

**DEALING WITH SEXUALLY ABUSED CHILDREN:
A FRAMEWORK FOR SOCIAL WORKERS IN THE SOUTH AFRICAN JUSTICE SYSTEM**

by

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DECLARATION

I, the undersigned, hereby declare that the work contained in this dissertation consists of my own original work, and that I have not previously in its entirety or in part, submitted it at any university for a degree. All the sources used or quoted have been indicated and acknowledged by means of complete references.

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Signature

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Date

SUMMARY

The South African Justice System is a broader system that brings law and order to society. This law and order also includes the constitutional rights of the sexually abused children. A special court dealing with cases of children who are sexually abused is functioning throughout the country.

The purpose of this study is to develop a framework for social workers working with children in these special courts. The problem identified is that in these courts no framework exists for social workers focusing on the guidance of the child through the processes of the Justice System. This includes the therapeutic guidance by means of brief or directive therapy.

The research methodology for this study focused on developmental research by using the Intervention research model of Rothman and Thomas (1994). The phases implemented in the study were Problem analysis and project planning, information gathering and synthesis and design.

Qualitative data was gathered by means of semi-structured interviews and integrated in phase two of the research report. A proto-type guideline was developed and needs to be evaluated in future research.

KEYWORDS

SEXUALLY ABUSED CHILDREN

FRAMEWORK

SOCIAL WORK

SOUTH AFRICAN JUSTICE SYSTEM

THE CHILD WITNESS

INTERVENTION RESEARCH

CHILD DEVELOPMENT

GESTALT THERAPEUTIC APPROACH

QUALITATIVE RESEARCH

THE CHILD'S PROCESS

OPSOMMING

Die Suid-Afrikaanse regstelsel is 'n breë sisteem wat reg en geregtigheid in die gemeenskap reël. Hierdie reg, wet en orde beskerm ook die grondwetlike reg van die seksueel misbruikte kind. 'n Spesiale hof wat fokus op sake van kinders wat seksueel misbruik is, funksioneer regdeur die land.

Die doel van hierdie studie was om 'n raamwerk vir maatskaplike werkers wat met kinders in hierdie spesiale howe werk, te ontwikkel. Die probleem wat geïdentifiseer was, is dat hierdie howe geen raamwerk aan maatskaplike werkers bied om leiding aan kinders deur die regsprosesse in die regstelsel te gee nie. Dit sluit dan ook terapeutiese begeleiding deur middel van direkte en korttermyn terapie in.

Die navorsingsmetodologie wat gevolg is, het gefokus op ontwikkelingsnavorsing deur gebruik te maak van die Intervensienavorsingsmodel van Rothman en Thomas (1994). Die fases wat in die studie geïmplimenter is, is die Probleem Analise en Projekbeplanningsfase, die Inligtinginsameling en sintese fase en die Ontwerpfase.

Kwalitatiewe data is deur middel van semi-gestruktureerde onderhoude ingesamel, waarna data geïntegreer is in fase twee van die navorsingsverslag. 'n Proto-tipe riglyn is daarna ontwerp wat in toekomstige navorsing geëvalueer moet word.

SLEUTELTERME

SEKSUEEL MISBRUIKTE KINDERS

RAAMWERK

MAATSKAPLIKE WERK

SUID-AFRIKAANSE REGSTELSEL

DIE KINDERGETUIE

INTERVENSIENAVORSING

KINDERONTWIKKELING

GESTALTERAPEUTIESE BENADERING

KWALITATIEWE NAVORSING

DIE KIND SE PROSES

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PHASE ONE

PROBLEM ANALYSIS AND PROJECT PLANNING

CHAPTER 1

DEALING WITH SEXUALLY ABUSED CHILDREN: A FRAMEWORK FOR SOCIAL WORKERS IN THE SOUTH AFRICAN JUSTICE SYSTEM

1.1 INTRODUCTION AND BACKGROUND

The Justice System is a broader system that brings law and order to society. This Justice System is divided into different courts with different functions to bring citizens to justice. One of these courts is known as a special court dealing with cases of children who are sexually abused. The ages of these children who testify in this court range from two years to eighteen years.

The purpose of this study is to develop a framework for social workers working in this special court. It is necessary to ensure that the social worker, working with sexually abused children have the skills, knowledge and guidelines to promote the welfare of the child.

1.2 MOTIVATION FOR CHOICE OF RESEARCH TOPIC

On professional level, while working as a social worker, the researcher experienced a lack of knowledge regarding the child that enters the justice system. This insufficient

knowledge consists of poor counseling skills in helping a traumatized child, lack of knowledge regarding the child's development dynamics and also lack of skills to guide the child as a witness in court.

From personal experience the researcher experienced that the assessment process of the child – to gain proof that the abuse has occurred does not take into consideration

➤ **The traumatizing effect of the court proceedings:**

The researcher worked with sexually and physically abused children at the Department of Justice as an intermediary. The problems encountered as intermediary, such as extensive fear for the courtroom, fear for the prosecutor and language barriers during the court proceedings motivated the researcher to choose the topic.

➤ **The time span of the court proceedings:**

The second concern that motivated the researcher was the time lapse between the abuse and the period for court proceedings. The child would be forced to remember the incident, sometimes an incident which has happened more than two years ago. The main focus of the court proceedings is to preserve and consider the legal process, much to the expense of the welfare and interest of the child.

From this motivation it was evident that specific problems do occur. The problem was formulated as follows

1.3 PROBLEM FORMULATION

There is a general concern reflected in the media about the increasing rate of child sexual abuse. The public has also become aware of child sexual abuse due:

- to the number of reported cases;
- to the secretive nature of sexual abuse and the fact that there are few

physical signs that can be observed with the naked eye. The court stays skeptical and sometimes negative towards the child as a reliable witness.

- Social workers do have the task to help these children through trauma.

It is thus clear that No framework exists for social workers in South Africa focusing on the guidance of the child through the processes of the Justice System

1.4 AIM OF THE RESEARCH

This investigation was conducted with the aim to develop a framework for Social Workers in the South African Justice System with regards to children entering the Justice System.

The following objectives were guiding the process of the inquiry:

1.5 OBJECTIVES OF THE RESEARCH

- To provide a theoretical foundation for the social worker regarding the child's (i) developmental dynamics, (ii) child sexual abuse, and (iii) a helping strategy within the parameters of the gestalt therapeutic paradigm;
- To develop a framework in the form of practical guidelines for social workers focusing on the child's emotional welfare as a priority; and
- To conclude and give recommendations to professionals working in this field.

1.6 RESEARCH METHODOLOGY

Social work research can be undertaken by two possible methods or types, namely basic research and applied or developmental research (Mouton & Marais, 1998:44). This research has contextual value as opposed to universal value as guidelines will be developed for the social worker working in the Justice System. The type of

research most applicable in this scenario is applied research with a developmental focus. As part of developmental research De Vos (2002:394) refers to intervention research as an exciting new view of applied research in social work. Intervention research is according to Dunn (2004:9) a phase model consisting of six phases and each phase in its run with a series of steps.

The phase model according to Rothman and Thomas (1994) will be followed up to phase three. The three phases which will be utilized in this research are as follows:

- (i) Problem analysis and project planning
- (ii) Information gathering and synthesis
- (iii) Design

Within the intervention research model the researcher used the qualitative research approach. When researching children's behaviour and experiences, responses need to be relatively captured in a natural environment. This could be best investigated by using a qualitative methodology.

Qualitative data consists of detailed situations, events, people, interactions and observed behavior. Direct quotations from people about their experiences, attitudes, beliefs and thoughts (Patton 1983:12) need to be included in the research. It was the duty of the researcher to observe this experiences, attitudes, beliefs and thoughts of all relevant role players in this study within the framework of the intervention research model.

1.6.1 Defining Intervention Research

Intervention is seen as an action undertaken by a social worker. Schilling in De Vos et al (2002: 296). Intervention research is defined as studies carried out for the purpose of testing innovation.

Each of the three phases which was utilized in the study comprises a sense of steps or operatives, through out the whole study. A description of each step will in Phase one, as part of the general orientation of this study will be discussed shortly:

1.6.1.1 Problem Analysis and Project Planning

Hastings in De Vos et al (2002:397) defines social problems as conditions of society that have negative effects on large numbers of people. In this study, the problem has been formulated and the project has been planned with the focus on problems in the existing justice system related to the child being a victim of sexual abuse.

1.6.1.2 Identifying and involving clients

Intervention researchers choose a population with whom to collaborate.

De Vos et al (2002:398) is of the opinion that a population is selected where issues are of current or emerging interest to the researcher and society. For the purpose of this study the researcher has identified social workers and working with sexual abused children within the justice system as the focus of this study determining in which manner the social worker could be equipped to work with children in the justice system setting.

The universe, research population and method of sampling consisted of the following:

➤ Universe and research population

Universe refers to all potential subjects who possess the attributes in which the researcher is interested (Arkava & Lane, 1983:27). Seaberg (in De Vos, 2002:190) defines a population as the total set from which the individuals or units of the study are chosen. A population is thus the totality of persons, events, organisation units, case records or other sampling units with which the research problem is concerned.

For the purpose of this study, the term universe refers to the total set from which the individuals of the study are chosen, referring thus to all children in Gauteng entering the justice system.

➤ **Sample**

A sample is thus the element of the population considered for actual inclusion in the study (Arkava & Lane, 1983:27). A non-probability sample was utilised and the purpose sampling technique were selected. The qualitative researcher seeks out individuals, groups and settings where the specific processes being studied are most likely to occur, according to Denzin and Lincoln (in Strydom & Delpont, 2002:334). Semi-structured interviews were held until saturation was reached. The research process reached saturation after five interviews.

1.6.1.3 Gaining entry and co-operation on settings

Due to the fact that the researcher is a social worker with experience in the court setting she gained access by means of personal contact. To be successful in intervention research, the researcher formed a collaborative relationship with representatives of the justice system so that they could help to identify issues and concepts to be taken into consideration for the framework. The results of this process is reported throughout the whole of Phase two namely Information gathering and synthesis. At the end of every literature chapter – or information gathering – the synthesis - as triangulated with the field was being given. This means that the researcher did not follow the classical research report format but used the integrated steps as suggested in Intervention research and integrated all empirical data in the literature chapters.

1.6.1.4 Identifying concerns of the population

Intervention researchers must avoid projected, external views of the problem and its solution. To avoid this, once having access to the setting, the researcher focused on the issues of importance for the study. The informal personal contact method helped the researcher to identify needs for the framework.

Phase two and Phase three with their accompanying steps will be discussed as the research report progresses.

1.7 RESEARCH STRATEGY

The work within the context of applied research, asks for specific tools or strategies to be formulated in the process of developing a framework. In this context the term strategy is related to the term design. Creswell in De Vos et al (2002:271) defines design in the qualitative context as “the entire process of research plan conceptualising a problem to writing the narrative”. For the purpose of this study the term strategy will thus be utilised for the equivalent of research design.

In De Vos et al (2002: 272) it is mentioned that the qualitative research strategy differs inherently from quantitative research design in that it does not usually provide the researcher with step by step plan or a fixed recipe to follow. In the case of intervention research, the researcher is provided with a step by step strategy to complete the research process. This strategy will form part of an exploration or in-depth analysis of the literature needed for this study. The exploration and description of the literature system will take place through detailed, in-depth data collection methods, involving multiple sources of information that are rich in context. For the purpose of this, the methodology of the instrumental case study according to Fouche, (2002:270) will be utilised. The instrumental case studies will include interviews, documents and observations. Because of the applied nature of research, the

researcher will enter the field with knowledge of the relevant literature before starting the field research.

Mark in De Vos et al (2002:275) refers to the instrumental case study where it has been used to elaborate on a theory or to gain a better understanding of a social issue. This case merely serves the purpose of facilitating the researcher's gaining of knowledge about social issues. In this study the instrumental case study helped the researcher in her process of understanding the justice system and making recommendations on issues regarding the abused child in court.

The information collection within the instrumental case study also guided the researcher to identify concepts to introduce to a framework.

1.7.1 Semi-structured interviews

According to De Vos et al (2002: 302), in semi-structured one to one interviews, researchers can use semi-structured interviews to gain a certain picture of participants' beliefs about or perception of a particular topic. In this particular study, the semi-structured interview gave the researcher a detailed picture of the recent situation in the court systems. In the planning phases for the interviews the researcher designed a set of predetermined questions that helped the researcher to gather appropriate information. (See Appendix 1) These questions were developed accordingly the literature as literature control measurement.

1.8 ETHICAL CONSIDERATIONS

The principle of confidentiality was explained to all respondents. Participating in social research must be voluntary. According to Zaaiman (2003: 64) participants must be legally and psychologically competent to give consent and they must be aware that they would be at liberty to withdraw from the investigation at any time. The following ethical considerations were taken into account:

- Reporting was done in such a way that it did not harm any participants,
- there were at all times privacy, anonymity and confidentiality in interviews with participants,
- the researcher was cultural sensitive and avoided cultural, and
- the researcher revealed her research process, aim of the study and conclusions to the participants.

1.8 DEFINING CONCEPTS AND TERMS OF IMPORTANCE

➤ Sexual Abuse

For the purpose of this study the term sexual abuse included:

The employment, persuasion, indigent, enticement or religion of any child to engage in any sexually explicit conduct for the purpose of producing any visual depiction (Tower, 1996:132).

➤ Framework

For the purpose of this study a framework includes the use of a structure, constructed by the combination of relevant parts. The framework for this study will include combinations of different information gathered from different sources

➤ The South African Justice System

The South African Justice System refers to the exercise of authority in the maintenance of the law under the constitution of the Republic of South Africa. This justice system includes judicial proceedings in different courts with magistrates and judges involved. The different courts include children's court, criminal court, divorce court, civil court etc. There are presiding officers in each court divided in districts and regions. Children's court proceedings with a sexual abuse nature are normally held

at a regional court.

➤ ***In Camera* court proceedings/Close Circuit Television**

It is a court, which is closed for general public referring to as “*in camera*”. In Camera with close Circuit Television refers to court proceedings where the child sits together with the social worker in a TV room – thus not in open court, facing the perpetrator, witnesses or prosecutor. The accused and court officials sit in the courtroom and observe proceedings on the TV screen.

➤ **The State Prosecutor**

The state prosecutor It is normally an advocate or attorneys who are working for the state. They are the driving force behind the proceedings.

➤ **Sexual Abuse**

Sexual abuse can be defined as the employment, use, persuasion, inducement, enticement, or coercion of any child to engage, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing any visual depiction of such conduct; or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children. (The child Abuse Prevention and Treatment Act of the United States of America in Sattler, 1998:669).

For the purpose of this study sexual abuse will be defined as the involvement in sexual activities by a person of a dependent, developmentally immature child or adolescent for that person’s own sexual stimulation, or for the gratification of other persons. Sexual activities include exhibitionism, sexualized kissing, fondling, masturbation, digital or object penetration of the vagina or anus, and oral-genital, genital-genital and anal-genital contact.

1.9 REPORT LAYOUT

Presentation of contents will be divided into a structure consisting out of three phases, of which chapter 1 forms the basis for phase 1 and .

Chapter 1: Introduction to the study.

In this chapter the research problem, motivation for the research, the goal and objectives of the research and the research methodology are discussed. The key concepts are also defined.

Chapter 2: Developmental Considerations.

The developmental tasks of the child are discussed – including the cognitive, social, emotional and physical dimensions.

Chapter 3: Defining child sexual abuse and the influence of abuse on the child.

Child Sexual Abuse as phenomenon is discussed. This chapter focuses on defining sexual abuse, its incidence, possible contributing factors, as well as a theoretical foundation of sexual abuse.

Chapter 4: The child entering the Justice System.

The Justice System and its functioning are discussed in this chapter. Focus on the child's role as witness is also discussed

Chapter 5: Gestalt Therapy.

Gestalt therapy as therapeutic medium in helping guiding the child is discussed.

Chapter 6: A guideline for Social Workers in the South African Justice System.

This guide includes all relevant aspects of a guideline for social workers dealing with children entering the justice system the general conclusions of the research study are also discussed in this chapter. Recommendations for future research are also included.

1.10 BOUNDARIES REGARDING THE DATA-CAPTURING PROCESS

➤ Time Frame

The study was conducted over a period of 4 years. This included the

researcher's first year of formal structured class-work as part of the structured nature of the degree she enrolled for.

➤ **Place**

The study focused on the South African Justice system as implemented in the region of Gauteng Province, Vaal-Triangle. (Vereeniging, Van der Bijlpark, Sebokeng, West Rand and Sasolburg)

➤ **Foundation**

The semi-structured interviews were conducted in the researcher's office. The researcher worked as a social worker in private practice in Vereeniging.

1.11 BOUNDARIES REGARDING THE NEUTRAL OBSERVER

The selected observer that was identified has long years of experience working with sexual abused children. She is doing assessment and testifies on behalf of the children in court. The observer would concentrate on the child's understanding of the court proceedings, how the court officials handle the proceedings. The concern of the researcher is on the formation of guidelines. The observation by the researcher would help in getting more information.

1.12 Trustworthiness and Rigour in the study

Qualitative researchers need to ensure reliability. It was necessary to enhance truth-value and triangulation of the research process to ensure trustworthiness. The accounts of different informants, and observations in different settings strengthened the trustworthiness of the study. The guidelines set out by Schurink et al (1998) for a case study inquiry were followed. Rigour was enhanced through credibility, transferability, consistency and neutrality.

1.12.1 Credibility

Confidence in the truth of the findings was enhanced as follows:

- (i) The truth-value of the interviews was ensured by using methods and techniques of data-analysis such as forming categories and sub-categories in the capturing of important aspects of the research.
- (ii) The key informant, who offered an informed, neutral, expert opinion, had several years of experience in working with sexual abuse victims entering the justice system. Her expertise in the evaluation of the current procedures in court is highly respected in this field.
- (iii) Qualitative measures were employed to further rigour. The use of audiovisual methods, according to Poggenpoel (1998) and Krefting (1991), enhanced credibility through repetitive field entry, triangulation, member-checking reflexivity, and peer evaluation.

1.12.2 Repetitive field entry

Five semi-structured interviews were held over a period of one year adhering to the same procedural guidelines. The amount of structured interviews was determined by the process of saturation. The researcher closely evaluated each response from the interviews and continued until the same responses were found.

1.12.3 Triangulation

Cross-checking of data required the use of two different sources to verify the data:

- Triangulation was achieved through the interviews with expert social workers, and
- The studying of relevant literature.

1.12.4 Member checking

It was envisaged to conduct a member-checking interview with officers within the Justice System. Repeated rescheduling of this appointment expressed their reluctance to participate in this procedure. The researcher decided that the final

research report will be presented to this officials and as a form of member-checking be included in a publication such as an article.

1.12.5 Reflexivity

The use of a personal research manual as well as the repetitive viewing and reading of transcribed noted, promoted reflexivity, as did the separate analysis of the key informants' notes. The fact that the study was conducted over a period of 4 years gave the research a natural reflexive nature. Thee researcher repeatedly wrote and rewrote ideas, concepts and meaning until a holistic picture was formed.

1.12.6 Peer debriefing

The method of peer debriefing is advocated by Hasselkus (1991) and Krefting (1991) to check and clarify the basis for interpretation and to strengthen the credibility of the findings.

Thoughts, reflections and conclusions were regularly discussed with supervisors and colleagues for critical evaluation. Different sections of the research were discussed in structured intervals with a supervisor and expert in the field of social work research and the justice system in South Africa. The separate analysis and observations of the key informant provided closely monitored feedback on the research process.

1.12.7 Applicability and transferability

By following the intervention research process closely the guidelines can be applied in all social work settings where the social worker focuses on the sexual abuse victim in the justice system.

1.12.8 Consistency and dependability

According to Krefting (1991) an explicit audit trail needs to be maintained. Providing a structure for the process through the implementation of the separate steps in the intervention research model attained this objective. In addition, a procedural guide for reflection was followed and was beheld by the researcher.

Tape recordings were used to provide records. According to Schurink et al (1994) this source of data evidence is a form of direct observation of phenomenon to be analyzed. In addition it can be repeatedly examined. The records are permanent and objective. A verbatim transcript of each semi-structured interview was conducted, which was saved to be used for data analysis.

1.12.9 Neutrality

Establishing personal biases upfront by rigorously adhering to the methodology and using strategies in the Intervention Research Model, which easily can be replicated, enhanced the degree of objectiveness, which was adhered to during the research process. In addition extensive consultation with experts in the fields of Gestalt theory, the justice system, child development and social research added to neutrality and all-round reflexivity, which were further promoted by the use of the reflective journal by the researcher.

1.13 RESOLVING FIELD ISSUES

Careful preparation for field entry pre-empted difficulties during fieldwork. Certain steps needed to be taken however, due to unexpected developments in fieldwork. Reflexivity and peer debriefing assisted in sound resolution of arising issues.

The following field issues arose and were dealt with as they occurred:

- Originally the researcher had planned to write guidelines for court officials. On judicious reflection and peer-review was speculated that the implementation of

developed guidelines for court officials would not be considered as a research contribution. This was a disappointment to the researcher.

- The suspected pattern of reluctance was to be found when the member-checking interview was to be scheduled. It appeared as if the officials were not interested in any research concerning the method and process of their every-day work. The researcher resolved this matter by focussing on the social worker and the role of the social worker in the justice process.

1.14 CONCLUSION

This chapter provided an in-depth overview of the research methodological process presented. The chapter has clarified the motivation for study, problem statement, aim and objectives of the study. The chapter has clearly defined the focus of research. An overview of the intervention research method as selected methodology for this study was given.

In chapter 2, Phase two of the intervention research model will be introduced, starting with the description of child development as part of this phase.

PHASE TWO

INFORMATION GATHERING AND SYNTHESIS

CHAPTER 2

CHILD DEVELOPMENT

2.1 INTRODUCTION

The development and wellbeing of children is a consideration when working with the child entering the Justice System. Childhood development is the pattern of change that begins at conception and continues through the life span of the child. Most developmental needs are guarded by the assumption that a human being is predetermined according to a set maturational sequence.

According to Satrock (1998:25) the pattern of movement is a sequence because it is the product of several processes for example biological, cognitive and socio-emotional. It is thus important to determine how development influences the child's life.

This chapter focus on the information gathering and synthesis phase in the Intervention research model. The information gathering will start with the detailed discussion on child development with focus on the physical growth and change, biological process in the child's life an emotional development.

2.2 BASIC SEQUENCES AND COMMON PATTERNS IN CHILD DEVELOPMENT

A set of basic sequences in child development is known. These basic sequences guide the child through a process of maturation. Not only is this sequences very interesting, it is also of practical value to both the professional working with the child as for society. The value for society can be found in the planning processes of – for instance – effective educational systems.

However, researches need concepts that will help explain the contributions of life experiences, maturational factors, and the child's own constructions of experience to patterns of physical, cognitive, social and emotional development.

According to Dunn (2004:114) a theory of development includes more than just a description of a child's development. It should rather be seen as an attempt to describe and explain the development of human beings based on a particular view of human kind.

The development of the child is described in various theories. These theories differ considerably on development. A few theories will be integrated within the discussion on child development. This includes the psychoanalytic theory of Sigmund Freud, the cognitive developmental theory of Jean Piaget and the psycho-social development theory of Eric Eriksson.

General physical changes in development of the child will be discussed briefly as part of physical development:

2.2.1 Height and weight

During the first phase of child development, which included the infancy stage, the body gains in height very rapidly and including body weight. After this rapid growth,

Bee (1992: 131) is of the opinion that the second phase begins. The child settles into a slower but steady addition of height and about 12 kilograms per year until adolescence. The third phase begins with the dramatic adolescent “growth split”. After this growth split, in the fourth phase, the child again adds height and weight slowly until his final adult size is reached.

2.2.2 Muscle Development

Although the bones are not all formed at birth, Bee (1992: 134) is of the opinion that the new-born baby has virtually all the muscle fibres he will ever have. Both boys and girls show an increase in muscle tissue and strength, but the increase is much greater in boys. Among adult men, about 40% of total body mass is muscle, compared to only about 24% in adult women.

2.2.3 Hormonal Development

A less visible set of changes in child development is in hormones. According to Bee (1992: 138) hormones govern growth and physical changes in several ways.

➤ Development of sexual maturity

The physical results of hormone changes in puberty are not only a split in height but, more importantly, a set of physical changes that bring about full sexual maturity. There are changes not only in primary sex characteristics, which involve changes in the reproductive systems themselves, but also in secondary sex characteristics such as breast development, body and facial hair and lowered voice patterns in boys.

Other physical changes in childhood development include:

- The development of the brain to its adult size and weight
- The development of the respiratory system with breathing becoming deeper and slower,

- The development of the circulatory system with the heart to be smaller in relation to the body. Blood pressure increases and heartbeat decreases, and
- The milk teeth are replaced by permanent teeth, a process that is largely completed by the end of middle childhood.

Physical development have an influence on the child's social roles, social experiences and social adjustment. This developmental changes also determine the relationship in his family. The role of the family in the child's sexual socialisation will be discussed briefly.

2.2.4 The role of the family in sexual socialization

According to Louw (1990) social scripts, symbols and rules are unique to each culture and to each family. Thus in one subculture nudity may be common and the focus of little attention, while in other subculture it may be associated with secrecy and shame, and intense preoccupation. Similarly, in one family, sexual behaviour may be accepted while in another it will not be tolerated.

Tharinger (1990) sees sexual development as a natural, necessary and complex process that begins at conception and continues through the different developmental stages of the life cycle. It starts in the family and includes acquiring behaviours and attitudes concerning sexual behaviours in general.

The child's sexual development is influenced since infancy by psychosocial factors, involving parents, other family members, schooling, peers and the media, all interacting with the child's biological heritage. This process of alteration called sexual socialisation happens inevitably but its part can be weighed towards positive or negative actions (Tharinger: 1990). The ideal goal is to promote sexual adjustment, characterized by individuals who at the different stages of their life cycle are confident, competent and responsible in their sexuality. Sexuality is a basic aspect of

life, which has a predictable biological development when not interfered with by events such as sexual abuse.

According to Mrazek and Mrazek (1981) sexual development within the family is characterised as a series of developmental accommodations. This view emphasises the importance of how parents and other family members acknowledge and accommodate the child's developing sexuality, and reciprocally how children accommodate the actions of their family. This can be viewed in terms of Bronfenbrenners' (1979) ecological model, wherein human beings are seen to be developing through the resolution of conflicts in the different subsystems.

Most family's find some accommodation that allows them to adapt to these developmental challenges in a manner that is protective yet facilitative. When accommodation fails, sexual abuse may result. Sexual abuse within the family can be conceptualised as an extensive form of inappropriate sexual socialisation and lack of accommodation representing a maladaptive response to the normal sexual developmental of the child.

Research supports that poor sexual socialisation could precede sexual abuse (Tharinger: 1990). In some families where child sexual abuse has occurred, sexual socialisation before and during the abuse was inappropriate, ineffectual and dysfunctional. In such instances, the sexuality of the child was exploited to meet the needs of the older person, often the father, a father figure or mother. Sexual boundaries between the child and the adult were inappropriate or were not maintained, and the child's privacy was violated.

An important aspect of sexual socialisation involves communication about sexuality. If such communication is ineffective, it impairs the child's future decision making and problem solving ability regarding sexual issues. Black parents often consider sexual discussions as taboo thus making it difficult for a child to develop appropriate

decision making and problem-solving skills and, in the case of abuse, to disclose their experiences if the parents are resistant to discuss it.

Children who were not informed how to defend themselves against sexual abuse who don't know what constitutes "good touching and bad touching", and who have not received sex education, are ill prepared to deal with sexual matters. Children with parents, who warn, shout and punish them for asking questions about sexuality, or are bothered with sexual prohibitions, have a more difficult time developing realistic standards about what constitutes danger. Finkelhor (1990) states, that mothers who interfere with the healthier ways of satisfying child sexual curiosity make their children more vulnerable to adults or authority figures who give permission and opportunity to explore sexuality, albeit in the process of exploiting them. Such adults may disguise their abusive intentions by indicating that they want "to teach children certain things."

2.3 THE EFFECTS OF PHYSICAL CHANGES ON BEHAVIOUR OF THE CHILD

In this paragraph the researcher will emphasize the impact of physical changes on the behaviour of the child. This is of importance to this study in the sense that physical changes influence the child's ability to move around in his world. The physical changes also emphasize the child's relations to other people – leaving them vulnerable and sometimes a victim of violence, sexual assault or abuse.

The impact of physical changes on behaviour when sexual fertility occurs is of great importance to this study. The question to be asked is;"What effect do these changes have on the child's actual sexual behaviour." According to Bee (1992:147) in boys the likelihood of sexual activity is connected with the amount of sexual play and plays an important role in determining his future personality.

Of all facets of development, physical development is according to Bee (1992:163) the least influenced by specific experience and most governed by unchanging maturational patterns. It is important to understand the process of physical

development, and to understand the child within the context of the justice system. The rate and patterns of the child's physical development affect his self-image, personality and interactions with the world.

2.4 COGNITIVE DEVELOPMENT

Historically the first approach to studying cognitive development focussed on individual differences. According to Bee (1992:208) the inconceivable fact is that children differ in their intellectual skill, their ability to remember, the speed with which they solve problems, the number of words they can define and their ability to analyse complex situations.

The most known developmental approach is the approach by Piaget. Piaget's focus was on the development of cognitive structures rather than on intellectual power on patterns of development that are common to all children rather than on individual differences.

The importance of cognitive development in children can be found in the sense that the justice system focus on the ability of the witness to take part in the justice process. Knowledge on what to expect on a cognitive level will empower the justice system to focus on aspects within the cognitive range of the witness.

Bee (1992:147) argues that among girls, sexual interest but not sexual behaviour, are associated with testosterone levels which suggests that social influences are more involved in girls than boys sexual behaviour.

2.4.1 Cognitive Development Theory and Processes

The cognitive processes are responsible for changes in child's development. Piaget (in Dunn, 2004:139) stresses that children construct their own cognitive worlds;

information is not just poured into their minds from the environment. Organisation and adaptation underlie an individual's construction of the world.

The child also adapts our thinking to include new ideas because additional information furthers understanding. Piaget (in Satrock, 1998) believes that the child adapt through assimilation and accommodation.

➤ **Assimilation**

This is the process of "taking in" or absorbing some event or experience into some scene. When a baby looks at and then reaches for a mobile above his grip. Piaget would say that the baby had assimilated the mobile to the looking and reaching schemes. Assimilation cannot occur unless there is some scheme to which an experience can be assimilated. According to Helem (1992:247) assimilation is an active and not a passive process. The process of assimilation thus changed the perception.

➤ **Accommodation**

Accommodation occurs when children adjust to new information. Piaget thought that assimilation and accommodation operate even in a young infant's life. New-born reflexively suck everything that touches their lips. By sucking different objects infants learn about the nature of these objects. Their taste, texture and shapes. According to Satrock (1998) Piaget also emphasised that to make sense out of their worlds, children cognitively organise their experiences.

➤ **Organisation**

Organisation is Piaget's concept of grouping isolated behaviours into a higher order, more smoothly functioning as a cognitive system. Every level of thought is organised.

Children continually integrate and co-ordinate the many branches of knowledge that develop independently. Organisation occurs with all stages of development.

➤ **Equilibrium**

Equilibrium is a mechanism in Piaget's theory invoked to explain how children shift from one stage of thought to the next. The shift occurs as children experience conflict or disequilibrium in trying to understand the world.

2.4.2 Stages of Cognitive Development

➤ **Sensory-motor thought**

The sensory-motor thought lasts from birth to about two years of age - corresponding to the period of infancy. During this time infants develop the ability to organise and co-ordinate their sensations and perceptions with their physical movements and actions. The stage begins with the new-born, who has little more than reflexes to co-ordinate their sensations and perceptions with their physical movements and actions.

The stage ends with the two year old who has complex sensory-motor patterns and is beginning to adopt a primitive symbol system.

Non-symbolic or sensory-motor intelligence is what Piaget claimed that, the very young infant has up until about one and half years of age. The critical aspect of Piaget sensory-motor stage is that it is non-symbolic throughout most of its duration. Problem solving occurs early in life by twelve months of age. Piaget claimed that until about one and half to two years of age it is of trial and error.

➤ **Pre-operational thought**

The pre-operational stage stretches from the age of two to the age of seven. It is a time when stable concepts for mental reasoning emerge. Egocentrism begins strongly or weakens and imaginary beliefs are constructed. Pre-operational thought is anything but a convenient waiting period for concrete operational thought. It emphasises that the child at this stage does not yet think in an operational way.

➤ **Concrete operational thoughts**

The concrete operational phase is a reversible mental action on real, concrete objects. It allows children to co-ordinate several characteristics rather than form on a single property of an object. A concrete operational child co-ordinates information about height and width.

➤ **Formal operational thought**

The formal operation thought occurs during adolescent-development. Adolescents developing power of thought opens up new cognitive and social horizons. Their thought becomes more abstract, logical and idealistic. Adolescents are capable of exercising their own thoughts, others' thoughts and what others are thinking.

The development of cognitive skills, memory and language of children are important for this study as cognitive reasoning is in most times part of the court proceedings in the justice system. With cognitive development, personality develops. Personality includes emotional development.

2.5 PERSONALITY DEVELOPMENT: THE CONCEPT OF SELF IN CHILDREN

The concept of personality development will include emotional development. Changes in the child's understanding of "self" within the first year are important to psychoanalyst as well as cognitive development theories. Freud talked about the symbiotic relationship between the father and the mother. In turn Piaget emphasized

that the infants' understanding of the basic concept of the child's attaining self-performance. Both aspects of early development reappear in the emergence of sense of self.

According to Pringle (1986), there are four basic emotional needs, which have to be met from the very beginning of life to enable a child to grow from helpless infancy to mature adulthood. These are the need for love and security, for new experiences, for praise and recognition, and for responsibility. The relative of these needs change during different developmental stages. Having these needs satisfied is not a privilege, but the right of the child. Eventually the child resolves the conflict and reaches a balance or equilibrium of thoughts.

2.5.1 Eriksson's Theory of Psychosocial Development

Eriksson accepted the basic elements of Freud's psychoanalytic theory on development. He enlarged its scope to include other factors that shape development, for instance culture and contemporary issues such as juvenile delinquency, changing sexual roles and the generation gap.

According to van der Zander (in Louw et al. 1998:345) children's understanding of their emotions and emotional expressions change noticeably between the ages of six and eleven. They increasingly attribute emotions to internal causes, they become aware of the social rules governing the expression of their emotions, and they learn to "read" facial expressions with greater accuracy. As children become older, they also become capable of identifying emotional labels such as anger, fear and happiness, and of attributing inner feelings to them.

The different concepts of emotional development were structured by Erickson's explanations of the "stages of man" These stages or phases were divided in five important phases. These phases will be discussed briefly

➤ Basic trust versus mistrust

This is the important issue for the infant in developing a sense of basic trust and essential trustfulness of others as well as a fundamental sense of one's own trustworthiness. If the mother is warm, consistent and reliable in her care giving, the infant learns that she can be trusted. If the ability to trust others is not developed when it is appropriate to do so, the individual will have difficulty forming intimate relationships later in life.

➤ **Autonomy versus shame and doubts**

A challenge for the child between ages one and three and half years is to achieve a strong sense of autonomy while adjusting to increasing social demands. The parents should provide a supportive atmosphere that allows children to achieve self control without the loss of self autonomy. In turn if children are subjected to severe punishment or shame they may come to doubt their abilities.

➤ **Initiative versus guilt**

Eriksson saw the time between 4 and 6 years as a period during which to identify with, and learn from their parents. The child is setting goals, building a high tower of blocks and working to achieve. The aim of the child is to achieve a balance between initiative and guilt.

➤ **Industry versus Inferiority in puberty**

The stage lasts from age 6 to puberty is crucial for ego development. During this stage children master cognitive and social skills that are important in their culture and they learn to work industriously and to play well with peers. Eriksson pointed out that teachers are important in this stage.

➤ **Identity versus Role Confusion**

Eriksson put emphasis to adolescence seeing the stage as critical for the achievement of a core sense of identity. The dramatic physical changes of puberty and the emergence of strong sexual urges are accompanied by new social pressures, including a need to make educational and occupational decisions. Adolescents must resolve the question of who they really are or like in confusion about what roles they should play as adults.

In the context of the study if victims of sexual abuse make internal attributions, they would be likely to regard themselves as being wrong, and place the blame on themselves. The sexually abused child, perceiving sexual abuse to be inappropriate and exploitative and feeling little support internalizes a self view of being bad and unworthy. This view is similar to the damaged good syndrome described by Sgrooil (1982) as well as stigmatization. These feelings of damage and difference are also probably felt by sexually abused adolescents who believe that they are “rotten” or “spoiled goods” and consequently are unlike others (Sidun & Rosenthal 1987: 30).

2.5.2 Emotions as part of personality development

➤ Fear and anxiety

According to the fourth edition DSM-IV, American Psychiatric Association (APA) 1994 the term anxiety anticipates future danger or misfortune accompanied by a feeling of dysphoria or somatic symptoms of tension. Fear differs from anxiety primarily in having an identifiable eliciting stimulus. Anxiety is often “pre stimulus”. Epstein (1972) concluded that fear is related to coping behaviour, particularly escape and avoidance. When coping attempts fail, fear is turned into anxiety.

➤ Traumatic situations of fear

Extreme danger jeopardising the child’s life elicits intense fright and may have long-lasting result in the form of post-traumatic stress disorder. Trauma may also involve

natural catastrophe, such as floods or hurricanes destroying one's home or community, or it may involve seeing others being seriously injured or killed as a result of an accident. One may be exposed to the trauma alone as in a rape. It results in post-traumatic stress disorder and the dramatic event is persistently re-experienced (for instance flashbacks). Common anxiety symptoms experienced by persons suffering from post traumatic stress disorder include sleep and concentration difficulties, irritability or anger outbursts and hyperventilation.

➤ Anger

Anger organises and regulates internal physiological and psychological processes related to self-defence and mastery as well as regulating social and interpersonal behaviours (Izard and Kobak 1991).

Anger regulates interpersonal boundaries and comes to be regulated in an interpersonal context through socialisation by caregivers, peers, larger social context (Oatly & Jerking, 1996:214). Cultures have "display rules" wherein individuals learn when, to whom, and how to express anger in culturally acceptable ways (Lewis, 2000:172)

Anger is the predominant emotion reported by the victims of sexual abuse (Maree 1985:45). Anger may be expressed directly or indirectly to the attacker, depending on the context of the event. In an example given by Stucky (1994:100) one of the victims of abuse said "I'm so angry that these people are out there and I feel helpless because they are not caught." She added that she had a negative attitude towards men. "I am very suggestive towards them."

Problems with anger include; feeling ambivalent and guilt about the rage could prove to be emotionally overwhelming and the fear that the expression of anger would further enrage the self (Roth et al, 1998:21). The victim may also express anger against the people who were not helpful in the aftermath of the trauma, including

family, friends, therapists and other professionals. Some children may feel anger about what they think they had lost. According to Marall (1988), girls often experience anger towards their parents for having exploited them instead of protecting them. The anger that follows victimisation, the offender, the criminal justice system and the society for letting it happen, can be redirected through activism by speaking out at conferences, schools, churches and public hearings (Tibetts 2002: 271)

➤ Anxiety

Children who were sexually abused may develop various forms of anxiety reactions. They may fail to interact freely with their peers, and they may experience anxiety and panic reactions beyond that which is expected at their developmental level.

Children undergo a series of developmental fears; including fear of being annihilated, fear of losing their mother, fear of their impulses, fear of losing their body parts and body integrity, fear of the punishing anxiety of the superego and guilt (Haroldetal 1988). Fears are common and sometimes mild and as a result of their mildness they are often not reported to authority figures. It is only when the symptoms have become established and disturb the child's general adaptation to family life, peers and school that they come to the attention of professionals.

➤ Depression

The initial effects of child sexual abuse are sometimes interrelated and they can present themselves simultaneously. For instance, a sense of loss, guilt, anger and low self-esteem could pervade the child's life, constituting a depressive disorder. Victims of child sexual abuse sometimes feel that something has been "stolen" from them. They feel emptiness to the extent that they become withdrawn and depressed. This may be associated with anxiety and sleep problems for example nightmares (Stucky, 1994)

➤ Loss

A sexually abused child may experience various forms of loss, including loss of family, loss of the innocence, and loss of their “normalcy” (Haugaard & Repucci, 1988) It has been found (Jones 1986) that girls more often than boys have feelings of loss. This appears to be related to penetration because girls feel that their virginity has been lost.

Jones (1986:66) further states that intense feelings of loss may originate from the child’s growing understanding of the family relationship. The loss experienced by the child may make her/him feel that the parent does care for him/her and is not the parent the child wished to have.

If the perpetrator is a parent, the child may be taken away from the family, or the parent may be imprisoned. When a sexually abused child is removed from home to foster parents, relations or a place of safety, he or she may experience it as a loss of family or that the family chose to support the perpetrator (Haugaard & Repucci 1988).

Feelings of isolation are often experienced if the child is removed from an incestuous home and at the same time, from other types of social support. That in itself might be traumatic because the child might have learnt skills to cope with the situation, or it might leave the child with the impression that he or she did something wrong and hence the removal. The child may also find it difficult to mourn for a living parent, because of ambivalent feelings, the child may long for the parent, and at the same time feel anger and guilt. It is suggested that sometimes it may not be the best option to remove the child from home, but to rather implement appropriate interventions in the context where the abuse occurred.

➤ Guilt

Guilt and shame are frequently observed reactions to child sexual abuse (Maree, 1985:28) but few studies give clear percentages of the extent to which these feelings occur.

Various factors contribute to guilt feelings. The child's awareness of his or her anger, combined with the fact that often the child has been stimulated and partly gratified, result in guilt (Daldin, 1988 and Finkelhor 1987). If the child actively participates in the act, guilt feelings become more emphasised. Sexually abused children sometimes hold themselves responsible for the abuse perpetrated to them. Due to their guilt feelings, they may not report the abuse. In addition, a child may fear that if he went to disclose the abuse, it would have a negative effect on the family integration for which he would then be responsible.

2.5.3 Self-esteem as part of personality development

Self-esteem refers to the evaluation which, an individual makes and customarily maintains with regard to him-or herself. It expresses an attitude of approval or disapproval and indicates the extent to which the individual believed himself to be capable, significant, successful and worthy. In short, self-esteem is a personal judgement of worthiness that is expressed in the attitudes the individual holds towards himself.

Marce (1985:82) says the loss of self-esteem compared with guilt, is experienced as immediate effects but is also long lasting. Victims generally reveal tremendous devaluation of them and experience feelings of worthlessness and shame.

Browns and Finkelhor (1986) also state that sexual abuse of children results in low self-esteem. Sexually abused children are often coerced into silence, which also has

a negative impact on them: It could lower the child's trust in him- or herself with a negative effect on self-esteem.

The different concepts of personality development should be incorporated during the development of guidelines for the social worker. Concepts like gender stereotyping, the ventilation of emotions and sensitivity towards others need to be taken into account by the social worker. With the personality development a sense of moral develop. This component of child development will be discussed in detail.

2.6 NORMATIVE DEVELOPMENT

Normative development also refers to morality which is a set of principles which enables the child to differentiate between right or wrong. Moral development refers to the process by which the child learn the principles that enable him to judge behaviour in a particular society of "good" or "bad".

2.6.1 Piaget Theory of Moral Judgement

Piaget describes how children's moral reasoning changes from a rigid acceptance of the dictates and rules of authority to an appreciation that moral rules are a product of social interaction.

- The stage of morality constraint.

Children between 7 and 8 years old regard rules and duties to others as unchangeable. In their view Justice is authority and punishment is always justified.

Piaget argued that parental control of children is coercive and unilateral. Children's cognitive immaturity causes them to believe that rules are real things.

The stage of autonomous morality develops at the age of 11 or 12. Children understand fully that rules are the product of social interactions and agreement and can be changed if the majority of a group agrees to do so. Children also believe that punishment should fit the crime.

2.6.2 Kohlberg theory on moral development

Kohlberg (in Louw et al. 1998:376) developed a theory of moral development and he stated that children go through different stages of moral development, and that moral development is based on cognitive development and relevant social experiences.

2.7 IMPLICATIONS OF SEXUAL ABUSE ON CHILD DEVELOPMENT

According to Anna Freud (1981), abused children experience a form of sexual stimulation for which they are developmentally unprepared for. This results in experiences that disastrously disrupt their normal sequence of sexual development. As a result abused children are forced into a premature genital stage of psychosexual development, whereas legitimate prior development needs go un-addressed.

Daldin (1988) holds a similar view and states that in the event of sexual abuse, the child is confronted with sexual over-stimulation, which is overwhelming and can result in poor development of ego functions. Functionally the ego is supposed to act as the mediator of drives. As a result of the sexual abuse, the ego becomes fixated to the particular stage in which the abuse occurred.

2.8 SYNTHESIS – EMPIRICAL FEEDBACK FROM RESPONDENTS

This aspect of the chapter represents the findings from the semi-structured interviews presented to the respondents.

- Question asked to respondents: ***How do you experience the handling of child developmental issues in court?***

Typical answers included:

“Child development is overseen in court. “

“Many court officials know that they are dealing with a child but do not know how to address the child within his development phase”

“I don’t remember the detail of child developmental issues and tend to make mistakes myself”

“I can’t remember doing child development at varsity – I recall developmental issues from my own children”

“Some court officials will ask you to prepare something on the child’s developmental stage – but this is not the rule. I truly believe that this is a grown-up world with grown-up rules”

Synthesis: Respondents does not feel comfortable with their knowledgebase on child development issues. Guidelines should provide a background on how to address child development.

2.8 CONCLUSION

The child development plays an important role to understand the effects of sexual abuse on the behaviour of the child. The effects of child sexual abuse described in this chapter are interrelated and may be presented simultaneously. Various factors discussed in chapter 1 of this study, affect the child’s reaction, including the following; the age of the child during the onset of the abuse; the relationship with the perpetrator; whether violence was involve during the abuse; and significant other people’s reaction to the abuse. The gender of the child also influences the nature of the effects. The effects must furthermore be seen for an ecological perspective,

which requires that the social-cultural context and family dynamics must be considered. It is important to further study the definitions, types of sexual abuse and the influence of abuse on the child.

In Chapter 3, sexual abuse and the influence thereof on the child will be discussed as part of the information gathering and syntheses phase of the research process.

PHASE TWO
INFORMATION GATHERING AND SYNTHESSES
CHAPTER 3
DEFINING SEXUAL ABUSE AND THE INFLUENCE
OF ABUSE ON THE CHILD

*"Think the unthinkable
Believe the unbelievable
Imagine the unimaginable"*
- unknown -

3.1 INTRODUCTION

Most attempts to define sexual abuse fail to acknowledge the impact sexual abuse has on the child and his development. According to David (1994: 32) by its failure to address the impact, social work is sanctioning it. The problem is, perhaps not an exaggeration to suggest that child welfare practitioners and childcare workers are feeling embattled and even under siege in a context of growing referrals and increasingly severe caseloads, but where there are insufficient resources to do the job expected of them.

Sexual abuse has spread widely even though taboos exist discussing this emotionally killing practices. For the protection of children, the taboo that forbids performing sexual abuse needs to remain in force. Alternatively the taboo that forbids discussion of the subject must be discouraged.

In this chapter the researcher wants to clarify what sexual abuse is and to emphasise the influence of sexual abuse on the child as a victim. In order to do this a clear description of the above topic is needed.

3.2 CHILD SEXUAL ABUSE

For a theoretical background the researcher is paying particular attention to the questions of definition, particularly the questions - what is child sexual abuse and what is meant by child protection.

According to Doyle (1995:13) the term "child sexual abuse" has expanded to mean not only incestuous relationships between fathers and their young daughters but also any sexual activity involving a child or young person which is experienced as abusive.

Child Sexual Abuse can be defined for the purpose of this study as the occurrence of a sexually inappropriate act involving a child which is committed by a person who is five or more years older or who is initiating that sexual act, exploits the child in question (Mcquston, 1986:1).

A shorter working definition is: child sexual abuse is the exploitation of a child for sexual gratification of an adult (Fraser 1981:1)

The socio-cultural context portrays very little agreement on the definition of child abuse. The South African constitutional and criminal justice system according to Lewis (1999:123) has shortcomings regarding the problem. Due to insensitive, judgemental behaviour child victims and victims of domestic violence and sexual abuse refrain from reporting.

From the above definitions it is clear that child sexual abuse can be seen as an adult showing a child his or her genitals, touching a child's genitals, having a child touch the adult's genitals, having oral genital contact. Forced masturbation, digital penetration, intercourse or sodomy may also be seen as sexual abuse of a child. Production of child pornography or showing a child pornographic material or voyeurism also forms part of the definition of child sexual abuse.

3.3 THE CHILD AS VICTIM

The child as victim includes any person who is under the age of 18 years. According to Doyle (1995:13) adolescence poses some dilemmas for adults who have to decide whether or not they have been sexually abused. It is lawful in South Africa for a young person on reaching the age of 16 to have certain sexual relationships. In recent adjustments to the law, it was even suggested that the ages of consent should be changed to 12 years. Another matter of debate is how far an adult with learning difficulties and the comprehension capacity of 5-year-old should be protected from sexual abuse in the way that a primary child might be.

According to Section 14(1) A of Sexual Offence Act 23(1957), a child under the age of 16 years may not give consent to sexual relationship or activity. The Constitution of the Republic of South Africa, Act 108 of 1996, provides specifically for the protection of children's rights. Section 28 of the Bill of Rights entrenched in Chapter Two of the Constitution also protects certain rights of children.

According to Dunn (2004:61) not every child is affected by sexual abuse in the same way. Crosson-Woer (1999:128) states the degree of trauma a child experiences depends on several variables. These variables include:

- The type of abuse
- The identity of the perpetrator
- The duration of the abuse
- The extent of the abuse
- The age at which the child was abused
- The first reactions of significant others at disclosure
- The point at which the abuse was disclosed, and
- The personality structure of the victim

The consequences associated with sexual abuse can be classified as either initial effects (occurring within 2 years following the abuse) or long-term effects (consequences beyond 2 years subsequent to the abuse). For initial effects, investigators have identified a wide range of emotional, cognitive, physical and behavioural problems. The specific manifestations of symptomatology appear to depend on the development level of the victim. (Dunn, 2004:63).

3.4 THE SILENT CHILD

According to Kitzinger in Parton et al. (1997: 97) it is suggested that implicit in the publicity surrounding child sexual abuse is "an assertion of what childhood really is, or should be". A dominant issue in Kitzinger's work is the notion of childhood innocence, which she states is problematic and counterproductive for three reasons. These are that innocence is a source of "titillation" for abusers, that notions of innocence "stigmatize" the knowing child, and that it presents an ideology of childhood which is used to deny children power.

A second issue regarding the silent child is the idea of a "passive victim" or a "silent sufferer of victimisation". From research done by Kitzinger in Parton et al (1997: 98), she suggests that many children are actually anything but passive in their response to sexual abuse, that although such tactics are rarely recognised by adults, children seek to evade abuse with all the resources they have of cunning, manipulative ness, energy, anger and fear.

As a result, the idea of childhood may feature in defining "abused children". Terminology such as the "knowing child" and being a certain type of passive victim echoes the idea of the ideal victim. Blagg (in Parton et al. 1997:98) proposed that notions of deserving and undeserving victims operate within the child-protection process, for children as well as adults, and these influence the treatment they receive from state agencies. He also suggests that there appears to be widespread "blindness" when it comes to seeing child victimization, and an incapacity to read the

message that children give. The ultimate point is that children who do not fit the stereotype do not get "seen". Kitzinger in Parton et al. (1997:98) goes a step further by suggesting that, once recognised as victims, the definition of childhood produce a certain type of response - one which reinforces aberrant behaviour as deviant, rather than normal.

The researcher concludes that those activities could be recognised as attempts to resist, or cope with abuse. Instead they are labelled as "post traumatic stress syndrome" or cited as evidence of deep psychic scarring. Such terminology obscures the child actively negotiating his way through the dangers of childhood. He is recast as a submissive object of victimization even by the process of intervention and treatment.

3.5 SEXUAL ACTIVITY

According to Doyle (1995: 14) sexual activity refers to a wide range of behaviours. There is non-touching behaviour such as exhibitionism, watching children undress through a spy-hole and other forms of voyeurism, making obscene telephone calls, forcing children to look at sexual activities or pornography or making them pose for pornographic photographs and videos. Sexual activities includes: (i) behaviours associated with stroking the breasts, vagina; penis and bottom; (ii) masturbation of the child or the perpetrator by the child; (iii) rubbing the penis between the victim's legs in simulated intercourse; (iv) penetration of the vagina; anus or mouth by the penis and (v) pushing objects or fingers into the vagina or anus. In some cases the child is tied up, gagged, dressed in strange clothes, spanked or whipped in a sexualised way and in few cases subjected to torture, suffocation or killed in a sadistic manner.

The activity is sexual when at least one participant gains sexual gratification from the activity and when it involves the genital or erotic parts of the body. All these activities are included in the definitions of sexual abuse as stipulated in paragraph 3.2 above.

In dealing with sexual activities and sexual behaviour the question arises when is behaviour sexually abusive?

The type of sexual activity that needs to be categorised under abusive behaviour according to the description of sexual activities is as follows:

3.6 Sexually abusive behaviour

Not all activities involving the genitals are abusive. Intimate medical examinations and cleaning a baby's nappy area are obvious examples of non-sexual touching although they can become abusive if performed not for the benefit of the child but for the sexual gratification of the person undertaking the examination or cleaning.

According to Doyle (1995:14) children will explore each other's bodies, often through games such as "doctors and nurses". In a study by Lamb and Coakley (1993) sexual games were played mostly with the same age friends and if they were "discovered" by adults, unlike most instances of sexual abuse, the children did not feel unduly ashamed or guilty or that any harm had been done, nor did the game feel abnormal.

In the majority of cases there was no coercion although when girls played with boys, even same age ones, this increased.

Sexual abuse is referred to as "bad touch with little or no emphasis on the sexual nature of the abuse." Children may be unaware that the physical action associated with "bad" touch is bad (Sandra 1995: 3).

Lanson (1993) described five different types of interfamilial sexual abuse including mother-son incest.

- Subtle abuse – it is behaviour that is intended to be sexual but gratifies the perpetrator's sexual needs. Parents believe that their child needs special attention.

- Seductive abuse - it includes seductive posing or gestures, allowing a child to see nude or sexual displays or verbal abuse.
- Perverse abuse - it is behaviour that is intended to sexually humiliate the child. It may include forcing the child to wear or do things associated with the opposite sex.
- Overt sexual abuse - it is defined as direct sexual contact between the perpetrator and the child. It includes intercourse or fondling.
- Sadistic sexual abuse – any sexual behaviour that is also intended to physically harm the child.

3.7 POWER AND COERCION

One of the important features distinguishing acceptable from abusive activities is that all parties to the activity join in willingly without coercion. There is a balance of power between the partners or group members and all are more or less aware of any consequences. This reflects the idea of informed consent. Doyle (1995: 15) is of the opinion that because children have limited knowledge and experience they cannot give informed consent to sexual activities with adults. The author goes further to mention that children may like the feeling of being caressed and sexually aroused but they may not realise that they run risks of disease, pregnancy or future guilt and distress.

Doyle (1995: 15) argues that a child may sometimes give apparent consent. There have been cases of children duped by strangers who pretend to be a family friend. They may ascertain the child's name by spotting it on the child's bag. Children often assume that people cannot be "strangers" if they know their name.

Another important feature mentioned by Doyle (1995: 15) is that there is a power imbalance between perpetrator and victim. It is not uncommon for parents to use parental authority to coerce a child into sexual activities. Some abusers use superior physical violence to the victims themselves, to their pet animals or the people they

love. Threats can also have an emotional focus for instance “Do this, or you will not be my special princess any more, does it or you will not get that bike for Christmas.”

More subtle forms of power can include the use of status and influence such as when a teenage gang leader tells a younger child he must agree to sex if he wants to stay in the gang. A music teacher promises to promote a child's musical career in return for sexual favours. A popular definition which enshrines many of these concepts was stated almost four decades ago, and is still of worth today.

“The involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not truly comprehend, are unable to give informed consent, and that violate the social taboos of family roles” (Schechter and Roberge 1976: 129).

The merit of this definition is that it ensures that abuse of children by other children is not excluded. Although the definition includes the concept of violating the social taboos of family roles it does not just limit sexual abuse to instances of inappropriate sexual activity between family members. According to Doyle (1995:16) there are a great many abusive activities which take place in non-family settings.

3.8 THE CONTEXT OF SEXUAL ABUSE

Sexual abuse occurs in a variety of contexts. According to Doyle (1995:16) the perpetrator can be male or female. They can work alone, in pairs or as groups. They can be family members, more distant acquaintances or strangers. This paragraph will consider the different types of abuse in different settings.

3.8.1 Incest and family-member abuse

Under South African law incest is narrowly defined as sexual intercourse between a man and a woman within the prohibited relationships of a man with his daughter,

sister or half-sister, mother or granddaughter or a woman over 16 with her father, brother or half-brother son or grandfather. It does not embrace foster, adoptive or step relationships nor does it include activities, which fall short of intercourse. This is mostly because the legislation was drawn up more to protect inheritance and property rights than to protect children.

According to Doyle (1995:19) family members who are not living with them can abuse children. One of the most difficult areas for investigation is to deal with those involved in divorce or separation where a parent is accused of abusing a child while on an access visit. This becomes particularly difficult if the child is unable or unwilling to give an account. Even if there is medical evidence it is often difficult to determine who caused the damage. A parent on access visits can and do abuses their children but equally parents who resent their former partner having access have been known to falsely accuse them of abuse.

Doyle (1995:19) states that a parent will sometimes accuse an estranged partner in order to protect a new one who is really the perpetrator. What is certain is that children do not readily falsely accuse anyone close to them of sexually abusing them. Both boys and girls might start refusing to visit their grandfather, uncles, aunts or other relatives for no apparent reason. It may be that they are being abused in their relative's household or even in a park or car when their relatives take them out for a treat (Doyle; 1995: 19)

3.8.1.1 Parental abuse and capability

Finkelhor (1984: 73) studies have found higher vulnerability to sexual abuse at men and women who lived without their natural mothers or fathers during childhood. Eloff (1988: 50) agrees that the children without a close relationship with their mothers stand a greater chance of being in an incestuous relationship with their fathers than those who are close to their mothers.

3.8.1.2 Conflict between parents

Finkelhor (1986: 75) stated that sexual abuse victims are likely to report poor relationship between their parents at home. Bandis (1956) found a high population of unhappy marriages in the families of victims of what he called child participated experiences. Eloff (1998: 52) stated that children whose mothers are divorced are at a greater risk of getting abused because of the number of men who come to the house. From this information it is clear that certain risk factors within the parental roles, related to children being victims of sexual abuse, exists.

3.8.1.3 Stepfather families

Finkelhor (2003:78) concluded that the types of abuse committed by stepfathers were more serious and more violent. Eloff (1998:53) agrees that a stepfather is considered more likely to sexually abuse a child in a family situation than a natural father.

Other studies of mainly factors have identified additional risk factors, such as mothers who have not finished high school or who are sexually repressive, fathers who show no physical affection, [parental drug abuse, a poor parent-child relationship and a parent with emotional instability (Finkelhor, 2003:9)

Religious laws and legal writings have developed much attention to the commission of incest. They are taboos that originated the following explanation for the taboo of incest. Biologically it is concluded that incestuous marriages created defective offspring's. The theory of Westermack (1922) suggested that people who live together constantly develop a mutual sexual aversion. Malinowski (1972:39) suggested that the family could not tolerate the ambiguity, blurred role definitions and confusion of feelings brought on by the sexual involvement of its members. Talcott Parsons (1954) suggested that the incest taboo helped the child develop autonomy and social roles necessary to leave the family. Tower (1996:9) concluded that taboo is violated in our modern society. Current studies support the idea that incestuous

relationships are barriers to children's autonomous development. Incestuous families demonstrate disorganisation and dysfunctional relations.

3.8.2 Estrafamilial abuse

According to Bolen (2001:95) studies indicate that extra familial abuse of children is by far the most prevalent type of abuse. A comparison of prevalence studies to incidence studies indicates sharp discrepancies between abuse that occurs in the general population and abuse that is identified. These findings suggest that whereas the majority of all abuse that occurs is extra familial, the vast majority of identified abuse is interfamilial.

Extra familial abuse are mostly perpetrated by strangers, acquaintances, authority figures (including abuse by unrelated caregivers and educators) friends of the family, friends and romantic or sexual partners. Perpetrators, according to Doyle (1995:19) sometimes seek out homes containing children and young people when they are looking for lodgings

It has been concluded that the greater the contact bound between the perpetrator and the victim, the greater the potential for her to be abused (Russell: 1984). Russell found that 15% were molested by strangers, 40% by acquaintances, 14% by friends of the family and 2% by friends of the family.

The perpetrator has most of the time a bond with the parent... Abuse is not within the parent's frame of reference. Parents, who have had no experience with abuse or have blocked the memory of their own experiences, do not expect other adults to sexually abuse children.

The increased reports of abuse in day-care settings, schools and by babysitters point out that parents are not always discerning about the providers of those services. The parents trust the potential abuser. Parents who trust the coaches, youth-group

leaders, ministers and priests, may not realize that these individuals could be harmful (Tower 1996:191).

According to Tower (1996: 192) parents may not provide enough supervision for their children several reasons:

- Parents may feel that their children can take care for themselves. Parents, who allow children the freedom of walking home from school or playing in the neighborhood by themselves, may not even consider the danger of potential abuse.
- Parents may feel unable to provide supervision. Child-care is expensive and some parents feel financially unable to provide an alternative. Parents may not be able to find a sitter to supervise.
- Parents may be unaware of unsupervised persons. The child who misses a ride is left unsupervised, and is vulnerable despite the parents' good intentions.
- Parents may be occupied that they are not able to concern themselves with their children's whereabouts.
- The child may initiate the separated children who always run away, and separate themselves from supervising declaration.

It can be concluded that children are sexually abused by strangers. It is also known that a number of sexual abuses are perpetuated by family members or by surrogate caregivers who are close to children.

3.8.3. Ritual abuse

Ritual sexual abuse, according to Kritsberg (1993:31) occurs when a child is used by one or more people as an object or sacrifice during a sadistic or satanic ceremony. The child is forced to participate in bizarre and cruel activities. Jonker (2001:30) emphasises that Satanists want total dominance over their victims and often inflict unusually brutal, sadistic and humiliating types of sexual abuse. Frequently, victims

are repeatedly sexually assaulted by men, women and other children, assaulted by instruments for penetration of body orifices, forced to commit sexual offences against children and infants; and subjected to forced sexual contact with animals.

There is little doubt that ritual abuse exist. However the claims of some children and adults that they have been abused as part of satanic worship has been met with a degree of scepticism. Enough difficulty exists in believing an abused teenager when she accuses a charming, respectable-looking man of attempting to rape her.

According to Doyle (1995:23) the difficulty becomes almost an impossibility when she accuses that same man of taking her and other children to a strange place where there are adults who tie them up, inject them with drugs, force them to eat faeces, kill animals as sacrifices, worship Satan and generally terrorise them. The more bizarre a child's stories the more unlikely most people are to believe him.

Another problem with ritual abuse is that apart from the accounts of victims there has been little supporting evidence. There have been claims that babies have been sacrificed and yet no bones have been found.

The Leeds Ritualistic Abuse Study Group formulated a definition of ritual abuse in 1993:

"Ritual abuse is the involvement of children in physical, psychological or sexual abuse associated with repeated activities ('ritual') which purport to relate the abuse to contexts of a religious, magical or supernatural kind."
(McFadeyn, Hanks & James, 1993: 37)

According to Doyle (1995: 24) this type of abuse, in many cases, takes place within an extended family with perhaps neighbours also taking part. Most of the time cases are dismissed as the fantasies of children or the delusions of social workers. Doyle (1995:26) argues that it may have been right to dismiss them. The problem is that in such cases the only evidence is provided by the victim. However, the more fantastic

a child's story the less likely it is to be believed. The more unpalatable the truth the more certain it is to be ignored.

3.8.4 Child sex rings

Sex ring is an arrangement in which one adult is involved sexually with several underage victims (Burgess, 1981; and Conradie, 2001:1). The organisation of such rings ranges from small, informal neighbourhood to national networks (Tower 1996: 202). Sex rings, according to Conradie (2001:2) is the term used to indicate the involvement of one or more adults in sexual activities with more than one child. It usually starts with what is known as solo sex rings, from which more sophisticated types of sex rings can develop. There are different types of rings namely the solo and syndicated and transition rings. The following are characteristics of these rings.

- A belief system – children are taught that the activities are normal and desirable.
- Premature sexuality – curiosity, awe of adults and the need for attention are exploited as children are initiated into a variety of sexual activities. Peer pressure is encouraged, and the secret is ensured that it is kept.
- Inclusion in pornography – Children are encouraged to model what they see in pornographic films and pictures. They are compelled to be involved in the manufacture of pornographic materials. Drugs are used as incentives or rewards or to ensure compliance. The pornography and drugs are illegal and used by ringleaders as insurance against disclosure. The children will fear to tell because of fear of prosecution.
- Recruitment of new members – children are encouraged to and rewarded for bringing in other children (Tower, 1996: 203).

The researcher concludes that, the involvement of children in the sex ring or ritual abuse is more dangerous and has a long term effect on the children in the future and behaviour. The early involvement on the adult sexuality distorts their sexual

development. Burgess, (1984) also stated that the possible outcome of this sexual trauma are prostitution, sexual dysfunction, delinquency and substance abuse.

3.9 SYMPTOMS AND SIGN OF CHILD SEXUAL ABUSE

Any type of child can be abused. The social worker cannot look at a group of children and identify those that are likely to be abused and those who are safe from abuse, although some perpetrators of abuse can spot the child who is likely to be the safest target. This of course, means that no parent can be sure that his or her child will not be abused. There are however symptoms and signs that child sexual abuse did occur.

3.9.1. Physical symptoms

3.9.1.1. Injury

Finkelhor (2003:382) pointed out that superficial trauma to the genitalia and anus area; heal without residual in less than 72 hours. In girls, where it is suspected that they have been the victims of vaginal penetration, a careful examination of the hymen and the size of the vaginal opening are considered necessary.

Geddis (1989:22) comments that attempts that have been made to correlate allegations of sexual abuse with measurements of vaginal opening size. Some authors have reported that, in the absence of a clear history of accidental trauma, a finding of a vaginal opening of greater than 4mm is strong supportive evidence of sexual abuse.

3.9.1.2 Sexually transmitted diseases

In children sexually transmitted diseases is the result of sexual abuse. Sexual abuse exposes dependant, developmentally immature children and adolescents to sexual stimulation inappropriate for the child's age. The sexual activity is initiated and sustained by an adult or an older peer with pressure threats or promises of reward. The adult elicits the child's promise to remain silent about the sexual activity.

Infections are diseases that are transmitted with sexual contact and are referred to, as sexually transmitted diseases (STD). Venereal disease is one of the transmitted diseases. Abused victims are likely to have an STD if they were abused by multiple perpetrators; abused by a perpetrator, who had high-risk behaviour. High risk behaviours include intravenous drug use, crack use, prostitution or multiple sexual partners. Sexually active adolescents have the highest rates of STD's of all age groups.

3.9.1.3 Pregnancy

The recognition of sexual abuse is dependent on willingness of the pregnant child to admit sexual abuse. Young patients appearing with the complaint of rape, incest, or molestation are easy to identify as victims of sexual abuse. Indicators that may point to sexual abuse include adolescent pregnancy,

Unexplained vaginal bleeding, irritation, and unexplained genital pain with pregnancy may be a result of abuse.

3.9.2. Emotional and behavioural symptoms

The sexually abused child can be recognized by both emotional and physical behavioural symptoms. Adults and adolescent victims of rape display increased

phobia, insomnia, depression, increased alcohol consumption and suicidal behaviour.

Emotional abuse may include, persistent undermining of secure attachment or inappropriate developmental expectations. There is a related concept of emotional neglect which includes failure to provide normal living conditions or refusal of social or educational services. All abuse involves some emotional ill-treatment. Sets of abuse are judged by a mixture of community value and professional expertise.

3.9.2.1 Knowledge of sexual acts that is age inappropriate

Age inappropriate sexual behaviour may best be described as imitations of adult-like sexual behaviour, including oral genital contact, inserting objects in the vagina or anus, imitating intercourse and asking to engage in sex acts. There is cause for concern when children engage one another in adult-like sexual interactions, when there is significant difference in the children's ages; either child uses any type of coercion or force or both.

3.9.2.2 Inappropriate sexual play with self and others

Sexual play includes behaviours such as playing sexual acts with dolls, imitating intercourse, looking at or touching other children's genitals, sexual talk and jokes, sexual games and masturbation. The behaviour is exploratory and spontaneous. It occurs occasionally between peers or siblings who are similar in age, size and developmental level. It is not accompanied by strong feelings of anger, fear and anxiety.

3.9.2.3 Excessive masturbation

Sexualized behaviours include masturbating in public; re-enacting sexual activities with others or with other children; rubbing the genitals of adults; making sexual

sounds or emotions; dressing in a provocative manner; using sexualized language or exposing genitals (Friedrich, 1990).

The following aspects need also to be considered as emotional and behavioural symptoms of sexual abuse

- Seductive Behaviour,
- Change in appetite,
- Late arrival or absence from school,
- Avoidance of bathrooms,
- Personality changes,
- Depression,
- Promiscuity,
- Suicide,
- Prostitution,
- Running away,
- Nightmares, and
- Inability to concentrate.
- Children with no imitation.

It is evident from the above discussion that some children may also fear a loss of self control. It is necessary to give the child the assurance that he need only block out these things that he feels comfortable blocking out. The child must also be able to identify a person in a state of concentration seldom loses consciousness of self (Schoeman and van der Merwe, 1996: 54).

3.9.3. Family relationship patterns

Child sexual abuse within a family or an extended family system shows that one or several of the boundaries within the family are distorted (Wieland, 1997: 25). When a parent uses a child as a sexual partner, the parent moves the child out of the Childs

subsystem into the parental subsystem. The child is put in the position of having to cover for the needs of adults (Wieland 1997: 25).

3.10 THE INFLUENCE OF SEXUAL ABUSE ON THE CHILD

"I want to end the nightmare, I want to die. Never before had I contemplated suicide but now I saw myself as irretrievably damaged goods, I see little purpose in carrying on living" (From a sexually abused adolescents diary).

Children caught up in abuse find it difficult to ask for help. At first sight this might seem strange. Doyle (1995: 46) states that this reaction is true about sexually abused children. She uses the following example to explain why children may find it difficult to ask for help.

"If you are attacked in a busy street, assuming the assailant is unarmed, you would probably cry out for help, struggle and attempt to escape as quickly as possible. You will also be extremely grateful to anyone who intervenes and saves you from further attack. However, if you are mugged you have some hope of escape, there is the chance that someone will hear your cries and attempt a rescue. You would react very differently if you had no such hope."

3.10.1 The child experiencing frozen fright

Doyle (1995: 46) is of opinion that children who realise that they are being sexually abused often stay very still and does not resist. Bain and Sanders (1990:4) argues that children often "cut themselves off" from the abusive act, and can't even remember what was happening.

Children who become aware that their brothers or sisters are being sexually abused can become similarly frozen by fear. Some children are slowly and gradually seduced into sexually abusive activities. Such children dare not tell anyone according to Bain

and Sanders (1990:39) because they feel they might be punished for having sometimes willingly participated at first or for having allowed the abuse to continue.

When the child does not experience sexual sensations, she is forced to witness the abusers sexual arousal and many cases orgasm. Behaviours such as facial expressions, sounds, and body movements do not fit the child's day to day perception of that person and can be frightening. For these children sexuality becomes linked with a sense of fright and of being out of control. For children who cut off body feeling, sexuality becomes linked to a lack of feeling or a sensation of freezing and rigidity in the body.

3.10.2 The child experiencing denial

Children like adults, are trapped in a frightening situation protect themselves from the pain of their fear by denying that their abusers intend them any harm.

Doyle (1995: 47) states that denial sometimes is very important when people receive a shock. This reaction gives the body time to adjust to shock and to restore its functions after trauma. Similarly for a shorter or longer time the victims of sexual abuse may deny that their abuser was harming them in any way.

When the symptoms or behaviour of a child suggest sexual molestation this should be mentioned to the parents. In families where there is no sexual abuse the parents usually take this calmly, but in families where sexual abuse is occurring, the perpetrator may deny this, assuming that an accusation is being made against him.

This may result in a closing of ranks within the family, including denial or retraction by the child. Abuse is likely to continue after this and steps must be taken to protect the child.

The researcher concludes that there is professional ignorance and denial concerning the emerging psychosocial problem of the child's sexual abuse. Even when cases are reported the result can still be devastating for the victim and the family

3.10.3 The child experiencing anger and fear

According to Doyle (1995: 48) anger and fear follows hard on the heels of denial. However sometimes the trapped victims are too frightened to turn their anger against their abuser yet they have to do something about it. Adults in hostage situations sometimes turn it against the people trying to rescue them. Similarly abused children will sometimes try to protect the people who have been abusing them. Anger if not turned on the perpetrators or the outside world, might be turned by the victim against him in what Gestalt therapists call retroflective behaviour. This gives rise to the feelings of depression and unworthiness felt by some abused children.

Abused children may behave in a compliant manner and not seek to escape because of a real fear of the abuser's threats. The perpetrator may say, "Attempt to escape and I will kill you."

Children who have been sexually abused are required by the abuser to keep silent about their experience. The social worker will approach the fearful child who may appear to be hiding something with an open mind. Such a child may be hiding an abuse secret or may be hiding something else.

Anger may be expressed directly or indirectly to the attackers depending on the contact of the event. The victim may also express anger against the people who were not helpful in the aftermath of the trauma, family, friends, therapists and other professionals. According to Marall (1988:441) girls often experience anger towards their parents for having exploited them instead of protecting them.

Fear is related to coping behaviour, particularly escape and avoidance. When coping attempts fail, fear is turned into anxiety. If there were no restraints, internal or external fear would support the action of flight. Anxiety can be defined as unresolved fear or as a state of undirected arousal following the perception of threat (Lewis 2002: 574). The wall of silence surrounding sexual abuse within the family seems solid, and reinforced by the fear of the consequences that follow discovery. This fear would demolish it if were understood that the court were inclined towards treatment rather than imprisonment, towards rehabilitation rather than punishment.

3.10.4 The child experiencing shame

From a very early age children learn that they must not be rude nor talk about rude things. Adults have inconsistent and often angry reactions when children do so. According to Doyle (1995:48) anything involving the private part of the child will make the child reluctant to admit they have been involved in activities in which private parts played a significant role. Only very young children will be free of embarrassment and shame, due to their developmental phases.

Children often do not have the vocabulary to tell adults about what has been happening to them. Once children learn that they simply do not talk to grown-ups about "willies", "totties" and "fannies" or "koekies" how they can tell adults that someone has touched those private parts. Many little children do not have the word for the vagina or penis apart from "bottom".

Sexually abused children often feel silly and ashamed because such abuse involves the parts of the body often referred to as rude and associated with toileting. They are naturally reluctant to let others know how "dirty" they are feeling.

Children who have been sexually abused, especially those who have been abused by several abusers or have expressed emotional or physical abuse to the sexual abuse, come to view themselves as objects. These children lose a sense of their

entitlement to themselves and their right to determine what happened to them. This is a sense of being diminished (shame) and of having no right to power.

3.10.5 The child experiencing guilt

Perpetrators are good at making their victims feel guilty. Phrases like "you dirty minx, you seduced me" will often be used by the perpetrator. Children may also feel guilty because they have accepted bribes or they have broken some rule. Behaviour of children is most of the time the result of two conflicting injunctions - "Be polite to grown-ups" and "Do not talk to strangers".

After the disclosure has been made by the victims the guilt connected with their participation in the abuse may intensify over months. The feelings of guilt and personal responsibility may become combined with feeling of loss, and grieving for the emotional warmth that the abuser provided. The victim feels that they caused the family's break-up.

3.10.6 The child experiencing doubt

Abused children are made to feel that they are merely objects who are really worth very little. According to Doyle (1995:49) many victims doubt that they are worth helping. They may also have found that the people whom they thought they could trust are the very people who are abusing them. This means that they may doubt the intentions of other adults who could be in a position to help them. The result is that they are fearful of disclosing and entrusting their secret to any adult.

According to Gillham (1981:221), the British crime survey carried out in 1981 found that sex crimes in general were the least likely to be reported. It is interesting that girls do not seem to tell their parents about the more serious experiences. In this study of child sexual abuse, 43% of the girls and 16.5% of the boys said that they had told their parents of the incidents.

Child sexual abuse is, in any case a secret activity, something that those involved usually do not reveal whether victim or perpetrator.

3.10 SYNTHESIS – EMPIRICAL FEEDBACK FROM RESPONDENTS

This aspect of the chapter represents the findings from the semi-structured interviews presented to the respondents.

The question asked to respondents was:

- ***How do you experience working with sexual abused children in the court setting?***

Typical answers included:

“I need to get a break – I am so tired of dealing with sexual things – perhaps it is because I don’t believe in the therapeutic processes – or methods of helping these children.”

“My work is tiring – I sometimes feel – what is the use? Every day – new faces with so much promiscuity and evil. The children are fantastic I wish I could just help them all to the extend that they experience total healing and forgiveness.”

“I need to get more information on new things. I am working in the field the last 12 years but still feel that I don’t know everything.”

“Some children are so full of guilt and shame. They carry this over to their adult lives. Their patterns of communication are distorted; they don’t know how to present themselves.”

“I recently dealt with sexual abuse within a child sex ring. I couldn’t believe the absolute terror and evil the children experienced. The

process was exhausting. You know what happened to perpetrators? They walked free ... the children were crushed and felt as if they failed – I was crushed too – I nearly resigned..”

“I feel burnt-out and tired of sex all day long. This work influenced my own perception of sexuality and sex”

“I had to reframe my sexual relationship with my husband. Sometimes I can’t stand the idea of sex. Especially when I help the Police with an assessment – getting the details of abuse from the child. – It’s making me sick”

Synthesis: From the above it is evident that social workers working with sexual abuse need to be de-briefed on a regular basis. Working with sexual abuse on an ongoing basis does have an influence on the social workers own perceptions of a healthy relationship. In guidelines for social workers these aspects need to be addressed.

3.11 CONCLUSION

In this chapter the facts, possible role players, symptoms and initial and long-term effect of sexual abuse were discussed. This chapter substantiates the importance in considering the child as victim and emphasizes the need for intervention and protection. In chapter 4 the current intervention and protection from the justice system will be discussed.

PHASE TWO

INFORMATION GATHERING AND SYNTHESSES

CHAPTER 4

THE JUSTICE SYSTEM AND THE CHILD

4.1 INTRODUCTION

In chapter 3, the child as victim of sexual abuse was discussed. In chapter 4 the focus is on the child entering the justice court system. The main question will be: *“what will be the best interest of the child.”* For this research a search for a reasonable just law for children, the observation of Grant Elmore in Goldstein et al (1997: 137) reveals relevant for today’s society.

“Law reflects but in no sense determines the moral worth of a society, a reasonable just society will reflect its values in a reasonable just law”.

Thus the better the society, the less law there will be. Being the victim of a crime could lead to serious physical, social and psychological problems. Reactions to victimization however vary and the impact of crime differs from individual to individual. The extent to which a victim is emotionally harmed by crime – in this case sexual abuse - and the possibilities of recovery often depend on certain factors that are present before, during, and after victimization.

To most people the sexual abuse of children is unthinkable, intuitively incredible except in the relevant authorities become critical. Most information collected for this chapter, came from experiences of the researcher herself, working as a social worker in special sexual offence courts in Sebokeng, Gauteng. This discussion will give a

background description of the origins of law and the South African Law system before the problems with the child as witness will be discussed.

4.2 ORIGINS OF LAW

Law is relevant to justice and justice is equivalent to law. Law brings order to society. Early Roman empires played a leading role in developing law as known today. German people contributed a lot to the creation of law and spread their interpretation like the Romans in the new world (e.g. movable and immovable objects). Roman Dutch Law came into use to establish order when the Roman law and the Dutch law contradicted each other (e.g. renting a place). English law deals with the law of evidence (for example, how do you prove a case, what evidence may you lead and how do you present your evidence in a court of law). English law practices prefer order and structure (e.g. My Lord as or your worship and gets up and bows. Court goes into recess). Law is as old as life itself.

4.3 THE SOUTH AFRICAN JUSTICE SYSTEM

In South Africa the law system functions on defence and focus on state witness and to let this witness into discredit. The common theme that the defence selects for discredit a child who has been victim to sexual abuse, is to ask why the child did not report the matter sooner, since it is often claimed that the abuse has been going for months or even years. Thus the child's ability to remember and his believes to suggest is under question.

4.4 HISTORICAL BACKGROUND FOR THE CHILD AS WITNESS

It was early in the 30's that law on social services emphasised the need for help in the legal system regarding the child as witness. The first of these precedents was the passage of the social security in the 1930's which made child protection a public

responsibility thereby diminishing the need for voluntary agencies such as the society for prevention of cruelty to children (Wafe 1987: 12).

4.4.1 The child as witness

With the increases of reported cases of child sexual abuse more children enter the legal system. This has serious implications for the legal system. Most of the time the only witness to the crime is the child. This causes conflict in legal fields. On the one hand it is the states' duties to keep the best interest of the child and on the other hand the perpetrator has constitutional rights to fair trial. In a contested child abuse case in which a child's testimony is needed, the first main issue is whether or not a child is competent to testify at trial.

Unfortunately all cases of sexual abuse don't reach the doors of the court. The main reason for this may be the fact that the legal process jeopardises the whole process. More commonly though, an abuse report will set of a criminal investigation and social services involvement that is aimed at protecting the child from any additional harmful incidents but traumatized the child more in the process.

4.4.2 The concept court preparation

In the case of a sexually abused child the main purpose of court intervention is not protection of the child but conviction and punishment of the offender. Trials are conducted in open, adult court, and the child's testimony is often a crucial part of the procedure. It has been stated that the legal part of the whole drama, consisting of not only the court hearing but also the interrogation by police, prosecuting attorney, defence attorney and according to the researchers own experience it often does more harm to the child than the actual sexual event.

Attempts have been made in other countries to circumvent the use of children as witness in open court. Children are incapable of distinguishing between a

demonstration stroke of physical affection and sexual abuse. After pubescence children are able to judge a proper and improper physical contact. They are aware of bringing a charge, particularly the role they will have to play in the legal proceedings. Children are distressed about the outcomes such as removal from home, break-up of family or imprisonment of the offender especially if it is the father

The reason for preparing the child is:

- To assist the child witness in dealing with the pressure and stress related to testifying in a court of law, and.
- to teach children that everyone has feelings and it is healthy and normal to feel a variety of feelings toward different situations. They need to understand that feelings or emotions can be triggered by different situations and that people respond to these situations in different ways. (Swanepoel & Fouche 2003: 19)

According to Lipovsky and Snohomish (sa, 22) preparing a child for court attendance, improves the child's ability to answer questions in court in the most accurate, complete and truthful manner to maximize the child's ability to be perceived as a credible witness and to minimize the likelihood that the child will suffer negative court related consequences.

The above goals can be achieved by promoting ongoing contact between the child and family legal and mental health professionals. The more relaxed and comfortable a child is in the court environment, the more confident he or she will appear when testifying. Preparation involves familiarizing a child with what will occur during court proceeding and helping him or her to be ready for the experience emotionally, physically and mentally. It does not involve telling what to say. It involves all issues attended to the enhancement of a child's performance in providing accurate information to the court e.g. knowledge and comfort to the child (Lipovsky, Snohomish, sa 40).

Child victims and witnesses face some difficult issues that may impact their ability to participate in the criminal justice process the way children understand, communicate and participate is determined by their developmental status. The adult professional working with children must be able and willing to adjust their approach to the child's developmental level. Law enforcement officers and prosecutors are not child development specialists (Tibbets and Schicher, 2002: 84).

If the perpetrator is a family member, child protective services are to become involved. The suspected abuser may be arrested, causing havoc in the family including loss of financial support. The child may be removed from the home and placed in foster care (Tibbets and Schicher, 2002: 55). Child victims are more likely than adult victims to blame themselves when they have a close bond with the abuser.

Perpetrators tell their child victims that the abuse or violence was the child's fault. Children find it upsetting to talk about traumatic events. As they talk about it children may re-"live" the abuse and feel the associated emotions again (Tibbets and Schicher 2002: 85).

Most children do not make up stories of abuse. Tibbets and Schicher (2002: 85) is of opinion that professionals should not let the possibility of false reports prevent a thorough investigation. Children disclose abuse and facts regarding traumatic events over time.

Sexual assault is one of the most traumatic types of criminal victimization. The sexual assault victims find it painful to discuss their victimization. The important reason is that many victims of sexual assault are traumatized not only by the humiliation of their physical violation but by the fear of being injured or killed.

There are three primary responsibilities of law enforcement in sexual assault cases:

- To protect, interview, and support the victim.
- To investigate the crime and apprehend the perpetrator.

- To collect and preserve evidence of the assault that will assist in the prosecution of the assault.

Sexual assault victims are sometimes reluctant to co-operate with law enforcement officers because they fear the perpetrator will return to retaliate. Only men and women who have suffered the trauma of sexual assault can begin to understand the depth and complexity of the feeling experienced by sexual assaulted victims (Tibbetts and Schicher, 2002: 85)

4.4.3 The victim impact statement

A victim impact statement is a statement expressing the impact the crime has had on them or their families. It is a summary of the harm or trauma suffered by the victim as a result of the crime and it provides the court with information on how the victim's life was before the crime and how it changed.

A victim impact statement can be written or submitted orally by audio, video or other electronic means and provides the victim with an opportunity to address the court prior to sentencing, with the aim of ensuring appropriate sentences.

The statement can reach the court by the prosecutor or probation officer or can be submitted directly to court. It is reviewed by the court and presented to the judge or magistrate in writing before the judge or magistrate decides the sentence. Three copies are made of the document. One is for the judge or magistrate, another for the prosecutor and the offender's lawyer also receiving the third copy. The prosecuting attorney can also be requested to orally present the statement in court (Acta criminologica 16 (2) 2003: 44)

4.4.3.1 Victim impact statements and children

Young children are expected to take part in a process that many adults find complex, confusing and intimidating. They are also expected to answer detailed questions about terrifying events in the presence of strangers and the defendant.

It is important that criminal justice professionals adapt their practice to the special needs of child victims and witnesses. Child victims should not be forced to make a victim impact statement nor should they be made uncomfortable or fearful while making one. If a severely traumatized injured child cannot provide a statement or drawing, the parent, caretaker, physician or social worker can present it as part of an information package. Information such as a changed relationship between the child and her friends at school and neighbourhood or her parents or changed in behaviour or social work should be included (Acta criminologica 16(2) 2003: 52).

4.4.3.2 Contents of a victim impact statement

Victims receive an informal sheet that provides general information on the use of victim impact statements, the victim's rights to submit a statement, procedures and submission of the statement, crime victim compensation as well as contact information is required.

Confidentiality of the statement should also be guaranteed and it should be made clear who will have access to it. Victims should be allowed to discuss their feelings about what has happened to them freely. In the case of murder, a homicide victim family member, or close friend should have the opportunity to complete a victims impact statement in order to describe how the loss of their loved one has affected them (Acta criminologica 16(2) 2003: 44-45)

According to Henderson, (1985:44), victim impact statements offer victims the opportunity to relate the harm done to them by the crime, and to express their

concerns. Supporters of victim impact statements have argued that the introduction of such statements will improve the sentencing process by making decisions conform more to the community interests.

Tibbets and Schicher, (2002:3112) is of opinion that victim impact statements may reduce uniformity in sentencing and may introduce a greater degree of arbitrariness or will result in harsher treatment of convicted offenders. Unfortunately the victim impact statement is age-restricted and can only be used when a child has the ability to read and write. The researcher suggest that various medium's in play therapy – for instance the drawing – may be used as a victim impact statement in cases where a child does not have the ability to read or write.

A child's fear and trauma of testifying in a confrontational setting has two serious identifiable results:

- It may cause psychological injury to the child and
- it may overwhelm the child as to prevent the possibility of effective testimony thereby undermining the truth finding function of the trial itself

Most child witnesses fear a face to face confrontation with the defender. Child witnesses feared being hurt by the defendant, testifying on the stand, crying during testimony, being sent to jail, and failing to understand questions that were asked of them.

4.5 CHILDREN'S HEARSAY

In the Journal for Judicial Science (2002:32), hearsay evidence is defined as oral or written statements made by persons who are not called as witnesses to prove the truth of their contents. In terms of the common law, the general rule was that hearsay evidence was inadmissible. The principal reason for excluding hearsay evidence is that it is unreliable. It is regarded as untrustworthy because it cannot be tested by cross-examination. There is the danger that the maker of the statement may be

deliberately lying or have made a mistake or the statement may not be understood by the witness testifying in court. According to Hoffman and Zeffert (2002:12) the purpose of cross-examination is to expose these defects. If the maker of the statement is not reliable for cross-examination then the evidence cannot be tested.

4.5.1 Hearsay evidence and the child witness

In the common law, hearsay statements by child witnesses were excluded unless they fell within the defined exception for instance in a situation where the child was the complainant of an assault and made a report to mother or guardian. At the trial the child is unable to give evidence due to incompetence or fear.

In the Law of Evidence Amendment Act the effect of the hearsay statements of children can be described as follows:

- The statements would be admissible where both parties agree. It is submitted that there would be very few instances where an opposing party in a criminal case will consent to the admission of the hearsay statements of a child, especially where the child is the complainant.
- The question to be addressed is whether it would be in the interests of Justice to admit the hearsay statements of a child who is a complainant in a criminal matter and who is unable to testify.

This brings the researcher to the question, how reliable the child's hearsay evidence is.

4.5.1.1 Reliability of children's hearsay evidence

Zieff (2002:40) proposed that an additional statutory provision should be introduced, creating an exception to the hearsay rule in the case of statements of children in sexual abuse cases. He further explains that since 1982 there has been a rapid

adoption of the new hearsay exceptions for statements made by child victims of abuse in U.S.A.

The wording of the Washington Statute declared the admissibility of a Child's statement :- a statement made by a child when under the age of ten describing any act of sexual conduct performed with or on the child by another admissible by court rule, is admissible in evidence in criminal proceedings – if

- (i) The court finds, in a hearing conducted outside the presence of the jury that the time, content and circumstances of the statement provide sufficient indication of reliability and;
- (ii) Is unavailable as a witness, provided that when the child is available as a witness, such statement may be admitted only if there corroborative evidence of the act.

If the child is unavailable as a witness, the hearsay can only be admitted if the evidence is reliable and there is corroborative evidence of the act. According to Myers (2002:40) the following is applicable in this case:

- Evidence by an eyewitness,
- evidence given by another child victim,
- admission or confession by the accused,
- medical evidence that supports the child's submission,
- psychological evidence, and
- any other evidence which would corroborate what the child said.

In the South African Justice System the difficulties experienced by the children in their contact with the judicial system can be described as the following

4.6 TRUST IN THE JUDICIAL SYSTEM

There is a lack of trust in the judicial system's ability to deal effectively with cases involving children. The distrust emanates from both the parties in the trial

(complainant and the family) as well as from the public in general. People are told to lay complaints of this nature and prefer to circumvent the legal process. Officials of the justice system themselves are admitting that they would seek psychological assistance for their children if the latter were ever abused but would not allow their children to come into contact with the judicial system. It is strongly felt that children do not receive any protection during the course of the trial. There is no established support system available to offer children the necessary assistance. In order for a child to be an effective witness, it is essential that the child trust the system and the role players representing that system.

4.6.1 Disclosure Process

There is no understanding of the disclosure process amongst professionals in the criminal justice system, and this creates untold difficulties for the child later in the process. Police investigators take statements from children immediately a report has been made, even though the individual child may not yet be ready to make full disclosure. This results in the child's court testimony differing from the content of the original statement. This is then used by the defence to attack the child's credibility and to imply that the child is lying. Presiding officers also do not understand the disclosure process and find child witnesses to be untrustworthy when their original statements differ from their initial court testimony. It is therefore important that all role players be aware that disclosure is a process and that children should not be pressurised into disclosing.

4.6.2 Investigation of child abuse cases

There is a general acceptance in the Vaal Triangle under social workers that investigation of child abuse cases is very poorly conducted. This was attributed to a lack of specialised training in the interviewing of children and many police officers have great difficulty communicating with children. Closely to this are problems encountered in the taking of statements from children. Investigators do not have

sufficient understanding of the disclosure process as well as the dynamics of abuse, which result in statements being taken from the child, contributes both to the confusion of the child and the court.

The incompetent taking down of statements from children has in many cases been responsible for the acquittal of an alleged perpetrator. Investigators are known to paraphrase what the child says by using correct terminology and omit crucial information. For instance the child may say: "he put his willie in my panties". In court the child is attacked for using the word "penis" which is considered to be age-inappropriate, and the suggestion is that the child has been coached. Because investigators do not receive specialised training in the interviewing of children, questions are ambiguous and vague; statements which are used to attack the child's credibility later at the trial. This results in children having to account for statements that were poorly taken by police.

4.6.3 Delays and remands

Cases are constantly postponed or remanded for a variety of reasons, which ultimately result in delays. Delays affect the quality of the child's evidence and they have an effect on the child's memory of the event. Time delay enhances the child's anxiety, forcing the child to undergo the anticipating trauma again and again. In addition the child is often left in the dark as to what a remand involves and the reason why the particular case is being postponed.

In most cases the caregivers are informed that they should ensure the child's presence in court at a later date, without any explanation for the postponement. Prior to the court date the family of the complainant become anxious and emotional, and postponements create a distrust of the criminal process with a belief that they are the only being made in the interests of the accused.

4.6.4 The role of the interpreter

The use of interpreters in court is a vital component of judicial proceedings. A number of unique problems arise in the use of interpreters where children testify. Firstly interpreters do not receive any special training with regards to child witnesses and do not have any knowledge about language development or techniques involved in questioning young children. They do not have the necessary skills to communicate with children in a legal context. This is evident by the fact that the other role players do not understand the language used by the interpreter and do not have any control over the way a question has been phrased or the kind of word that has been used. Specialised training for interpreters is thus important.

The second problem relates to the confusion created when both an intermediary and an interpreter are used. The question is rephrased a number of times before it is finally put to the child and there is no certainty that the question put to the child is the same as the original question asked by the prosecutor. Crucial evidence is lost in this way and as the result the credibility of the child is negatively affected.

4.6.5 The prosecutor

It was agreed that the role of the prosecutor in child abuse cases must be eliminated to that of a specialist. The skills required to prosecute cases of this nature are extremely specialised and it is essential that suitable prosecutors be identified and trained to fulfil these roles. This position should become permanent, as this will remove one of the problems presently experienced in court- for example, the constant rotation of prosecutors.

Children come into contact with more than one prosecutor in the course of the trial which means that the child then has to tell his story once again to a stranger and once again attempt to develop some rapport with another court official. It was also felt that in the present system state prosecutors have very little experience to deal with

these cases and this has a negative impact on the trial. This problem will be alleviated if prosecutors in these courts become specialised.

According to the researcher in the present system the battle between the prosecution and defence was unequal. The situation was one where an experienced attorney or advocate was up against an inexperienced, exhausted and disinterested prosecutor. Prosecutors have very heavy caseloads and very little time at their disposal. In the vast majority of cases, the researcher experienced that the prosecutor only meets the victim for the first time on the date of the trial and does not have sufficient time to develop rapport with the child, nor is there sufficient time to conduct a proper consultation.

There is a lot of pressure on prosecutors to perform – they have to get through as many cases as possible, with their performance being evaluated on the basis of their monthly statistics. Prosecutors hurry through their consultations and even use their interpreters to do the consultations on their behalf.

In order for prosecutors to become specialised and effective, they require intensive training. This training must focus on providing them with the statistics to enable them to communicate effectively with children and the knowledge to conduct the case with confidence. Prosecutors need to be empowered to address the court and object where necessary. Training would include an understanding of child development, the effects of trauma as well as methods of communicating with children. Sensitivity training is also important.

4.6.6 Competency Test

The competency test in the South African justice system was developed to test the child's competency to give evidence in court. It was submitted that the competency test, employed by the court to assess competency was inadequate. There are no standardised questions to assist the court to ensure case quality. The test varies from

one presiding officer to another. In most cases the test has been watered down to a few questions about the child's age and school, which in fact does not test the child's competency at all.

Competency relates to the ability to remember and relate an event and distinguish between truth and fantasy. The absence of a standardised test for competency gives rise to confusion and indifference. In addition the testing technique presently used to determine a child witness's knowledge of truth is not culturally sensitive and not adequate for the task at hand.

4.6.7 Gender, Race and Cultural issues

It is felt that attention needed to be focused on genders, race and cultural issues. It is important to acknowledge cultural differences and their influence on the child witness. This is relevant for understanding a particular child's behaviour within an abuse context and also for communicating with children from different cultural groups.

Gender is also considered to be an issue that could create problems for children testifying in court. There was concern that most role-players in the legal profession were male and this could have an effect on the child, where a male had abused the child.

It is important that role-players receive training to deal with the above issues in a sensitive manner. Training should also deal with concepts of bias and stereotyping since this is vital in understanding the abused child. Legal practitioners, including presiding officers are often misguided by concepts like the sexualised child.

4.7 MULTI-DISCIPLINARY APPROACH IN THE JUSTICE SYSTEM

When dealing with children in court, the researcher is of opinion that it is essential to develop a multi-disciplinary approach. Respondents in the research felt that role-

players did not work as an inter-sectional team since they seemed to have their own agenda, which were not always in the best interests of the child. It is necessary for role-players to acknowledge the importance of working together in a professional team and to accept the role that each player within the process as this would prevent power struggles between the different professions. Role players needed clarity as to their functions and limitations in the process.

4.7.1 Delays of the trial

Witnesses are told to be at court early on the day of the trial, and are then expected to wait until they are called to testify. This creates difficulty for young children, who do not have the capacity to wait for long periods at a time. Hours later when the child is eventually required to testify, he is tired, fearful and uncooperative. Where an intermediary has been appointed, this person is often left to amuse the child for hours on end until the child is finally called to testify. Very often there are no special waiting rooms for the child and he is left to wait in the corridors, where he is exposed to the presence of the accused.

4.7.2 Children with special needs

No provision is made for children with special needs who have to testify, for instance, children who are slow learners, who have a learning impediment or who are otherwise disabled. Greater use should be made of experts to explain the limitations of these children to the court.

4.7.3 Presiding officers

The training of presiding officers was felt to be a priority. Since presiding officers are in control of their courts and the officials participating in the trial. It is important that they become specialists in the field of child witnesses. In order to make meaningful decisions, presiding officers need intensive training on the dynamics of abuse. In

order to control the questioning by the defence, knowledge of child communication is necessary. It is his function to ensure that the questions put to the child is appropriate to the developmental stages of that child.

4.7.4 Medical examination

This is also highlighted as a problem for children going through the system. Doctors need to be trained with these children in a sensitive manner. In addition, they need to understand the evidentiary aspects of their role. It was submitted that many cases resulted in an acquittal because the necessary medical forms had not been completed satisfactorily. It is important for doctors to develop some rapport with the child as the latter would need to trust the doctor in order to divulge the information the doctor may require. For instance, although the child may be too embarrassed to let the doctor know that she is sexually active, this is very important information for the doctor performing the examination.

The need for this information should also be explained to the child so that he realises the importance of what is required. Before children are rushed off for a medical examination, they should be prepared for what is going to take place and the reasons why it is being done.

4.7.5 Victim support

Since it has been accepted that the adversarial nature of court proceedings creates difficulties for children. It is suggested that the child be supported as much as possible through the process. Attention should be given to the child's physical needs. This includes the need for an appropriate waiting room where the child can feel comfortable and secure. In the case where the child is forced to wait for long periods of time, food and drink should be provided. A child cannot be expected to wait long hours without receiving a snack to eat or something to drink.

The emotional well being of the child should also be taken care of. The child should be provided with a support person throughout the process, who will provide comfort and support and clarify any fears the child may have. The support person should be allowed to accompany the child in court or in the separate room when the child testifies; otherwise the child is abandoned at the point where support is most needed. This person should be there for the child after the latter has testified to provide the necessary aftercare.

4.7.6 Bail

There is a complete lack of understanding of the bail process, both by the child and the caregiver. If the perpetrator is granted bail there is the perception that the allegation has been dismissed, is not considered serious or even that the accused has been acquitted. This results in a serious loss of faith in the system. It is vital that both the child and his caregiver are informed about the reason for a bail application and its outcome so that they can prepare themselves for the implications thereof.

4.7.7 Nature of proceedings

The adversarial nature of court proceedings as a whole is believed to be detrimental to a child's effectiveness as a witness as well as to the emotional well being of that child. The legal and therapeutic processes contradict each other, with legal requirements not necessarily being in the best interests of the child. For instance, the system forces the child into opposition with the perpetrator. This is a problem where the perpetrator is a close family member and the child has ambivalent feelings towards that person.

The adversarial nature of the proceedings does not promote effectiveness on the part of the child. The trial is partly focused and by implications the method of interrogation including body language is perceived as intimidating by the child. No special provision is made for children in the system and they are thus treated like adults.

4.7.8 Child's emotional state

Sufficient cognisance is not taken of the child's emotional state. Children in this situation are under influence of family and friends, where, for instance, the perpetrator is the breadwinner; the family may be very angry with the child and put a lot of pressure on him to retract the allegation. There may even be threats and instances of intimidation. This has a very negative effect on the child's credibility later at the trial. At the same time children are deeply concerned about what their family, neighbours and friends will think about them if they hear all the details of what happened, so they will leave out certain details or perhaps even change them.

4.8 THE CHILD'S IDENTITY IN THE COURT ROOM

In the courtroom, a child giving evidence of alleged sexual abuse has several identities. The fact that the child enters the world of adulthood makes them unique among the persons in court and subject to power imbalance because of their youth, inexperience, lack of rights and their immature language. They are subject to contradictory child stereotypes such as wicked liar or innocent child.

Secondly, the children have identity of alleged "victim". A victim has been subjected to an abuse of power, a child may be stereotyped such as "deserving victim" courageous fighter or damaged goods. Third the child has an identity as "witness", itself confessing legal and moral role obligation's such as being a good citizen, telling the truth and having something important to say about the incident in question.

Any of these identities may be reinforced or undermined in court and the effect multiplied in any public reporting of a case. The child may be portrayed as "unchildlike", in the knowledge of sexual matter, portrayed as less than innocent truancy or delinquency. Child witnesses may be referred to as the instigator rather than the victim, seducing the adult, or seeking revenge using the power of a sexual

allegation. Children are accused of being poor witnesses, confused, untruthful and having fallible memories.

4.9 SYNTHESIS – EMPIRICAL FEEDBACK FROM RESPONDENTS

This aspect of the chapter represents the findings from the semi-structured interviews presented to the respondents.

The questions asked to respondents were:

- Tell me about your experience of court work
- Tell me about your experience of the justice system
- What do you think will be the most effective way in dealing with children entering the court system?

Typical answers include:

“Court work includes court preparation. This is the most important aspect of the social workers work with the child who has been sexually abused.”

“The court system needs to be explained to the social worker before she starts working in the courts. The general idea of court is coming from television and gives a false idea of the process.”

“I feel that social workers need to be part of the justice system. Within the national prosecuting agency positions should be reserved for social workers on the same level as prosecutors and magistrates.”

“Social workers need to be part of the prosecuting team – I know that the child protection unit have their own social workers but this is

just the Police Service. What about all the other offices dealing with child court.”

“We have a lovely justice system – although the people implementing it are distorting the whole idea. Our constitution deals with the right of the child to a much greater extent as in the past” Training need to be provided to help social workers understand the justice system better.”

“Children do not receive any preparation before they are required to testify. Preparation here would include the provision of information that would assist the child in being an effective witness. When the child enters the system, there is no information provided. Nobody explains the procedure to them or tell them what is going to happen I sometimes get to court just to hear that there was a child in court without any social worker assisting”

“I realized that children are confused and disorientated and do not have an idea of what their own role in this process encompasses. They are rushed through the process without any adequate explanations provided”.

“The provision of information on the whole court setting will empower the child to be more effective. If the child understands what is happening to him, a lot of stress and uncertainty is removed – tell him that he might feel a little bit stressed”.

“If the reasons for the postponement of a trial are explained to the child, he will not be left in a vacuum of ignorance and unnecessary concern. If the child is made to understand what the purpose of cross-examination is, he will not experience it in a negative light”.

“Children experience an intense sense of failure when the offender is acquitted and charges withdrawn. It is therefore, essential that they understand what the possible outcomes of a trial are; that they only play a small part in the process; so that the stress and responsibility can be reduced and the child does not feel the pressure to obtain a conviction lies solely on him”.

“You should not coach the child, do not put a burden on the child, you don’t have to put words in his/her mouth. You allow the child the opportunity to read the statement made but you do not teach it to her like a recitation (make sure that she can read, or your can read it for the child.”

The most effective way in dealing with court is in the process of debriefed, both after they (children) have testified and after judgement has been passed and sentence given. The usual procedure is for the child to be dismissed from the witness stand without any explanation after he has testified. It is necessary at that stage to provide the child with some debriefing as well as information about what is still to take place.”

“I believe that once a verdict has been given, the child should also be informed thereof, and its implications. It is vital that communication with the child takes place throughout the process so that the child is empowered. Powerlessness can replace the trauma and you need to cope with a second problem”.

“There are not enough sufficiently trained intermediaries available, and in many instances, cases are being postponed because there are simply no intermediaries available.”

“There should be a separation of entrances, where possible so that the child is not exposed to the accused. There should also be special children’s toilet and toilet paper should be provided. These rooms should also have dolls, water and a teddy bear or two. If at all possible, it would be of great assistance to have a playroom available next to the special room so that the child can amuse himself in the long hours while he is waiting to testify. Special procedures should also be introduced in terms of which more frequent breaks are taken.”

Synthesis: From the above statements it is evident that social worker need’s to be trained in all aspects of the court systems and ways how to introduce the court system to the child entering this system.

Social workers are part of the justice system in a sense of helping and preparing the victim for this process.

4.9 CONCLUSION

The above chapter gave an in-depth picture of how the South African Justice system is conducted. The cases handled by the court for children are dealt with. The system of intermediary is new in the South African Justice System. There is a need for the training of more intermediaries in order to help the children. The South African Justice system needs to develop a guideline for dealing with the sexually abused cases. The next chapter is concerned with Gestalt Techniques that can be used by Social Workers when dealing with sexually abused children and how to restore trauma after completing the ordeal of entering the Justice System.

PHASE TWO
INFORMATION GATHERING AND SYNTHESSES
CHAPTER 5
GESTALT THERAPY AS FRAMEWORK FOR
HELPING THE SEXUALLY ABUSED CHILD

*Those who are enamoured of practice without science are
like the pilot who gets into a ship without rudder or compass and who
never has any certainty where he is going*
- Leonardo da Vinci -

5.1 Introduction

In chapter 4 a detailed description was given on the child entering the justice system. This chapter sets out to describe how this child can be helped on an emotional level.

Lack of money from funding bodies and the state treasury is behind much of the current interest in brief therapeutic methods. That is likely to be a bad reason for adopting any therapeutic style. However, this bad reason may have led, or be leading, towards good therapy. More than a few people still wait to be convinced that brief therapy can achieve anything worthwhile. Houston (2003:1) argues that many practitioners and schools stress the value of long-term therapy, and alongside that, are dubious about brief work.

The idea that children can be helped on the road to healing or change through short exposure to therapy is indeed not new. The aim of Gestalt Therapy according to Houston (2003:3) is to awaken or mobilise the child enough for him to get on better with his life than he was managing before coming for help.

This chapter will describe a range of Gestalt responses which seem likely to be of use with the sexually abused child. The emphasis will be, in the words of Paul's dictum

(in Houston, 2003:4) on what treatment, by whom, is most effective for this child with specific problems, and under which set of circumstances. In Gestalt language, explained more fully in this chapter, this means a respectful attention to context as well as to contact.

5.2 The Process of “becoming “

Gestalt therapy is concerned within child's total existence, an integration and not with the analysis of symptoms (Thompson & Rudolf, 1992:113). The process of interrogation and maturation is a never-ending process as it is directly related to a child's here-and-now. The concept of integration helps the child to live a systemic lifestyle, to be a whole organism whose inner states and behaviour match, so that little energy is wasted.

For the researcher, the Gestalt theory is not only a theory or a framework from which she works with children; it is a philosophy, a way of life. At its centre is the spiritual component, a relationship with an individual's creator. This component cannot be denied or ignored. Yet the researcher needs to respect the individual child's spirituality and not impose her own beliefs on the child.

Perls (in Thompson & Rudolph, 1992:113) postulates that the main aim of Gestalt therapy is to help children to mature and to take charge of their lives. The success of Gestalt therapy is measured by the extend to which the child will grow in awareness, take responsibility for his actions, and develop his ability to move from environmental support to self-support.

5.2.1 Theoretical concepts of Gestalt Personality Theory

The theoretical components of this perspective enable the theory to become a personality theory. These theoretical components will be discussed briefly.

➤ Awareness

Involves the “total self of the organism” (O’Leary 1992:13). It is a process of recognising what the organism is thinking, feeling, sensing and doing. Yontef in Aronstam (1989: 635) describes awareness as “a form of experiencing.” It is the process of being in virtual contact with the most important event in the (child’s) environmental fields with full sensory motor, emotional, cognitive and energetic support. Awareness is therefore a process of orientation, which is renewed at each moment.

Gestalt formation and growth can only take place when the child is aware of the situation or need. On the spiritual continuum a child is aware of his creator when he is in contact with himself.

The awareness continuum is the foundation of the therapeutic process. Three characteristics of awareness are:

- First – awareness must be grounded, motivated and dominated by present needs. Awareness is incomplete when an organism does not have direct knowledge of a situation and of how he is viewed in the situation.
- Secondly, the child must accept responsibility with regard to his own situation and behavioural responses.
- Thirdly, awareness is always connected to the here and now. This is not something abstract but something sensory and thus a reality.

Within the therapeutic setting there are critical moments when the child’s awareness continuum is interrupted. An interruption may take the form of the child’s explaining, remembering something else to do. This is the child’s manner of trying to maintain his status quo. Interruption of the awareness continuum can prevent therapy from being successful, the child from maturing and inner conflicts from being solved.

➤ Self regulation

One of the most important characteristics of a child is the biological nature of his organism, which is subjected to the sense process as that which regulates all other living organisms. It can take place both externally and internally.

External regulation takes place with self-regulation, resulting in a spontaneous process of gestalt forming within the organism, as well as a disruption between the organism and his environment. The process under which the regulation takes place is homeostasis. Through therapeutic intervention the child may have to possess the capability to become a self-regulating being, achieving a sense of unity and integrate in his life. He may begin to adjust successfully and to possess the attribute of being an individual who can maintain his awareness as well as identifying alternations in the environment to meet his needs.

➤ Gestalt formation and destruction

Formation of Gestalt gives meaning to what is happening within the child. The social works practitioner determines with the child his particular reaction to a situation. O'Leary (1992: 11) concludes: "A premise underlying the figure/ground principle is that the individual must be able to differentiate between the more prominent and the less prominent stimuli in the surroundings at any given time." A child is only able to differentiate between his foreground and background when his own awareness continuum is intact.

➤ Contact boundaries

A healthy organism is always in contact with the environment, he requires permeable ego – boundaries between himself and the environment, to ensure that his identity is not lost. Perls in Aronstam (1989: 634) maintains that these boundaries are not fixed or rigid. Perls in Aronstam (1989: 634) also postulates that productivity and creativity are evident when character is absent. Two fundamental characteristics of ego – boundaries are identification and estrangement. Identification is the process by which

the child distinguishes between what is his own and part of himself. Within ego – boundaries there are normally a feeling of cohesion and co-operation while outside the ego – boundaries the experience is strange and superstitious.

5.2.2 Ways in which children may refuse contact with their environment

There are primary ways in which a child can refuse contact with others, his parents and the social work practitioner. These neurotic contact styles form part of the existing neurosis and keep the neurotic system intact. The five neurotic contact styles to be discussed are introjections, projection, confluence, retroflection and deflection. These contact styles are the ones that a child brings with him to the therapeutic setting.

➤ Introjection

A child was born to cope with life. The child with own introjections acts as he believes other people would like him to act (O'Leary, 1992: 39). Introjection is the process in which the child accepts information, attitudes and ideas from the environment, without evaluating them. The introjected information is not assimilated by the child. Very often the introject becomes the child's process (Oaklander; 1995). Zinker (in O'Leary, 1992:40) states, "the person who blocks between awareness and energy mobilisation suffers from introjection, he has swallowed other peoples ideas about what is right and wrong and is unable to locate his own energy."

➤ Projection

A child has the tendency to hold the environment responsible for what develops in the self. Through projection the child does not only deny his impulses but also those areas from which they originated. The child who projects will leave unwanted attributes onto others making them responsible for feelings and attitudes, which in

fact, are part of him (O'Leary, 1992: 41). The extent to which a child can identify the projection and accept it as his own, reduce the necessity for projection (Aronstam 1989: 638)

➤ Confluence

According to Gestalt the child may either allow too much of himself to be incorporated into others or too much of the environment into himself, losing control of himself, and allowing the environment to take control. A lack of boundaries prevents the development of healthy contact with others (Aronstam, 1989: 636).

➤ Retroflexion

A child with retroflexive behaviour treats himself, as he originally wanted to be treated by others. The child divides his personality into someone that does something and something that must be done. If a child can learn to do to others that which he wants to do to himself, his contacts with others will improve (O'Leary 1992: 73-74 and Aronstam 1989:638).

➤ Deflection

The deflection is experienced through a temporary sense of the environment and could be characterised by behaviour such as avoidance of eye contact (O'Leary 1992:43). The contact boundaries discussed are evident in the therapeutic interaction. It is often in dealing with the contact styles that a child's awareness continuum is restored and he is able to once again function as an integrated organism.

5.2.3 Fragmentation in a child's life

A fragmented child does not possess the appropriate awareness and therefore is unable to respond to his real needs. Instead of using creative ways, he blocks himself and directs part of his energy against himself and uses another part to control others. The fragmented child feels out of touch with his basic needs and himself. This situation leads to dependency the answers to his problems. (Yontef in Aronstam, 1989: 637). According to Perls (in Aronstam, 1989:637) fragmented behaviour may be described as the child's inability to find and maintain the proper balances between him and the rest of the world. A fragmented child's life space is restricted as the environment heavily leans on him.

Two components, which arise as a result of fragmentation, are unfinished business and polarities.

◆ Unfinished business

Unfinished business within a child is a product of fragmentation. Unfinished business inhibits the child's necessary motivation to engage in other activities. (O'Leary 1992: 15) states "that organisms with unfinished business are unwilling to experience the pain that they feel and move forward". Repetition is an indication that a situation of the past is still incomplete in the present. The reoccurrence of unfinished business is an attempt to find a solution, which often is unsuccessful, resulting from the fixed attitude which accompanies it.

◆ Polarities

They are split or opposing components in the child's fragmented existence. Five areas in which individuals may experience polarities are physical, mental, spiritual and inner-child (Thompson & Rudolph, 1992:112). The universal bi-polarities which, appear in a number of roles are known as top dog and underdog. The top dog role is

characterised by directness, overwhelming control, threatening and imposing roles on others. The underdog tries to control through indirect passivity, he arrives late, sabotages, procrastinates, dealing in helplessness and avoidance.

This split results in blocked communication and the struggle for communication remains without anybody getting anything genuine.

It would appear on the surface that the top dog has the more powerful role, while the underdog simply slides into avoidance leaving the top dog frustrated (Thompson & Rudolph, 1992: 115).

5.3 Gestalt techniques in helping the sexually abused child

According to English (1958-225), the meaning of the concept “Gestalt” is a form of configuration or a totality that has a unified whole. The success of Gestalt Therapy is measured by the extent to which the child will grow in awareness. The Gestalt view of human nature is positive in that people are viewed as capable of becoming self-regulating being who can achieve a sense of unity and integration in their lives (Schoeman 1996: 35). Various techniques can be implemented to help with this process. The following techniques, with projection as the most important one, will be discussed.

5.3.1 Projection as a technique

According to Yontef (1993:142) a projection can be described as the process where the child attributes to the outside something from the true self – or inside. For the purpose of this research refers to the process where the child shows his inside through a medium other than the spoken word.

➤ **Difficulties of Projection**

Projection is defined as imaging that a child's (unwanted) feelings belong to someone else. Setroki and Levi (1993: 111) quote Polser by stating that projection contribute to the development of artistic and creative qualities. It is at the same time a primitive defense mechanism, used when one cannot accept this feelings and actions because one should not feel or act that way. It is very harsh on a child to confirm him with a projection. He may be robbed and unwilling to admit that projection as part of him.

In short, projections only occurs when an individual transfers his own, conscious and subconscious, emotions, ambitions and behavior patterns to another individual. The individual acts as a screen whereupon the emotions are projected.

Projection serves the following objectives in the life of a child:

- Projection gives the child the space to sort out the expectations with which the world confronts him.
- It is an attempt by the child to dispel that which he cannot yet handle.
- It offers the child a means of maintaining his self-respect.
- It offers an escape when the child is unready to accept criticism and rejection.

➤ **The nature of projection**

When the child makes use of projecting he is busy dismantling the boundary of himself. The child takes his own experience and puts it into another person or object. The person or object serves as a video screen onto which he "projects" the aspects of himself that he cannot handle. Latner (1986: 57) explains "In a normal functioning, this fantasy process by which we visualize the environment in a different form that it presently has". Projecting is a way in which a person can change reality in

accordance with desires. When you ask a child to place his family in a sand tray, the child sometimes re-arranges the family members in other positions that they fill at home. The basic principle underlying this technique is that the child must use natural media to communicate his responses, in cases where he would find it difficult to respond.

➤ **The goals and objectives of projection**

Projection in the here and now.

In order to get what the child's actual problems are, he must be helped to direct all projections to the "here and now" that which is making him unhappy now. According to Yontef (1993:35), it is important to support the child and deal with the problems in the present. Awareness is always here and now. Everything that exists does so here and now. It is the duty of the therapist to bring the child into contact with the now in his life. The child brings the unfinished aspect of things that happened in the past into the now. The therapist must allow the child to do this projection.

Projection to stimulate self-growth

A therapist who uses her own talents to facilitate a quick change in the child is not reflected in play or dialogue, blocks out the child's potential for own self growth and self support. If the therapist wants to dictate or do interpretation of the projection, she is not treating the child as a person. Oaklander (1992: 9) refers to self statements - "This is who I am and this is who I'm not." If the therapist can give her unconditional support and acceptance, self acceptance will come to the fore and determine the child's healthy growth.

Projection to solve unfinished business

A child makes use of projections to help him to work through the traumas of his life. The child is not allowed to express feelings in the open, like adults. Children are also forced by their families to behave themselves. Latner (1986: 83) is of the opinion that “unfinished business” is organism indigestive. Because of the “unfinished business” the child is unable to establish organism self-regulate. The child desperate to get balance, he has no confidence to participate, he is weak in himself, he imagines. As the child Strive towards closure, all the unfinished business remains. Unfinished business creates both physical and other symptoms. Unfinished business may become “monsters” in a child’s life. It is necessary for the therapist to help the child name the monster in his life.

A second gestalt technique to be implemented is Fantasy Games. This technique will be discussed shortly.

5.3.2 Fantasy Games

It can be great fun for children of all ages and can let them become aware of their feelings right now. Fantasy games can be devised from any situation (Schoeman: 59). The rosebush and wise person fantasies are two favorite fantasies which can be utilize as techniques helping the child through his pain.

In the rosebush fantasies: the child is asked to draw his own rosebush and to consider the following points.

- a) Type of bush – strong or weak. What type of rosebush is similar to you life.
- b) Root system – deep or shallow. How does your picture look like?
- c) Number of roses – too many or too few. How is it in your life?
- d) Number of thorns – too many or too few.
- e) Environment – bad or good for growing.
- f) Does your rosebush stand out?
- g) Does it have enough room?
- h) How does it get along with the other parts?

- i) Does it have good future?
- j) What is similar in your life?

The wise person fantasy involves asking a fantasized wise man or woman one question. Both question and answer should add some awareness and understanding to the client's life for instance, a client might ask: "what should I do with my life?" Or "how would you deal with the pain inside my heart?"

5.3.3 Dreams

Dreams can be utilized to integrate the child's abusive history into his awareness process. It can be helpful in starting communication with the child and can be regarded as a projection (Schoeman 1996: 78). Yontef (1983: 830) states each fragment of the dream person or mood considered an alienated part of his individual and thus should be integrated to ensure healing.

According to Oaklander (1988: 45) the dream is an existential message. Oaklander (1988: 45) further deals with dreams in the following manner.

- Ask the child to retell the dream in the present.
- Ask the child to play out all parts in the dream as if it were a play.
- Ask the child to imagine an ending for the dream.
- Ask the child what he thinks the message of the dream is.

By using dreams with the sexual abused child, memory patterns can be brought to the foreground and dealt with.

5.3.4 Empty chair technique

The empty chair technique as gestalt technique is often used to role-play a conflict between people or within a person. It is used if there are feelings which a person cannot get rid of for instance fear and resentment.

The process in using the empty chair consists of the following steps:

- The child can sit in one chair and play his or her own part.
- Then sitting in the other chair, the child can play out a projection of what the other person is saying or doing in response.
- Similarly, a child may sit in one chair and discuss the pros of making a decision and the argue the cons of decision while sitting in the opposite chair.

According to Thompson and Rudolph (1992:100) a problem can be explored in an individual or group situation by introducing the empty chair as a hypothetical person with characteristics a behaving used to help children. The empty chair can be used to help children resolve “I want” versus “I should”. One chair is labeled top dog (I Should”) and the other chair is labeled underdog. I want (Schoeman 1997: 38)

Besides the therapeutic techniques to be utilized in the therapeutic setting, the therapist needs to focus on the child’s as ‘n whole, this includes his environment, his believes, his culture, his history and his personality. In Gestalt therapy this process is referred to as the Child’s process.

5.4 THE CHILD’S PROCESS

In dealing with the child’s process, the therapist can determine how the therapeutic process and thus the therapeutic healing can evolve.

The therapeutic process consists of a number of differing processes, which need to be brought into play if therapeutic change is to occur. A flow chart of the total progress of play-therapy has been conceptualized by Geldard (1997:30). Not each frame in the flow chart will be appropriate for a particular child due to individual differences in the circumstances of the child. There are four frames forming:-

- a) The initial assessment phase. Divided into receiving of referral information and contracting with parents.
- b) Secondly is the period of therapy for the child and has the following processes.
 - i) Selecting appropriate media, joining with the child.
 - ii) Inviting the child to tell his story.
 - iii) Enabling the child to tell his story through the use of techniques and media resolution of issues.
 - iv) Empowerment of the child
- c) Thirdly addresses system (or external environmental/Field issues).
 - i) Involves the integration of the therapeutic world with the child's systemic environment.
 - ii) The involvement of parents' feedback to referral sources and educational work.
- d) Fourth frame is a review of the therapeutic futures: final assessment and evaluation and case closure (Geldard & Geldard 1997: 36)

5.4.1 INITIAL ASSESSMENT PHASE

According to Oaklander (1996:184) and Geldard and Geldard (1997: 37) assessment information should be gathered on the child's behavior, emotional state, personality and the environment within which the child lives. Information should also be gathered from all role players. The information gathered can be an indication of the introjects which the child might have incorporated in his process.

It can be said that behind any behavior lies an emotion and when working therapeutically with a child, the aim is to focus on the emotions that motivates the child's behavior. Therefore this behavior serves a function in the child's quest for survival; and the need for a gentle, sensitive and delicate therapeutic process. It also serves to get down to the bottom of that negative emotion; to create awareness about emotions with the child and to give the child control over the emotions.

People without the knowledge of child development and psychology will not have the insight to determine the motivation of the child's behavior and will label him with problematic behavior, which does nothing for the child's self esteem. According to Oaklander (1988:185), she experienced that some children are curious and even anxious about the content of their records and the therapist can assist the child in solving these anxieties by being open and honest.

5.4.2 RECEIVING REFERRAL INFORMATION

The information may come from an agency, school, or from the parents about the sexual abuse. The child's identifying particulars, family history give a picture of the child in his environment. The therapist must be objective when using information. It is important to begin with the child where he is with the therapist, regardless of anything else the therapist hear, read or even diagnose about him. The child is making contact with someone who is willing to accept him as he is at the moment. The child can show another side of himself – a part he may have difficulty expressing to his parents and teachers (Oaklander 1998:184)

- **Contact with parents**

According to Geldard and Geldard (1997: 37) they prefer to consult with the parents without the child being present in order to enable the parents to talk freely and openly without being inhibited by the child. They use this time to record a detailed history, the parents understanding of the problem and the responses to the problem.

Oaklander (1988: 185) believes that it is important for the child to be present in order to alleviate his worst fantasies about what is wrong.

5.5 THE THERAPEUTIC PROCESS WITH THE SEXUALLY ABUSED CHILD

In the initial contact with the child, the child may resist, be angry or withdrawn feeling the need to protect or defend himself. This is the existence of the child at that moment and the child has brought to the relationship what is being experienced. The process of contacting the child is described as “the therapist putting herself in the child’s shoes in terms of what the child is thinking and feeling” Landreth (1991:156)

Children need to know what to expect from the therapy sessions. The therapist needs to be aware and observe the way the child moves, breathes and his posture. The therapist needs to be aware of resistance, which indicates a disturbance of contact boundary.

5.5.1 Assessment

Assessment occurs in the middle phase. Assessment is a gradual and continuing process but it can be helpful to make use of projective tests in the initial session to start getting to know the child. The therapist tells the child that she would like to get to know the child. They can talk about favorite colors, happy colors and

Sport activities. The beginning phase is described as a time for assessment, firstly by interviewing the parents, obtaining the family’s background and dynamics which will point to the area of the child’s hurt (Schoeman 1996: 189)

- Enabling the child to tell his story

During this process the therapist may observe contact resistance such as introjections, which is the unquestioning acceptance of the attitudes and ideas of significant others and the child may continue to act as if he believes other people would like him to act. Projection attributes unwanted feelings on others make others responsible for feelings and attitudes that are their own. One of the therapist roles is to build the child’s sense of self in order to deal with resistance.

- Resolution of issues

Sometimes a child will find that the telling of his story is in itself effective in reducing emotional pain. The therapist may continue using play or counseling skills or educational input.

- Empowerment of the child.

Empowerment involves gaining the upper hand over issues resulting in the child not being troubled by thoughts and memories, which create anxiety. The child is empowered by being given responsibility, being listened to, being allowed to experiment, having the freedom to make choices and being treated with respect.

- Building the child's self image – Self Esteem

Esteem refers to how we value something. A baby is not born with bad feelings about himself. The child will select from the environment anything that will reinforce parental message. Oaklander (1998: 280) argues that children are not born with self-esteem. Children interpret messages received how self-esteem is being nurtured by the child.

The therapist observes the non-verbal communication attitude, eye contact, spontaneity friendliness how self esteem is often found in children who are perfectionists.

- Building self image

A child need's space to orientate himself, and responsibilities (by choice) should be assigned to him. This process helps the child to gain independence. The therapist can follow the following process:

- Give the child freedom to choose.
- Involve the child in problem solving and decision making

- Respect the child's feelings, needs, desires, suggestions and wisdom, and
- Allow the child to experiment (With certain boundaries).

The therapist needs to respect the child's opinions – do not try to change negative feelings into positive feelings. The therapist must be in contact with himself to be in contact with the child.

5.5.2 The child's inner therapeutic process by means of drawing

According to Oaklander (1988: 54) the act of drawing with no therapist intervention is a powerful expression of self that helps establish the self-identity and provides a way of expressing feelings. The therapeutic process might evolve as follows.

- Have the child share the experience of drawing her feelings, about approaching and doing the task and her process.
- Have the child share the drawing – itself describing the picture in her own way.
- Promote the child's further self-discovery by asking her to elaborate on the parts of the picture describing the shapes, forms, colors, representations, objects, people etc.
- Ask the child to describe the picture as if it were the child using the word "I"
- Picking specific things in the picture for the child to identify with "be the blue square and describe yourself further – what you like what your function is etc;
- Asking questions is necessary to aid the process "what do you do?" "Who uses you?" "Who are you closest to?"
- Further focusing the child's attention and sharpening her awareness by emphasis and exaggerating of a part or parts of a picture. Ask questions or give an answer and ask the child if this is right or not.
- Have the child dialogue between two parts in her picture or two contact points or opposing parts.
- Encourage the child to pay attention to certain colours.

- Watch for cues in the child's voice tone, body, posture, facial and body expression, anxiety, fear or awareness of something. Use these cues to promote flow.
- Work on identification, helping the child to "own" what has been said about the picture or parts of the picture. "Do you ever feel that way?" "Do you ever do that?" "Does that fit your life in any way?"
- Learning the drawing and working on the child's life situation and unfinished business that come out of the drawing.
- Watch for missing parts or empty spaces in the pictures and attend to that, and
- Staying with the child's foreground, flow or attending to my own foreground – where "I" find interest, excitement and energy.

By following this process, the therapist is encouraging the child to become self-aware and to a state of self-ownership and to an enhancement of the child's sense of self.

The therapist needs to stay with the child's process and if the child is so inhibited that he resists projective work, the therapist must stay with experiences that give sensory stimulation and play that the child feels safe until the child shows that he is ready to use this imagination.

The therapist may bring the child to this point not only through other forms of play, but also through the process of modeling. Once there is a relationship between the child and the therapist, the process of modeling takes place. According to Oaklander (1994:50) helping the child strengthen the self can be a cognitive experience at times. To define the self is to make statements regarding the likes, dislikes, wants and needs of the self. Expressing thoughts, opinions and ideas further defines the self. Learning to discriminate drawing a distinction between the self and the environment is another extension of determining the boundaries of self. "This is who I am, this is who I am not"

5.6 SYNTHESIS – EMPIRICAL FEEDBACK FROM RESPONDENTS

This aspect of the chapter represents the findings from the semi-structured interviews presented to the respondents.

- Question asked to respondents: **Tell me about your therapeutic paradigm and working-model.**

Typical answers included:

“I don’t have any time for therapy with the children. I prepare them with dolls and perhaps a role-play or two. Afterwards? Nothing ... I feel guilty about it but what could I say, the next child is standing in the queue waiting to be helped”

“I did a short course in play therapy; it helped me a great deal in understanding the dynamics of the child. I work from a Gestalt perspective. It is directive and immediate”

“I only have time for assessment, the methods I know – that is therapy is not suitable for short term therapy. I sometimes make use of a Psychologist but this costs a lot of money and most of the time my clients does not have the funds”

“I sometimes only see a child for the court period. They disappear again – I think they connect me to the terrible happenings and do not want to keep the memory alive”

“My greatest triumph was when I realize that a social worker can do short term therapy – in one or two sessions – empowering the child

to such an extent that they can lift their head and face the world again.”

“My paradigm? Eclectic work – some techniques from psychology, some mediums from social work – even education, teaching children when and how to say no.”

Synthesis: From all above statements it was clear that the social workers need to get a paradigm to work from. This paradigm should include directive, short term work focusing on the child and his behaviour.

5.7 CONCLUSION

When the child makes use of projection he is busy dismantling the boundary of himself. The child takes his own experience and puts it into another person or object. This serves as a video onto which he “Projects’ the aspect of herself/himself that he cannot handle.

Gestalt therapeutic techniques can be used regularly when dealing with a child’s coping with sexual abuse. The therapist must remain in confluence with the child’s process, and once the child has dealt with the resulted feelings and has been made aware of his body reaction to these feelings, closure can be reached.

The Gestalt approach is well grounded in and consistent with the principles of human behavior. Because Gestalt techniques facilitate discovery, facing, and the resolution of the child’s major conflict, this is a paradigm worth considering.

All relevant literature has now been discussed. In Chapter 6 the empirical data, as part of Phase two of the intervention research model, will be incorporated in order to

design the most applicable guidelines for social workers working with abused children.

PHASE THREE: DESIGN

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

- A GUIDELINE FOR SOCIAL WORKERS WORKING WITH CHILDREN IN THE JUSTICE SYSTEM -

6.1 Introduction

In this chapter the literature on Child Sexual abuse from previous Chapters is reviewed. The first chapter of empirical studies regarding sexual abuse is also reviewed. This is followed by the developmental changes of the child, to show how the child develop and understands his level of development. Different theoretical approaches which deal with sexual development and various aspects of sexual abuse have on the child and its development is also given attention. The entering of the child on the court system, the main question be what will be the best of interest of the child. The play therapy techniques for the social worker preparing the child for court attendance within the framework of gestalt therapy were reviewed.

The study deals with the social worker in the justice system, therefore a practical workable guideline for social workers within the justice system needs to be developed. In Chapter 6 this framework will be designed according to the steps in the intervention research model, starting with a structural setup.

6.2 STRUCTURAL SETUP

The design phase emphasizes the methodical and systematic application of relevant scientific, technical and practical information when creating a guideline which will be

appropriate to social work practice. However, this phase furthermore requires imagination, creativity and inventiveness as it also entails operations such as synthesizing knowledge from various chapters related to the proposed guideline.

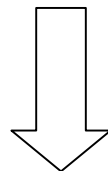
There are three material conditions in the developmental phase of which only the first one will be implemented, namely, development plan. The other two conditions are, trail implementation and trail used data.

6.2.1 Formulation of the developmental plan

During the formulation of the developmental plan, consideration should be given to the child's personal developmental dynamics, the child entering the court systems, and his healing process. The first consideration, namely his developmental dynamics will be discussed shortly:

Step one: consider the child's developmental dynamics

(See chapter 2 for theoretical references)

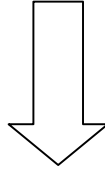


Assess the following carefully:

- His age and behavioural tendencies for this age
- His emotional, cognitive, social, moral and physical development
- Language difficulties.

Step two: Determine the process of the child

(See chapter two and five for theoretical background)



- The therapeutic process is multi dimensional in this process there is a problem and a playroom, techniques, media, a beginning middle and end-phase. In terms of Gestalt's Theory awareness can be curative. With full awareness a state of organizing self regulation develops and the total person takes control:
- The child may crave for session brought by parents. The Social worker has to establish the relationship with the child. If the Social worker discussed and get information the child need's be present and assured of confidential, begins by. The drawing made by the child would give the background and the information about the child. Information should be gathered on the child's behavior, emotional state, personality and the environment within which the child lives. Information should also be gathered from all role players in the child's life and it includes contracting with the parents.
- Asses the child's contact functions
The social work practitioner takes cognizance of the child's contact functions in the following concepts:
 - *Sensory Observation*
Various sensory-awareness activities e.g. fasting various fruits, smelling jars with different fragrances and touching various textures.
 - *Breathing* Focuses on the rhythm of breathing. Breathing can be means by which the Social Worker/practitioner brings the child into contact with himself

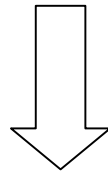
and at the end of the therapeutic session, transferring him back to his present reality.

- *Body Language and body posture*

Attention should be given to the child's body language when he enters into therapy during the therapeutic process and at termination of a session

Step 3: Inviting the child to tell her story.

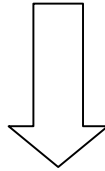
(See chapter 5 for theoretical background)



- The therapist role is to build the child's sense of self in order to deal with the process.
- Use projection to assess the child's story
The child who projects would shift all unwanted attributes onto others, make other people responsible for feelings and attitudes which are part of him. The extent to which a child can identify the projection and accept as his own reduces the need for projection

Step 4: Determine your own process and the influence the sexual abuse of the child has on your functioning as social worker

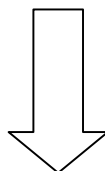
(See chapter 4 for theoretical background)



- This step clarify what your own responses is to the sexual abuse is and emphasis the influence of sexual abuse on the child as a victim.
- Assess your own awareness and emotions regarding
- Feelings of depression
- Nightmares you may have
- Inability to concentrate

Step 5: The concept of court preparation

(See chapter 3 for theoretical background)



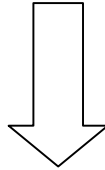
- The main purpose of court intervention is not protection of the child but conviction and punisher of the offender.
- Assist the child witness in dealing with the pressure and stress related to testifying in a court of law.

- Teach the child that everyone has feelings and it is healthy and normal to feel a variety of feelings towards different situations. They need to understand that feelings or emotions can be triggered by different situations and that people respond to their situations in different ways. (Swanepoel & Fouche 2003:19)
- Preparing a child for court attendance improves the child's ability to answer questions in court in the accurate complete and truthful manner, to maximize the child's ability to be perceived as a credible witness and to minimize the likelihood that the child will suffer negative court related consequences.
- Preparation involves familiarizing a child with what will occur during court proceeding and helping him or her to be ready for the experience emotionally, physically and mentally.
- Focus on trust
- Choose the location - If possible at the court to enable you to take the child to the court room and intermediary room
- Select interview tools. - Decide which mediums you will make use off. E.g. (crayons, paper, coloring book, booklet) A booklet is the better option to use, and should not be ignored easily.
- Emotional preparation
- Prepare "What if... questions." Emphasize that if some questions is asked more than once it does not have some meaning like in school, the child must stick with original answer.

- Tour through the court. Make sure that the accused or his family is not inside the court room or in the halls when you take the child there.

Step 6: Entering the courtroom

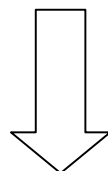
(See Chapter 3 for theoretical background)



- Prepare the functioning of the South African Justice system. When the child enters the court room, the question coming to one's mind will be what the best interest of the child.
- Make sure that the child does have an interpreter at hand
- Make sure that the child does have an intermediary at hand.
- Build rapport - Start the conversation by bending down to the level of the child and smile
 - Give the child as much control as possible
 - Give the child options on what he can do next
- Help the child to volunteer information.

STEP 7: Therapeutic intervention

(See chapter 6 for theoretical background)



- Determine Awareness
 - Talking about and dealing with feelings.
 - Stress reduction
 - Breathing exercise
 - Relaxation techniques
 - Debriefing
- Give feedback on the court sessions
- Empower the child
- Work with the child inner therapeutic process
- Determine your model of work
- Determine the child's ego-state
- Determine self maintenance of the child
- Build the environmental support systems
- Determine termination of therapy

All components of a guideline for social workers has been given. This guideline needs to be implemented in co-ordination with all relevant literature chapters, that is chapter two, chapter three, chapter four and chapter five. These chapters contain all the theoretical background for each step in the guideline.

6.3 CONCLUSIONS OF THIS STUDY

The proposed guideline was developed according the first three phases of the intervention research model. The model provided the structure and guidelines throughout the development of the guidelines for social workers.

The main aim of the study was to develop a framework for Social Workers in the South African Justice System with regards to children entering the Justice System.

The following objectives guided the process of the inquiry:

- To provide a theoretical foundation for the social worker regarding the child's (i) developmental dynamics, (ii) child sexual abuse, and (iii) a helping strategy within the parameters of the gestalt therapeutic paradigm;
- To develop a framework in the form of practical guidelines for social workers focusing on the child's emotional welfare as a priority; and
- To conclude and give recommendations to professionals working in this field.

The aim and objectives of this research were accomplished through the implementation of the first three phases of the intervention research model. A guideline was developed for social workers working with sexually abused children within the framework of the South African Justice System.

6.4 RECOMMENDATIONS FOR FUTURE RESEARCH

The following recommendations in terms of future research can be made:

- The implementation of the proposed guidelines and evaluation of its effectiveness should be considered in future research.
- An investigation of social workers could utilize Gestalt play therapy as a method to facilitate therapy with the sexually abused child.
- To study the accord between poor training and burn-out of social workers working in courts.
- Investigating the suitability of this guidelines for children living with a disability
- Investigating the suitability of these guidelines for children from different cultures.

6.5 GENERAL CONCLUSIONS OF THE STUDY

This study has provided guidelines for the implementation of a guideline for social workers working with sexual abuse victims within the justice system. There are

numerous techniques and methods which could be implemented in helping the child through the trauma of sexual abuse. The designed structure has demonstrated how the social worker can implement an action plan if working with a sexually abused child.

Considering the overall process followed in the study, the proposed guidelines for social workers needs to be expanded by means of evaluation to determine the effectiveness of it.

Bibliography

And

List of readings

ACTA CRIMINOLOGICA SERIES ON NEED, RISK AND SIGNIFICANT HARM IN CHILD PROTECTION. 2003
Pretoria: UNISA

ARKAVA, M.L. & LANE, T.A. 1983. *Beginning social work research*. Boston: Allyn & Bacon.

ARONSTAM, M. 1989. Gestalt therapy. In Louw, D.A. (Red) *South African Handbook of Deviant Behaviour*. 1st Edition, Third impression. Halway House: Southern Books

BAIN, E & SANDERS, M. 1990. *Act in the open – a guide for various people who have been sexually abused*. Verago: Lancken Press

BAKER, A.W. & DUNCAN, S.P. 1985. *Child Sexual Abuse – abuse of prevalence in Great Britain*. Cambridge: Harvard University Press.

BARKER, R.L. 1991. *The Social Work Dictionary*. 2nd Edition. Silver Springs, Maryland: NASW Press.

BEE, H. 1992. *The developing child*. 6th Edition, New York: Guilford Press

BERG, B.L. 1998. *Qualitative Research methods for the social sciences*. Boston: Allyn & Bacon.

BOLEN, R.M. 2001. *Child sexual abuse: it's scope and our failure*. New York: Kluwer Academic/Plenum Publishers.

BRITANNICA CONCISE ENCYCLOPEDIA, 2003. Book and CD-Rom Edition. Oxford Encyclopedia Britannica Publishers.

BRONFENBRENNER, U. 1977. Toward an experimental exology in human development. American Psychologist Association. *In American psychologist*. 32 (513-531).

BULLIS, R. 1995. Clinical social work misconduct: *Law, ethics and personal dynamics*. Chicago: Nelson Hall.

BURKHARDT, A. & CARLSON V. 1989. *Child maltreatment – theory and research on causes and consequences of child abuse and neglect*. University of Rochester & Washington: Cambridge University Press.

BURGESS, I. 1981. Counselling survivors of Ritual Abuse. In Bear, Z (ed) *Good practice in counselling people who have been abused*. London: Jessica Kingsley Publishers.

CAMP, R.R. 2001. *Strategic interviewing: how to hire good people*. San Francisco: Jossey-Bass.

COMPTON, B.R., & GALAWAY, B. 1994. *Social work processes*, 5th Edition. Pacific Grove, California: Brookside Publishing Company.

COMPTON, B.R., & GALAWAY, B. 1999. *Social work processes*. 6th Edition. Pacific Grove, California: Brookside Publishing Company.

CONRADIE, S. 2001. *Child pornography and sex rings*. Unpublished paper presented at the 7th National symposium on crime prevention: SAPD. Pretoria.

COOPER, R.K., & SAWAF, A. 1997. *Executive EQ: Emotional intelligence in leadership and organizations*. New York: Grosset/Putnam.

COREY, G., COREY, M.S. & CALLANAN, P. 1998. *Issues and ethics in the helping professions*. 5th Ed. Pacific Grove, CA: Brooks/Cole.

COX, E., & PARSONS, R.J. 1994. *Empowerment-oriented social Work Practice with the elderly*. Pacific Grove, CA: Brooks/Cole.

CROMPTON, M. 1992. *Children in counseling*. London: Edward Arnold.

CROSSON-TOBER, 1999. *Effects of child sexual abuse on children: Ethnic understanding*. London: Brooks Company.

DALDIN, W. 1988. *Sexuality: a developmental approach to problems*. New York: Plenum Press.

DAVID, C. 1994. Child Protection and Children's Welfare: Complimentary Priorities? In Bagley, C. (ed) *Child sexual abuse and adult offenders: new theory and research*. Aldershot: Brookfield: Ashgate.

DENZIN, N.K. & LINCOLN, Y.A. 2003. *Collecting and interpreting qualitative materials*. 2nd Edition. Thousand Oaks, London: Sage Publication.

DENZIN, N.K. & LINCOLN, Y.A. 1994. *Handbook of Qualitative Research*. London: Sage Publications.

DELPORT, C.S.L. 2002. *Qualitative data collection methods*. In De Vos, A.S., et al. 2002. Research at Grass Roots for social sciences and human service professions. Pretoria: Van Schaik.

DELPORT, C.S.L. & DE VOS, A.S. 2002. *Professional research and professional practice*. In De Vos, A.S. et al. 2002. Research at Grass Roots for the social sciences and human service professions. Pretoria: van Schaik.

DELPORT, C.S.L. & FOUCHÉ, C.B. 2002. *The qualitative research report*. In De Vos, A.S., et al. 2002. Research at Grass Roots for the social sciences and human services professions. 2nd Edition. Pretoria: Van Schaik.

DE VOS, A.S. 2002. *Scientific theory and professional research*. In De Vos, A.S., et al. 2002. Research at Grass Roots for the social sciences and human service professions. Pretoria: Van Schaik.

DE VOS, A.S., STRYDOM, H., FOUCHÉ, C.B., POGGENPOEL, M. & SCHURING, E & W. 1998. *Research at Grass roots: a primer for the caring professions*. Pretoria, Van Schaik.

DE WAAL, J., CURVIE, I. & ERASMUS, G. 2001. *The Bill of Rights Handbook*. 4th Edition. Landsdowne: Juta & Co, Ltd.

DEY, I. 1993. *Qualitative data analysis: a User-friendly guide for social scientists*. New York: Routledge.

DUNN, M. 2004. *The development of a board game to prevent sexual abuse for grade four learners in South Africa*. Unpublished DDiac dissertation. University of South Africa.

DUVDEVANY, I. & RIMMERMAN, A. 1996. Foster parents for persons with mental retardation: Motivation and role perception. *International Social Work* 39(3): 329-339.

ELOFF, F.P. 1998. *Aids*. Hammanskraal: Unibook.

ENGLISH, L. 1958. *Gestalt formation and figure ground*. New York: Gillford Press.

EPSTEIN, R. 2000. The key to our emotions. *Psychology Today* 32(4): 20-23

FAWCETT, S.B., SUAREZ-BALCAZAR, Y., WHITE, G.W., PAINE, A.L., BLANCHARD, K.A. & EMBREE, M.G. 1994. *Conducting intervention research: The design and development process*. In Rothman, J. & Thomas, E.J. (ed's) *Intervention research: design and development for human services*. New York: Haworth.

FINKELHOR, D. 1986. *Child Sexual abuse: new theory and research*. New York: Free Press.

FINKELHOR, D. 1988. *Nursery crimes – sexual abuse in day care*. Neary Park: Sage.

- FINKELHOR, D. & STRAPICO, M. 2003. *Treatment and prevention of childhood sexual abuse*. New York: Mellon Press.
- FINKELMAN, B. 1995. *Victim as witness – legal and psychological issues*. New York.: City Press.
- FINKELMAN, B. 1996. *Perpetrators. Victims and the court*. New York: City Press.
- FOSSUM, L. 1996. *Understanding organizational change: Converting theory to Practice*. 3rd Edition. California: Crisp Publications.
- FOUCHÉ, C.B. 2002. *Problem formulation*. In De Vos, A.S. et al. 2002. *Research at Grass Roots for the social services and human service professions*. Pretoria: van Schaik.
- FOUCHÉ, C.B. (B) 2002. *Writing the research proposal*. In De Vos, A.S. et al. 2002. *Research at Grass Roots for the social sciences and human services professions*. Pretoria: Van Schaik.
- FOUCHÉ, C.B. (C) 2002. *Selection of a researchable topic*. In De Vos, A.S. et al. 2002. *Research at Grass Roots for the social sciences and human services professions*. Pretoria: van Schaik.
- FOUCHÉ, C.B. & DELPORT, C.S.L. 2002. *Introduction to the research process*. In De Vos, A.S. et al. 2002. *Research at Grass Roots for the social sciences and human services professions*. Pretoria: Van Schaik.
- FRASER, I. 1981. *Men who abuse Children: a study of the psychiatric-child abuse interface*. Brookfield: Ashgate.
- FREUD, A. 1988. The ego and mechanisms of defense. In Goldstein, J. *Before the best interests of the child*. London: Burnett Books.
- FRIEDLANDER, W. 1958. *Concepts and methods of social work*. New Jersey: Prentice-Hall.
- FRIEDLANDER, W. 1977. *Concepts and methods of social work*. 2nd Edition. Englewood cliffs, New Jersey: Prentice-Hall.
- FUNICELLO, A. 1992. *Tyranny of kindness*. New York: Atlantic Monthly Press.
- GAMBRILL, E. & PRUGER, R. 1999. *Controversial issues in Social Work*. Boston: Alwyn & Bacon.
- GEDDIS, M. 1989. *Female sexual abuse of children: the ultimate taboo*. Harlow Essex: Longman.
- GELDHARD, R.V. 1997. *Play therapy*. London: Trueman Press.
- GELDHARD, R.V. & GELDHARD, A. 1997. *Play therapy – a student's manual*. London: Trueman Press.

GERMAIN, C.B. & SIPORIN, M. 1987. Human development in contemporary environments. *Social Services Review* 61: 565-580

GILLMAN, B. 1991. Child sexual abuse – the facts. London: Longman Press.

GOLDSTEIN, A.S. 1997. *The myth of judicial supervision in three "inquisitorial" systems. France, Italy and Germany.* In: Yale Law journal. 87:(240-283) UNISA-EReserves.

GOLDSMITH, H.H. 1988. Temperament and guilt Representations in Children's Narratives. In Harold et al. *Revealing the inner worlds of young children: the MacArthur story stem battery and parent-child narratives.* Oxford: Oxford Press.

GREEFF, M. 2002. *Information collection: Interviewing.* In De Vos, A.S. et al. 2002. Research at Grass Roots for the social sciences and human service professions. 2nd Edition. Pretoria: Van Schaik.

GRONDWET VAN DIE REPUBLIEK VAN SUID-AFRIKA, 1996. *Wet 108 van 1996.* Soos op 8 Mei 1996 gewysig deur die Grondwetlike vergadering. Kaapstad: Staatsdrukker.

GUTIERREZ, L.M., PARSONS, R.J. & COX, E.O. 1998. *Empowerment in Social Work Practice: A sourcebook.* Pacific Grove, C.A: Brooks/Cole.

HARDWICK, A. & WOODHEO, J. 1999. *A Handbook for professionals working with troubled children and youth.* California: Brooks & Cole.

HASSELKUS, G. 1991. *Child and Adolescent Prostitution in Canada and the Philippines: Comparative Case Studies and Policy Proposals.* Vancouver: MacMillan Press.

HAUGUARD, L. & REPUCCI, C. 1988. *Developmental consequences of child sexual abuse.* Washington, D.C.: American Psychological Association.

HELEM, D. 2003. *Race and ethnicity: comparative and theoretical approaches.* Malden, MA: Blackwell Publishers.

HENDERSON, A.S. 1998. *An introduction to social psychiatry.* Oxford: Oxford University Press.

HEPWORTH, D.H., & LARSEN, J.A. 1993. *Direct Social Work Practice.* 4th Edition. California: Brooks/Cole Publishing.

HEPWORTH, D.H., ROONEY, R.H. & LARSEN, J.A. 1997. *Direct Social Work Practice: Theory and Skills.* 5th Edition. Pacific Grove: CA: Brooks/Cole Publishing.

HERBERT, I. 1999. Why this century will be a golden age for workers, the environment and developing countries. Indianapolis: Hudson Institute, Brookings Institution Press.

HERTZOG, M.E., ELLEN, C. & FARBER, A. 1994. *Annual progress report on child psychiatry and development*. New York: Columbia City Press.

HETTEMA, P.J. & KENRICK, C. 1989. *Personality and environment: Assessment of Human adaptation*. New York: J. Wiley.

HOFFMAN, K.S. & SALLEE, A.L. 1994. *Social work Practice: Bridges to change*. Boston: Allyn & Bacon.

HOUSTON, K. 2003. *Child Health and Illness*. London: Karnac.

IFE, J. 2001. *Human Rights and Social Work. Towards Rights-Based Practice*. Cambridge: Cambridge University Press.

JARMAN-ROHDE, L., MCFALL, J., KOLAR, M. & STROM, C. 1997. *The changing context of social work practice: implications and recommendations for Social Work*. *Journal of Social Work Education*. 33(1) 29-47.

JOHNSON, V. 1986. *Intervention: How to help someone who doesn't want help*. Minneapolis: Johnson Institute Books.

JONES, E. 1986. *Working with adult survivors of child sexual abuse*. London: Karnac.

JONKER, K. 2000. *Satanism in South Africa*. Lynnwood Ridge: Amabhuku Publishers.

JOURNAL FOR JUDICIAL SCIENCE, 2002. *Editors note: Hearsay and the child*. New York: Routledge.

KADUSHIN, A. 1959. *The Knowledge Base of Social Work*. New York: Columbia University Press.

KADUSHIN, A. & KADUSHIN, G. *The social work interview- a guide to human service professions*. New York: Columbia University Press.

KEHOE, P. 1988. *Helping abused children*. London: Routledge.

KREFTING, L. 1991. *Rigor in qualitative research: the assessment of trustworthiness*. In *American journal of occupational therapy*. 45(3) 214-222.

KRITSBERG, C. 1993. *Living through the legacy*. In Chew, J. *Women survivors of childhood sexual abuse: healing through group work: beyond survival*. New York: Haworth Press.

LAKIN, M. 1988. *Ethical issues in the Psychotherapies*. New York: Oxford University Press.

LAMB, S. & COACKLEY, D. 1993. *Childhood sexual abuse: play and games differentiating play and abuse*. New York: Nomad.

LANDERETH, G. 1991. *Play therapy: the art of the relationship*. Muncie: Acc Development Inc.

LANSON, W. 1993. *Dangerous Behaviour and Dangerous Contexts: Research on the Developmental Effect on Child Physical Abuse*. London, Washington: American Psychological Association.

LATNER, J. 1986. *Gestalt therapy verbatim*. New York: Gestalt Journal Press.

LEBAND, H. 1994. *Play therapy with mentally abnormal children*. New York: McMillan Press.

LEE, J. 1994. *The empowerment approach to social work practice*. New York: Columbia University Press.

LEWIS, S. 2002. *Rosie the night-fright monster*. Sydney: Angus & Robertson, an imprint of HarperCollins.

LIPOVISKY, J. & STERN, P. 1999. *Preparing the child for court: an interdisciplinary view*. London: Churchill-Livingston Press.

LIPOVISKY, J. & SNOHOMISH, C. sa. *Partnership with service users in child protection and family support: An Eastern Europe Model*. Budapest.

LOEWENBERG, F. & DOLGOFF, R. 1996. *Ethical decisions for social work practice*. 5th Edition. New York: F.E. Peacock.

LOUW, D.A. 1998. *Human development*. 2nd Edition. Pretoria: Kagiso.

LUTZ, W.A. 1956. *Concepts and Principles underlying Social Work Practice*. New York: National association of Social Workers.

MACKEWN, J. 1997. *Developing gestalt counselling*. London: Sage Publishers.

MARALL, T. 1988. *Practical Parenting: successful strategies for solving your child's behaviour problems*. New York: Oxford University Press.

MAREE, J.C. 1983. *Anger and aggression: an essay on emotion*. Unpublished P.hD – Dissertation, University of Venda.

MARSHALL, C. & ROSSMAN, G.B. 1999. *Designing qualitative research*. 3rd Edition. Thousand Oaks, London. Sage Publications.

McFADYEN, A., HANKS, H. & JAMES, R. 1993. Ritual abuse. In: *Child Abuse Review*. 12(2) 231-249.

MEYER, F. 1997. *Inaccuracies in children's testimony – memory, suggestibility or obedience to authority*. Philadelphia: Lippincot Company.

MEYER, R.G., LANDIS, E.R. & HAYS, J.R. 1988. *Law for the psychotherapists*. New York: Norton.

MEYER, W.F., MOORE, C. & VILJOEN, H.G. 1989. *Personality theories – from Freud to Frankle*. Johannesburg: Lexicon Publishers.

MOUTON, J. & MARAIS, H.C. 1998. *Basic concepts in the methodology of the Social Sciences*. Pretoria: Human Sciences Research Council.

MOUTON, J. 1996. *Understanding social research*. Pretoria: J.L. van Schaik.

MOUTON, J. 2002. *Understanding social research. 3rd impression*. Pretoria: J.L. van Schaik.

MRAZECK, G. & MRAZECK, D. 1989. *Child abuse*. 2nd Edition. New York: The Guilford Press.

MYERS, B. 2002. *Child abuse medical and court procedures*. Revised. Mahwah: Lawrence Erlbaum Associates.

NADLER, L. 1982. *Designing Training Programs*. New York: Addison-Wesley Publishing Company.

NEY, T. 1995. *True and False Allegations: child sexual assessment and case management*. New York: Dormar Press.

NUWE WOORDEBOEK VIR MAATSKAPLIKE WERK. 1995. Hersiene en Uitgebreide Uitgawe. Vaktaal Komitee vir Maatskaplike Werk, Pretoria: CTP Book Printers (PTY) LTD.

OAKLANDER, V. 1988. *Windows to our Children*. New York: Gestalt Journal Press.

OAKLANDER, V. 1992. *From meek to bold, a Gestalt therapy case study*. New York: Gestalt Journal Press.

OAKLANDER, V. 1995. Gestalt therapy. In O'Conner & Schaeffer, C.E. (Eds) *Handbook of play therapy*. New York: John Wiley and Sons.

OATLEY, C. & JERKING, G. 1996. *Handbook of emotion, development and aging*. San Diego: Academic Press.

O'LEARY, G. 1992. *Gestalt counselling*. New York: Gestalt Journal Press.

PARSONS, T. 1954. *Essays in sociological theory*. New York. Free Press.

PARSONS, A., McFADDEN, C. & BOYES, M. 1997. *Preventing child abuse and neglect*. London: Washington: American Psychological Association.

PATTON, M.Q. 1983. *Qualitative Evaluation Methods*. London: Sage Publications.

PATTON, M.Q. 2001. *Qualitative research and evaluation methods*. 3rd Edition. Thousand oaks, California: Sage Publication.

PERLMUTTER, F.D. & ADAMS, E. 1994. *From welfare to work: Corporate initiatives and welfare reform*. New York: Oxford University Press.

POGGENPOEL, M. 2000. *Qualitative research strategies as prerequisite for quantitative strategies*. In *Education*. 122(2) 408-413.

PORTER, R. 1984. *Interviewing the sexually abused child*. New York: Ciba Foundation.

PRESSMAN, I. 1979. *Quantitative decision making for Business*. Englewood-Cliffs: Prentice Hall.

PRINGLE, N.N. 1986. *Social work, psychiatry and the law*. London: William Heinemann Medical Books.

REID, W.J. & EPSTEIN, I. 1972. *Task-Centered Casework*. New York: Columbia University Press.

ROTH, P. 1998. *Dancing with fear: overcoming anxiety in a world of stress and uncertainty*. Northvale: J. Aronson.

ROTHMAN, J. & THOMAS, E.J. 1994. *Intervention Research: Design and Development for Human Service*. New York: Haworth Press.

RUSSEL, 1984. *Extrafamilial child sexual abuse*. New York: John Wiley.

SALOVEY, P. & MAYER, J.D. 1990. Emotional Intelligence. *Imagination, Cognition and Personality*. 9: 185-211.

SANDRA, A. 1995. *Treatment and prevention of childhood sexual abuse: a child generated model*. Blackwell Scientific Publications.

SATROK, J.W. 1998. *Child development*. 3rd Edition. Dallas: Texas University Press.

SATTLER, J.M. 1998. *Clinical and forensic interviewing of children and families: guidelines for the mental health, education, pediatric and child maltreatment fields*. San Diego: Jerome M. Sattler, Publisher.

SETROKI, D. & LEVI, J. 1993. *Projection in Gestalt therapy*. In *Gestalt review*. Fall: 3(332-341).

SHAFFER, D.R. 1998. *Social and personality development*. 2nd edition. Belmont: Wadsworth.

SCHECTER, D.M. & ROBEGE. 1976. *Child abuse and neglect*. London: McMillan.

SCHOEMAN, J.P. 1996. Projection techniques. In Schoeman J.P. & van der Merwe, M. *Entering the child's world. A play therapy approach*. Pretoria: Kagiso.

SCHOEMAN, J.P. & VAN DER MERWE, M. 1996. *Entering the child's world. A play therapy approach*. Pretoria: Kagiso.

SCHURINK, W.J. 1998. Participant observation. In De Vos, A.S. (red), *Research at grass roots, a primer for the caring professions*. Pretoria: J.L. van Schaik.

SCHURINK, W.J. 1993. *Street children: an investigation into the causes and incidence of the problem of black street children in the RSA with the aim to develop a model for treatment, rehabilitation and prevention programmes*. Pretoria: Human Science Research Council.

SGROOIL, Z. 1982. *Long-term evaluation of Group counseling for women with a History of child sexual abuse*. Unpublished paper presented at the 9th international conference on child abuse prevention. Brussels, Belgium.

SIDUN, K. & ROSENTHAL, M. 1987. *Strategies and techniques in family therapy*. Springfield: Thomas.

SHEAFOR, B.W., HOREJSI, C.R. & HOREJSI, G.A. 1991. *Techniques and Guidelines for Social work practice*. 3rd Edition. Boston: Allyn & Bacon.

SHEAFOR, B.W., HOREJSI, C.R. & HOREJSI, G.A. 2000. *Techniques and Guidelines for Social work Practice*. 5th Edition. Boston: Allyn & Bacon.

SHAVER, L.S. & SCOTT, J.P. 1991. *Measures of social psychological attitudes*. Volume one. San Diego, California: Academic Press.

SIEGLAN, R., DELOANE, J. & EISENBERG, N. 2002. *The child witness*. Boston: Allyn & Bacon.

SILVERMAN, D. 2001. *Interpreting Qualitative Data*. 2nd Edition. London: SAGE Publications.

SIPORIN, M. 1975. *An Introduction to Social Work Practice*. New York: MacMillan.

SIPORIN, M. 1980. Practice Theory and Vested Interest. *Social Service Review*. 52: 418-436.

SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICES PROFESSIONS (SACSSP) 2003. *Ethical Code for Social Workers*. Pretoria: SACSSP Publication.

STOESZ, D. 2002. From Social Work to Human Services. *Journal of Sociology & Social Welfare*. 29(4): 19-38.

STUCKY, K. 1994. *Is Family Dysfunction more harmful than child sexual abuse? A controlled study*. In Bagley, C. (Ed) *Child sexual abuse and adult offenders: New Theory and research*. Aldershot: Brookfield Ashgate.

STRYDOM, H. 2002. *Ethical aspects of research in the social sciences and human services professions*. In De Vos, A.S. et al. 2002. *Research at Grass Roots for the social sciences and human service professions*. 2nd Edition. Pretoria: Van Schaik.

STRYDOM, J. & DELPORT, C.S.L. 2002. *Information collection: document study and secondary analysis*. In De Vos, et al. 2002. *Research at Grass Roots for the social sciences and human services professions*. 2nd Edition. Pretoria: Van Schaik.

STRYDOM, H. & VENTER, L. 2002. *Sampling and sampling methods*. In De Vos, et al. 2002. *Research at Grass Roots for the social sciences and Human service professions*. Pretoria: Van Schaik.

SWANEPOEL, K. & FOUCHÉ, A. 2003. *The child as witness*. Unpublished papers presented at training in play therapy. Vereeniging.

TESCH, R. 1992. *Qualitative Research, Analysis, Types and Software Tools*. London: The Falmer Press.

THARINGER, R. 1990. *Human development.: a social work perspective*. Englewood Cliffs: Prentice Hall.

TIBBETTS, S.G.. 2002. *Psychology and crime*. New York: Routledge.

TIBBETTS, S.G. & SCHICHER, D. 2002. *Victims and victimization – essential readings*. New York: Routledge.

THOMPSON, C.L. & RUDOLPH, L.B. 1992. *Counselling children*. 3rd Edition. Pacific Grove: Brooks.

TOWER, C.C. 1996. *Understanding child abuse and neglect*. Boston: Allyn & Bacon.

TOWER, C.C. 1999. *Understanding child abuse and neglect*. 4th Edition. Boston: Allyn & Bacon.

WALKER, N. , LAWRENCE, P. & WRITHTSMAN, S. 1991. *The child in court*. Cenbridge: Ballinger.

WIELAND, S. 1997. *Hearing the internal trauma – working with children and adolescents who have been sexually abused*. Baltimore: Paul H. Brooks Publishers.

WEINER, I.B. 1998. *Personality and clinical psychology – a series of readings*. New York: HarperCollins Publishers.

YONTEF, G. 1993. *Awareness, Dialogue and Process*. New York: Gestalt Journal Press.

ZAAIMAN, S.J. 2003. *Social Research for post graduate students*. Unpublished workbook for the MDiac Course in Play therapy. Wellington: UNIVERSITY OF SOUTH AFRICA.

ZEFFERT, M. 2002. *Relating outcomes to objectives in child protection policy*. New York: Routledge.

ZIEFF, S. 2002. Child assessment and the statutory process. In Zeffert, *Relating outcomes to objectives in child protection policy*. New York: Routledge.