oppose bail</p> <p>Check doctor’s report in person for consistency with abuse.</p> <p>“This man is guilty” – a domestic worker lives in a low class area, someone who drinks is guilty</p>

<u>Variables</u>	<u>Assumptions</u>	<u>Implication</u>
<u>Type of abuse</u>	<p>Masturbation = indecent assault</p> <p>Fondling and kissing = the child is not at risk</p> <p>“if there is any evidence of the child being sexually active...then maybe not believe this story” (3:3)</p>	<p>Psychoeducation for victim, not arrest perpetrator, not remove child</p> <p>Do not oppose bail, not a strong case, do not recommend removal of perpetrator</p> <p>Being sexually active puts blame for harassment on the child, casts doubt on her testimony</p>
<u>Relationship of abuser</u>	<p>“this brother and sister have a close relationship and secrets” (1:2)</p> <p>“abusers are known to the victims – they are not strangers” (1:3).</p> <p>“the stepfather doesn’t have the same feeling for his stepdaughter as he would for his own daughter” (2:3)</p>	<p>The victim may be partly to blame</p> <p>Someone who is related is more likely to be the abuser</p> <p>A stepfather is more likely to abuse than a father</p>

Social Workers

<u>Variable</u>	<u>Assumption</u>	<u>Implication</u>
<u>Education</u>	“the family are not educated so they will be afraid...of the police and won’t talk” (1:1)	It is not worthwhile involving the police and a formal report
<u>Race and culture</u>	<p>“Indians are reluctant to report, especially with a boy because they have a patriarchal ideology and this is the elder son” (1:2)</p> <p>“it’s an Indian school so they are probably reluctant to get involved” (1:2)</p> <p>“With Zulu speaking clients, I find that there are a lot of cultural issues that play a role and also economic issues” (2:1)</p> <p>“this is a misfit family okay, Muslim/Indian, conservative” (2:2)</p>	<p>May be best to deal with this case in the family – systemic interventions – the family will support the son</p> <p>The school will not be supportive in the investigation</p> <p>You need to be aware of the implications of reporting, rather find other ways to deal with it</p> <p>This family will not co-operate with a police investigation, best interests of the child to work within the family</p>
<u>Religion</u>	“the mother is conservative and what happens is dependent on her...I worry about the religion” (1:3)	The decision-making will be affected by the mother’s religion, most likely that she will not want to report this – will support her husband since he has confessed

<u>Variable</u>	<u>Assumption</u>	<u>Implication</u>
	“some churches have bizarre ideas, the devil is working in you and if you don’t exercise or cleanse yourself then you are going to hell” (4:3)	“I would be a bit wary of father going for counselling at church” (4:3) Steere away from church leadership involvement
<u>Age</u>	“13-year-olds have a lot of esteem issues” (2:3)	Need to be particularly careful at this age
<u>Relationship</u>	“there is not a lot of bonding with step-fathers, it will be a little different to biological fathers” (2:3)	The abuse will be easier to talk about and feelings of guilt not as intense

Prosecutors

<u>Variable</u>	<u>Assumption</u>	<u>Implication</u>
<u>Age</u>	<p>“the child is very young...this is a typical scenario” (1:1)</p> <p>“five is borderline... from the prosecutor’s point of view that’s a nightmare” (1:1)</p> <p>“she’s nine years old... she’d be a competent witness” (1:1)</p> <p>“you get 13-year-old girls, they come to court and they look 16 – they’re very developed” (1:3)</p> <p>“under the age of eight it’s difficult to get them to speak” (2:1)</p> <p>“little children tend to be very susceptible to what you tell them” (2:1)</p>	<p>Very young abused children are being seen with more frequency in the legal system</p> <p>This child may not be a competent witness, therefore not worth taking to trial</p> <p>Being a competent witness is age related</p> <p>13-year-olds can be seductive, maybe she had a role to play</p> <p>... therefore “not competent witnesses” (2:1)</p> <p>Be careful not to put words in her mouth</p>
<u>Race and culture</u>	<p>“in my experience I seldom deal with Indian complainants” (1:2)</p> <p>“some African children at 13 might not be competent, you know the problem is either that they don’t go to school or the ‘ve failed a few years” (1:3)</p>	<p>“perhaps they don’t report... a cultural thing... or they could try resolve it in the family” (1:2)</p> <p>African children may not know the difference between right and wrong or may not be able to express themselves</p>

<u>Variable</u>	<u>Assumption</u>	<u>Implication</u>
	<p>“in the black community ... you find that the children are left to run around and there’s very little guidance...there’s not much care” (2:1)</p> <p>“it’s not often we get cases involving white victims” (2:3)</p> <p>“and I think black communities, I think you need to teach them family planning, women just need to have less children ...and then they would be able to give them more care and attention” (2:3)</p>	<p>“so that is why little black girls become such easy victims” (2:1)</p> <p>“when we do it’s about a messy family relationship” (2:3)</p> <p>“there’d probably be less abuse” (2:3). Black children get abused because there are too many of them and their parents do not care about them</p>

Psychologists

<u>Variables</u>	<u>Assumptions</u>	<u>Implications</u>
<u>Age</u>	<p>“I have seldom had a five-year-old who has lied” (3:1)</p> <p>“I’ve had lots of 14-year-olds who’ve told stories” (3:1)</p> <p>“the difference between none and seventeen years – eight years it’s more likely to be ‘um’ sort of vaguely abusive” (3:2)</p>	<p>“trust the child at this stage” (3:1)</p> <p>“Need to differentiate between sexual play and sexual abuse” (3:2) – possibility that sexual play was engaged in</p>
<u>Type of abuse</u>	<p>“Fondling and kissing is often as bad, if not worse than penetration” (3:3)</p>	<p>There are no levels of abuse and all abuse needs to be taken seriously</p>

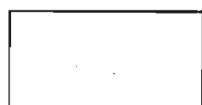
Appendix E: Recommended protocol and the decision-making process

Social Workers:

<u>Recommended protocol</u>	<u>Self reported theory of decision-making</u>	<u>Points of departure</u>	<u>Reasons</u>
Report of suspected abuse	Informal report received		
Interviews	Assess risk: validation of disclosure		
Best interests of the child	Shared decision-making	X	Rests on respect for client and family, right to autonomy, confidentiality, implications of decisions made
Mandatory reporting		Only if non-preferred route is taken or expressed wish of client as result of shared decision-making	Legal process seen as secondary abuse, expectations of court too high, time delays, trauma of testifying, no action expected from report to child register, scare tactic, written record of abuse
Child safety	Child safety is first priority		
Open case file	Preferred and non-preferred routes	Case file opened as part of obligation to record	
Offer support	Counselling, systemic interventions		

<u>Recommended protocol</u>	<u>Self reported theory of decision-making</u>	<u>Points of departure</u>	<u>Reasons</u>
Assess risk of other children			
Assist abuser in treatment	Offender programmes, therapeutic treatment		

Key to Appendix E; Social Workers and Police Officers:



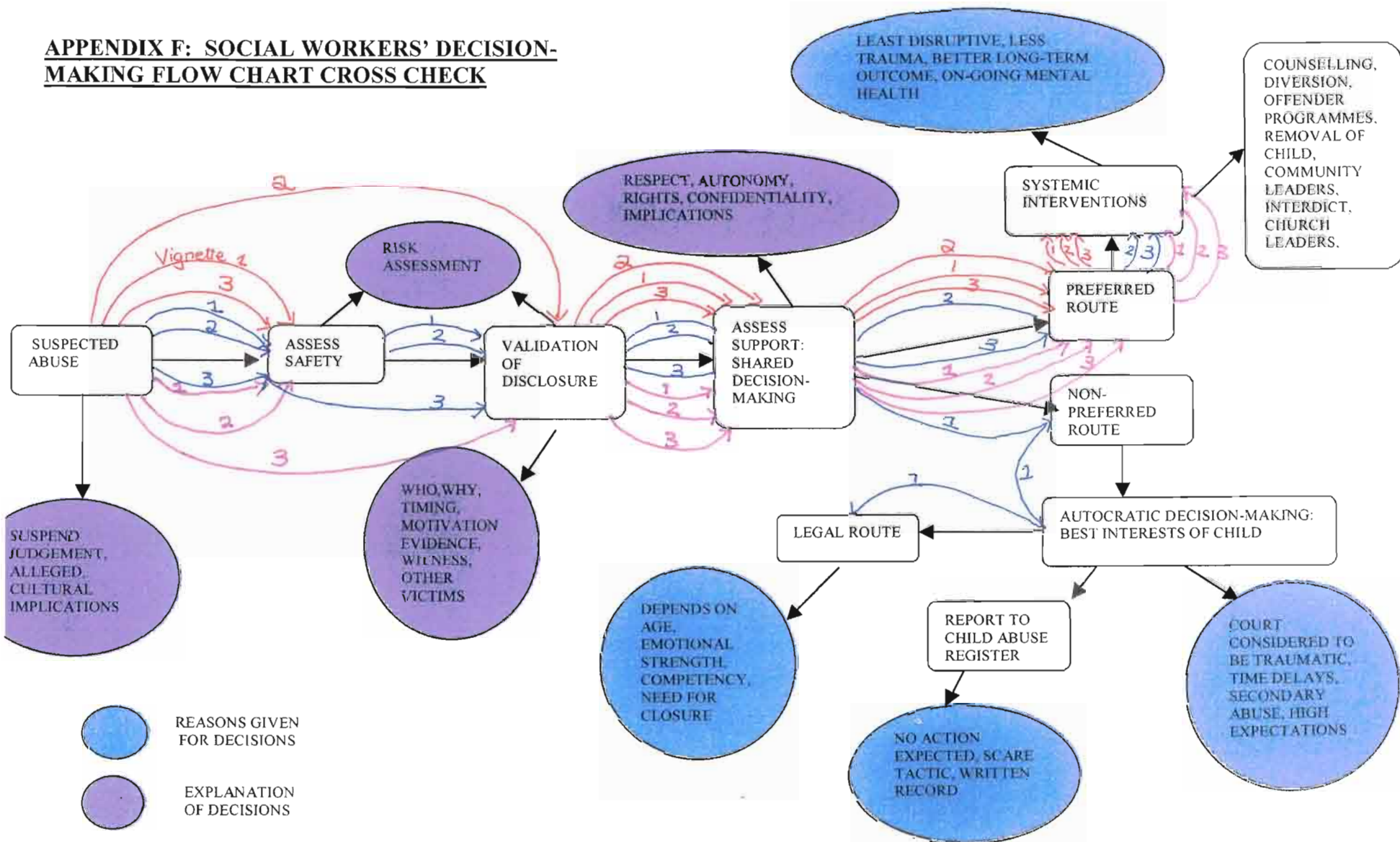
SHADED AREA INDICATES
DEPARTURE FROM
RECOMMENDED
PROTOCOL

Police Officers:

<u>Recommended protocol</u>	<u>Self reported theory of decision-making</u>	<u>Points of departure</u>	<u>Reasons</u>
Report of suspected abuse	Report of suspected abuse		
Assess need for medical examination	Gather medical evidence as part of validation		
Assess desire to lay charge		Assessed after validation of risk	
Engage help of specialized officer		If suspected child abuse, specialized officer will be called out	
Activate investigation	Validation of disclosure		
Secure safety of child: arrest perpetrator or remove child	Assess safety of child		
Offer support, explain procedures, obtain consent for medical examination			
Register case docket	Open case if child is at risk and desired by parent or child		
	Offer counselling and support		

Please note: Since there are no recommended protocol guidelines for psychologists and prosecutors, tables corresponding to the above are not available.

APPENDIX F: SOCIAL WORKERS' DECISION-MAKING FLOW CHART CROSS CHECK



Key and supporting quotations

Social Worker 1:



Vignette 1: "I would say find another way of doing it (rather than going to court)"
Vignette 2: "you wouldn't want to stigmatize this family - they only have two children"
Vignette 3: "I do not think I would open a case, it's for them to decide"

Social Worker 2:



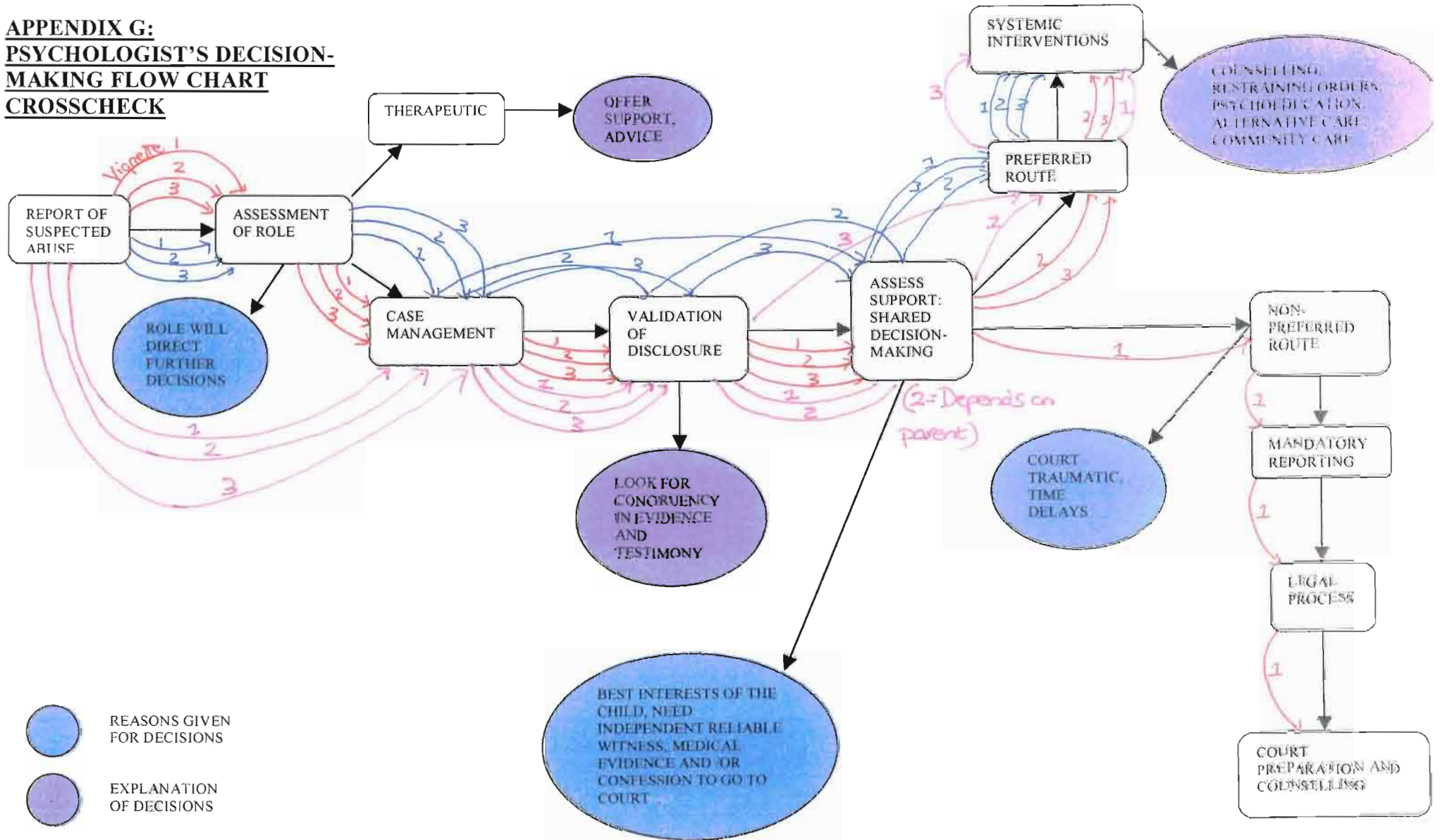
Vignette 1: "very slim chance of conviction – if there is medical evidence"
Vignette 2: "If we can stop the abuse it's less problems than going through court"
Vignette 3: "it's just been fondling and kissing – no medical evidence"

Social Worker 3:



Vignette 1: "in all likelihood I would not recommend a court process"
Vignette 2: "it would be most ideal to get the 17 year old into a treatment programme without actually going to court and get the sister into counselling"
Vignette 3: "I would be reluctant to involve the justice department"

**APPENDIX G:
PSYCHOLOGIST'S DECISION-
MAKING FLOW CHART
CROSSCHECK**



Key and supporting quotations

Psychologist 1:



Vignette 1: "I wouldn't be confident of a conviction unless you get a confession from the father"

Vignette 2: "I'm conscious of the fact that there would be no outcome, the most you are going to get stuck with is one person's word against another"

Vignette 3: "it's not something I would want to instigate (the legal route)"

Psychologist 2:



Vignette 1: "... secondary traumatising at this age is enormous, I wouldn't have faith in a case like this going to court"

Vignette 2: "whether it goes to court depends on if it's just within the family and we can deal with it there and then"

Vignette 3: "I would tend to say it shouldn't go through court, it should be dealt with on other various levels"

Psychologist 3:

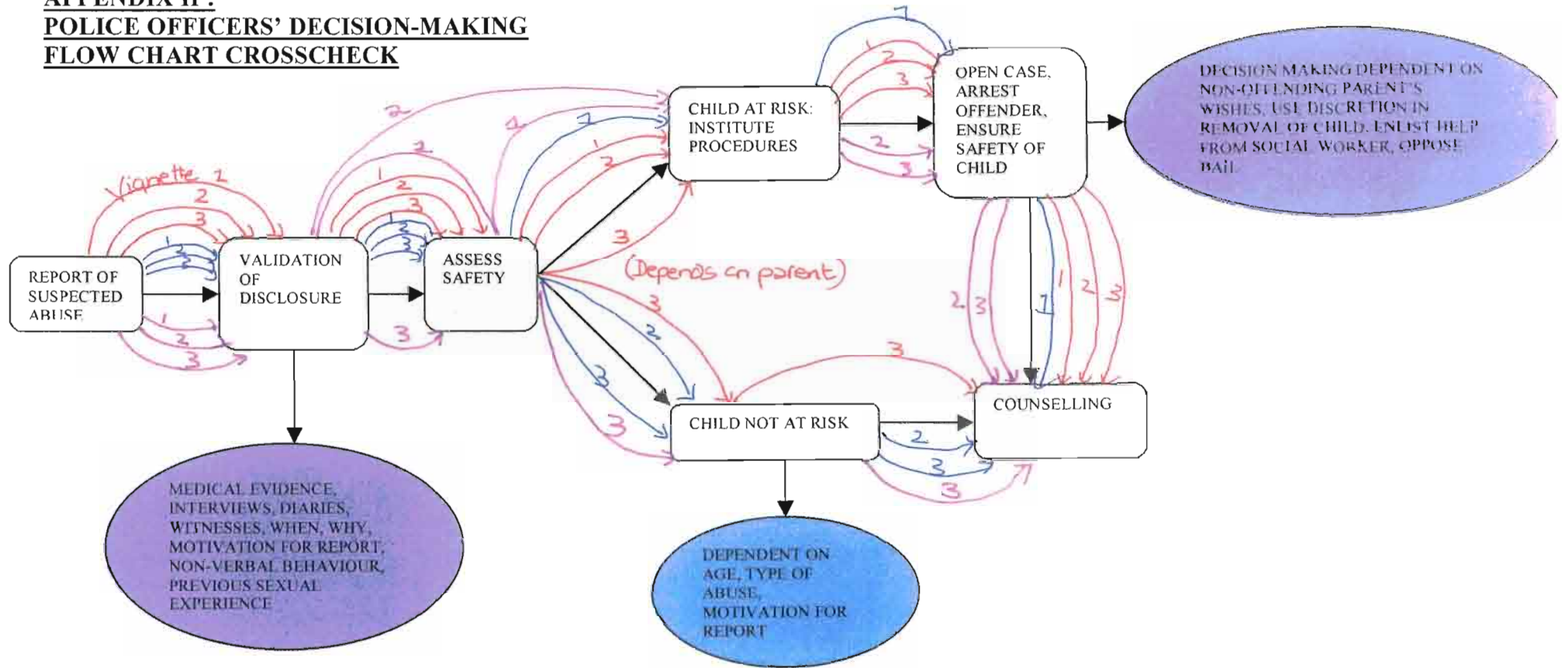


Vignette 1: "... if the family are involved and happy to work with a team then I would not go for court"

Vignette 2: "when it comes to court I can't stop a parent who wants to go the whole way but I would support them with a sinking heart"

Vignette 3: "I think family strategic therapy would be a good idea -- we need to work with this family"

**APPENDIX H :
POLICE OFFICERS' DECISION-MAKING
FLOW CHART CROSSCHECK**



- REASONS GIVEN FOR DECISIONS
- EXPLANATION OF DECISIONS

Key and supporting quotations

Police Officer 1:



Vignette 1: "The child needs foster care and counselling and the father should not come back into society. Would loose this case - better if there was a witness."

Vignette 2: "A case can be opened if that's what the mother wants - most often want to hide it because it's not socially acceptable. This isn't rape."

Vignette 3: "Next arrest the father. Would want her to be examined by a district surgeon to see if there is any medical evidence of the child being sexually active - if she is then maybe not believe this story."

Police Officer 2:



Vignette 1: "Would need to prepare the child for court - she is small and probably can't testify - need an intermediary. Might get a conviction."

Vignette 2: "don't want to remove the child... the brother won't be arrested... counsellor will explain appropriate behaviour"

Vignette 3: "It's not a strong case and the child is not at risk. I would not recommend removal of the father and would not oppose bail..no conviction"

Police Officer 3:



Vignette 1: "I would use my discession in removing the child and would leave the final decision upto a soical worker. I would oppose bail because the father is living with them and he's a flight risk - unemployed"

Vignette 2: "I would arrest the brother and put him into juvenile detention. Both kids need counselling - they can't change overnight - need help."

Vignette 3: "If this went through the justice system it would be hard to prove because there is no evidence. Probably not get a conviction."

**APPENDIX I:
PROSECUTOR'S
DECISION-MAKING FLOW
CHART CROSSCHECK**

