Social workers' knowledge base with regard to sexual abuse disclosures during the intake interview: a pilot study

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Summary

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Key terms:

Social workers knowledge base; intake interview; child sexual abuse; sexual abuse disclosure

Background:

Child sexual abuse is a problem that manifests in all spheres of our society, a social problem that often crosses the desk of a social worker rendering services to children and families. The researcher can still remember how daunting her first experience was when she dealt with an allegation of child sexual abuse. Now, in hindsight she believes that if she had more in-depth knowledge when dealing with children who has been sexually abused and their disclosure thereof, it would have made the world of difference to her and the clients that she was rendering services to.

Objectives:

The primary aim of the study was to investigate the level of knowledge that the social workers of Child Welfare Tshwane currently have when dealing with a disclosure of sexual abuse during the intake interview. The findings will provide guidelines to Child Welfare Tshwane regarding the required level of knowledge of social workers during the intake interview when dealing with a sexual abuse disclosure.

Method:

The study was conducted through a questionnaire that was composed using information gathered during a literature study. Social workers employed by Child Welfare Tshwane completed the questionnaire in order to shed light on their knowledge base with regard to child sexual abuse and the disclosure thereof.

Results:

Through the study it was evident that the knowledge base of social workers from Child Welfare Tshwane, dealing with child sexual abuse, is variable and lacks continuity.
Acknowledgements

I would like to take the opportunity to thank my husband, Rian for enabling me to complete this research project. I appreciate all that you have had to sacrifice as this would not have been possible without your support.

A special word of thanks to Child Welfare Tshwane for allowing me to conduct my research within the Organization. Your passion for caring for the vulnerable members in society is contagious.
Presentation of the research results

An article format was chosen to report on the research results. The researcher proposes to submit the research article to the accredited South African Journal SOCIAL WORK / MAATSKAPLIKE WERK, as this would be a suitable peer reviewed platform for distributing research results. The instructions to authors is attached as Addendum.
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SOCIAL WORKERS’ KNOWLEDGE BASE WITH REGARD TO SEXUAL ABUSE DISCLOSURES DURING THE INTAKE INTERVIEW: A PILOT STUDY

ABSTRACT
When rendering services to children and families it is, at times, a social worker’s responsibility to facilitate child sexual abuse disclosures. The knowledge base of social workers was explored through the use of a questionnaire. The hypothesis that social workers lack some fundamental knowledge, with regards to child sexual abuse and the disclosure thereof is supported by the results of the study.

1. INTRODUCTION
From personal experience the researcher is of the opinion that it is overwhelming, when dealing with a child sexual abuse disclosure, if one does not have adequate knowledge pertaining to child sexual abuse and the disclosure thereof.

2. PROBLEM STATEMENT AND AIM
Social workers regularly deal with allegations of sexual abuse. In many cases, the social worker may be the first professional person who would talk to a child with regards to allegations or direct disclosure of sexual abuse. In such instances it is the social worker’s responsibility to facilitate the disclosure and evaluate the information, in order to act in the best interest of the child and to ensure his/her safety. The field of child sexual abuse is complex, and the social worker needs to take the context of the alleged abuse and the disclosure thereof into account when assessing the situation.

Social workers from the non-governmental organization, Child Welfare Tshwane, deal on a daily basis, inter alia, with child sexual abuse cases. Social work services are rendered to six area-based offices around the Tshwane Metropolitan area. The Organization also has a Child and Youth Care Centre which provides alternative care to children found in need of care through the statutory intervention process. The vision of the Organization is to provide safe home environments for vulnerable children in the Tshwane area. Their core purpose is to protect these children and to ensure that they have the opportunity to reach their full potential within a setting, resembling family life (Child Welfare, 2010).

Dealing with sexual abuse disclosures, is therefore an important part of the core business of Child Welfare Tshwane, which confronts social workers with the complex and diverse social
problems known to be part of this, sometimes, daunting task. Generic services rendered by Child Welfare Tshwane social workers include: intake services, family preservation and preventative services, as well as statutory services such as management of alternative care placements, foster care and family reunification services. Spies (2006: 44) and Salole (in Richter, Dawes, Higgson-Smith, 2004:xi) agree that the phenomenon of sexual abuse is not only a social problem in South Africa, but also a crisis worldwide. “Clearly, the phenomenon poses significant challenges to our commitment to advancing the rights of children, and to ensuring their well-being” (Richter et al., 2004: xi).

Keeping the above mentioned in mind, it is assumed that social workers should at least have the basic knowledge with regards to sexual abuse. Sexual abuse is defined by Barker and Hodes (2007:35) as: “the sexual molestation of children by adults or older children (“sexual”, here refers to any activity that leads to sexual arousal in the perpetrator). The abuse may range from voyeurism and exhibitionism to oral, vaginal or anal penetration. It may be perpetrated by single or multiple perpetrators, on one or more occasions, and associated with other types of abuse.”

Richter et al. (2004: xi) argues that the motivation or meaning the adult attaches to the act becomes the determining factor of whether the act is abusive or not. Almost all cases of sexual abuse are different when referring to the manner in which the act took place. This contributes to the complexity facing the social worker in understanding the situation and may complicate the utilization of the information with regards to the disclosure in context.

The researcher’s own experience of the undergraduate curriculum for social work (2005) is that its generic focus only touches on sexual abuse as one of many different social problems. There is no specific focus of the dynamics of these difficult cases and dealing with a child sexual abuse disclosure.

Meyers (Conte & Shore, 1982:51) refers to the knowledge base of the social workers and identifies it as being disjointed and often unreliable even as far as including contradictory findings. Fourteen years later Darlington (1996: v) still identifies a gap in knowledge. He stated that research efforts, directed towards closing the gap between community demands for expert intervention and an inadequate knowledge base, were pursued. It is clear from literature compiled over two decades that the knowledge base social workers could draw from, with regard to sexual abuse, was inadequate.

This poses the question: have we learnt from this and developed ourselves accordingly or are we still in the dark? Kinnear (2007:284) also states that there are discrepancies between the knowledge social workers obtain and the response they have when dealing
with sexual abuse. What needs to be obtained here becomes obvious, adequate knowledge of what sexual abuse consists of, as well as the dynamics involved in the facilitation of such a disclosure during an intake interview.

Understanding a disclosure of sexual abuse is important to protect child victims, as well as innocent adults (Goodman & Goodman Brown in Pipe et al. 2007: vii).

Considering the abovementioned information, it is evident that sexual abuse and the disclosure thereof is a convoluted field. Every social worker confronted with a sexually abused child needs to have adequate knowledge surrounding this type of abuse and all its unique complexities. This will enable the social worker to identify what he/she is dealing with and in knowing how to handle these cases more efficiently, he/she will be able to ensure that the child’s best interest becomes first priority. Only then can the legal system involved successfully take its course.

Taking the abovementioned into consideration, a research question poses: ‘How does the knowledge base of generically trained social workers employed at Child Welfare Tshwane, compare with what literature proposes they should know?’

The aim of this study is to determine the level of knowledge social workers at Child Welfare Tshwane have compared to what literature proposes they should know when dealing with the sexual abuse of children and the facilitation of such a disclosure, during the intake interview.

3. HYPOTHESIS

Generically trained social workers employed at Child Welfare Tshwane currently, dealing with sexual abuse disclosures during the intake interview, have inadequate knowledge to handle these cases successfully.

4. RESEARCH METHOD

A survey of the specific and necessary knowledge social workers at Child Welfare Tshwane should have, when dealing with the sexual abuse of children and the facilitation of such a disclosure, was the focus of the research. The methodological approach was as follows:
4.1 Research design

The researcher made use of a survey design with both closed and open-ended questions to gain insight into the knowledge base of the social workers completing the survey. According to Govender, Mabuza, Ogunbanja and Mash (2014) “... a survey encompasses any measurement procedure that involves administering a questionnaire to respondents. Questionnaires offer an objective means of collecting information about people’s knowledge, beliefs, attitudes and behaviour.”

4.2 Participants and research context

Child Welfare Tshwane renders social work services in six communities within the Tshwane Metropolitan area. These communities are populated by a variety of the different racial groups. Participants consisted of 30 social workers employed at Child Welfare Tshwane, irrespective of their knowledge and experience level, with the exceptions of five social workers at the Draw the Line Child Support Centre, that was included in the testing of the measuring instrument. The remaining 25 participants were requested to complete the research questionnaire. After extensive efforts to encourage Child Welfare Tshwane employees to complete the questionnaire, only 18 (72 %) completed questionnaires were received back. Information gathered from conversations with some of the employees suggested that even though the questionnaire was anonymous, the nature of the questionnaire was perceived as intimidating. Some of the prospective respondents were of the opinion that failing to answer all of the questions, or to answer incorrectly, could potentially place them in a bad light and therefore they decided not to partake in the survey. This raises the question whether the perceived intimidating nature of the questionnaire, could also be the reason for some of the respondents not answering all the questions.

4.3 Measuring instrument and data collection

Information gathered during the literature study was used to draw up a questionnaire (Research questionnaire: Addendum 2). Making use of current information available in peer reviewed literature on the topic of child sexual abuse, the questionnaire was able to measure the knowledge base of Child Welfare Tshwane social workers. The questionnaire included both closed and open-ended questions regarding the knowledge of child sexual abuse and the facilitation of such a disclosure.

To ensure the validity of the questionnaire, the researcher used themes as identified in literature pertaining to child sexual abuse as a guide in developing the questions. Through
doing this the researcher aimed to ensure that the questionnaire truly measured what it was intended to measure.

After the questionnaire was piloted on five social workers, it was clear that some of the questions needed to be clarified to ensure that there is no room for each individual’s interpretation of what is asked of them. The researcher is of the opinion that this enhanced the reliability of the questionnaire.

However, due to the fact that some of the respondents perceived the nature of the questionnaire as intimidating, it could have had an unforeseen influence on the reliability and validity of the study. When analysing the data obtained, the question was raised whether the questions left unanswered in the questionnaire, might have been unanswered as a result of the respondents not feeling confident enough in what they believe the answer to be, or whether they didn’t know the answer at all.

4.4 Procedures

After the formulation of the problem statement a research proposal was written. A review of current literature on the research topic enabled the researcher to compile a questionnaire in order to measure the knowledge base of social workers. Child Welfare Tshwane was approached and permission for conducting the study was granted (Permission letter: Addendum 3). The measuring instrument was pilot tested on five social workers and thereafter data was collected from 25 respondents, of which only 18 actually completed the questionnaire. The information gathered from the study was analysed and the results were compiled into the final article.

4.5 Data analysis

The data gathered through the questionnaires was analysed manually with a calculator. Information obtained, through analysing the data gathered from the questionnaires, will be discussed using descriptive statistics and quantitative findings.

4.6 Ethical aspects

According to Strydom (2011:129) “Ethics is a set of moral principles which is suggested by an individual or group, is subsequently widely accepted, and which offers rules and behavioural expectations about the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and students.”
The following ethical considerations were taken into account while conducting the research:

- Ethical permission was granted by the Ethics Committee to ensure that the North West University’s guidelines for ethical research were met;
- The researcher obtained the permission of Child Welfare Tshwane for including their employees in conducting the research study during office hours;
- The Child Welfare Tshwane employees who took part in this research study completed a standard consent form, which included aspects such as informed consent, confidentiality, anonymity and their right to participate freely. (Consent Form: Addendum 4)

5. RESULTS

The research results will be discussed with reference to the description of demographics, level of perceived knowledge by respondents, understanding of the term child sexual abuse and legislative aspects pertaining to child sexual abuse. This discussion will also include knowledge with regards to normal vs. abnormal sexual development, the dynamics of child sexual abuse and the disclosure of child sexual abuse and factors that might influence such a disclosure.

5.1 Profile of respondents

The respondents were asked to provide information with regards to their age, years of experience and the various service delivery fields they have experience in.

**Figure 1: Age distribution of respondents**

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>20-29yrs</th>
<th>30-39yrs</th>
<th>40-49yrs</th>
<th>50-59yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONDENTS</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

n=18

Of the 18 respondents 17 were female and one male. Half of the respondents (n=9) had five or less years of social work experience. Of the remaining nine (n=9), two had between six to ten years’ experience, two had between 11 to 15 years’ experience, three had 16 to 20 years’ experience and two had more than 21 years’ experience. It is thus clear that the half of the respondents is relatively new to the profession, which inherently means that they
would have less experiential knowledge than the other half of the respondents. The researcher compared the responses from the two groups, 0-5 years' experience vs. 5+ years' experience, and found that there was an insignificant difference between the levels of knowledge. There was a slight indication that the respondents with 0-5 years' experience had a lower level of knowledge.

Enquiring about the different fields of social work services that the respondents had experience in, it was evident that the majority worked in intake, foster care, statutory and generic service delivery in the field of child and family care. Management, outreach, adoption and residential care services were the areas that were the least part of the respondents work life experience. Overall the information suggests that the respondents who took part in the study had experience in a wide variety of social work fields concerning child protection. The researcher hypothesizes that exposure to the variety of social work fields might enrich experiential knowledge.

Respondents was asked to rate their knowledge regarding sexual abuse using the indicators poor, average, good and advanced.

**Figure 2: Level of perceived knowledge by respondents**

![Pie chart showing the percentage of respondents who rated their knowledge as poor, average, good, and advanced.]

The majority of the respondents (75%) rated their knowledge with regards to child sexual abuse as average, 13% rated their knowledge as advanced and 12% rated their knowledge as good. None of the respondents perceived their knowledge base of child sexual abuse as poor.

Analysing the data from the respondents who rated their knowledge as advanced, it can be stated that comparing their responses with the literature reviewed for this research study, they do not have advanced knowledge with regard to child sexual abuse. It would be
interesting to compare the result, of the question about their perceived level of knowledge, with the overall findings of the research project to determine if in fact the majority of the respondents have an average level of knowledge with regards to child sexual abuse.

5.2 Understanding of the term “child sexual abuse”

Respondents were requested to define child sexual abuse in their own words and then in another question to select categories and activities from lists provided pertaining to child sexual abuse. Information gathered from their responses provided an indication to their overall understanding of what and how they perceived child sexual abuse.

From the information shared by the respondents who defined child sexual abuse in their own words, the most prevailing definitions of child sexual abuse can be summarized to include the following aspects:

- Exposing a child to sexual activities;
- Involving a child in sexual activities;
- Touching a child;
- Not having the consent of the child;
- Forceful intercourse with a child;
- Intentional or unintentional activities;
- Misuse of child for sexual gain;
- An adult asking a child to touch his/her private parts.

Comparing the abovementioned information from respondents with definitions from literature would shed light into the respondents understanding of child sexual abuse. According to the World Health Organization (1999) child sexual abuse is:

“The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

- the inducement or coercion of a child to engage in any unlawful sexual activity;
- the exploitative use of a child in prostitution or other unlawful sexual practices;
- the exploitative use of children in pornographic performance and materials.”
The Children’s Act 38 of 2005 defines sexual abuse in relation to a child as:

- sexually molesting or assaulting or allowing a child to be sexually molested or assaulted;
- encouraging, inducing or forcing a child to be used for the sexual gratification of another person;
- using a child in or deliberately exposing a child to sexual activities or pornography; or
- procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.

The definitions of sexual abuse in literature are varied and summarized as follows: Different acts and the meaning that the perpetrator attaches to such acts are discussed. Certain elements relating to the behaviour and motivation of the perpetrator seems to play a role in the decision whether a specific act was abusive. The inequality of power, developmental phases and the cognitive ability of the victim, including the lack of consent by the victim are also mentioned as important elements in defining sexual abuse. According to the Criminal Law (Sexual Offences and Related Matters) Amendment Act, No 32 of 2007, consent and the age of consent are also mentioned as relevant. (Kinnear, 2007:1, Lawrence, 2004:23, Wickham and West, 2002:3).

Sexual abuse definitions can be further divided into contact and non-contact abuse. Contact sexual abuse refers to acts during which the offender touches the body of the victim or makes the victim touch the offender’s body. Such acts may include fondling, interfemoral coitus, digital penetration, object penetration, oral sex, penile penetration (vaginal and/or anal) and using the victim to take part in the production of child pornography. Group sex, sex rings and ritual sexual abuse also fall into this category. Non-contact sexual abuse includes comments of a sexual nature to the victim, exposure of the victim to intimate body parts, voyeurism and exposing the child to pornography (Jones, & Jemmott, 2013:180).

These definitions of sexual abuse will broaden a social worker’s knowledge and will enable a social worker to identify possible abusive circumstances and situations when dealing with a child in an intake interview. It is important that social workers are aware of the fact that sexual abuse consists of a wide variety of actions and not just acts of physical touch.

It is evident that aspects such as the lack of consent, the gratification of the perpetrator and a theme of exploitation are part of the respondents’ knowledge base.
Only one of the respondents was of the opinion that child sexual abuse is characterized by physical activities alone. The rest of the respondents were of the opinion that child sexual abuse is characterized by both physical activities and exposure or showing of sexually explicit material and acts.

In the questionnaire a list of 22 acts were provided to the respondents. All of the 22 acts listed are identified in literature as child sexual abuse. Respondents were asked to select all the acts on the list that they believed constituted child sexual abuse. Two of the respondents did not answer the question.

Half (n=9) of the respondents were of the opinion that the following six activities did not represent acts of child sexual abuse.

<table>
<thead>
<tr>
<th>Table 1: Acts not perceived as child sexual abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD SEXUAL ABUSE ACT</td>
</tr>
<tr>
<td>1. Sexual comments to the child</td>
</tr>
<tr>
<td>2. Peeping while a child is using the bathroom or undressing</td>
</tr>
<tr>
<td>3. Obscene phone calls</td>
</tr>
<tr>
<td>4. Tongue kissing</td>
</tr>
<tr>
<td>5. Kissing, licking or biting parts of the body</td>
</tr>
<tr>
<td>6. Placing a finger in the vagina/anus of a child</td>
</tr>
</tbody>
</table>

In a previous question all but one of the respondents was of the opinion that sexual abuse can consist of both physical and nonphysical activities, however the finding is contradictory. Half of the activities identified by the respondents were seen by them as not being acts of child sexual abuse, but were indeed actual acts that are described as non-contact sexual abuse in literature. Thus indicating that certain acts of child sexual abuse, as described in
literature, might not be identified as an abusive act due to their non-physical nature by the intake social worker.

5.3 Legislative aspects pertaining to child sexual abuse in South Africa

On the question whether reporting of knowledge of child sexual abuse to authorities is mandatory, the majority (n=14) of respondents said yes, one respondent said no and three respondents did not answer the question. It can then be assumed that not all respondents are aware that reporting knowledge of child sexual abuse is mandatory and a legal requirement. The finding that four (22%) of the respondents did not indicate that reporting knowledge of child sexual abuse to authorities is mandatory, is alarming, and is an aspect that needs to be addressed by Child Welfare Tshwane as a designated Child Protection Agency.

In the South African context, sexual interaction with a child is governed by the Criminal Law (Sexual Offences and Related Matters) Amendment Act, No 32 of 2007, Section 54(1). While this Act does not define sexual abuse per se, its definitions of pornography, sexual violation, rape and sexual exploitation include many aspects of child sexual abuse. This Act clearly stipulates the compulsory reporting of knowledge or suspicion of an offence, as does the Children’s Amendment Act, No 41 of 2007, Section 110(1), which also mandates the compulsory reporting of knowledge of the sexual abuse of a child. It should thus be stressed that social workers dealing with sexual abuse disclosures have the responsibility, as governed by legislation, to report knowledge of all sexual abuse to the police.

The next question which requested the respondents to identify which South African Acts governs a social worker’s response with regard to child sexual abuse disclosure, resulted in the following list as stated by respondents:

1. Children’s Act,
2. Sexual Offences Act,
3. Criminal Act,
4. Justice Act,
5. Criminal Procedures Act,
6. South African Constitution,
7. Bill of Rights,
8. Social Work Ethics,
9. Domestic Violence Act,
From the abovementioned list only the Children’s Act (Children’s Amendment Act, No 32 of 2007) and Sexual Offences Act (Criminal Law [Sexual Offences and Related Matters] Amendment Act, No 32 of 207) are relevant with regards to governing a social worker’s response pertaining to child sexual abuse. Only 12 (66%) of the respondents listed the Children’s Act and more alarmingly, only four (22%) of the respondents listed the Sexual Offences Act.

The South African Constitution, Bill of Rights and the Domestic Violence Act, No 116 of 1998, indicates that children should be protected from all forms of abuse. The researcher is of the opinion that the Justice Act (the exact piece of legislation this refers to is not clear, it might refer to the Promotion of Administrative Justice Act, No 3 of 2000), Criminal Procedures Act, No 51 of 1977, Labour Relations Act, No 66 of 1995 has no relevance with regards to governing a social worker’s response to child sexual abuse disclosures. It should also be noted that one respondent mentioned the Code of Ethics as prescribed by the South African Council for Social Service Professions, which cannot be defined as South African legislation.

From the information gathered in this study it is hypothesized that the respondents does not have adequate knowledge about the South African legislation that governs their profession and their response to dealing with a child sexual abuse case.

Respondents were asked if they knew the age of consent to sexual activity in South Africa. The Criminal Law (Sexual Offences and Related Matters) Amendment Act, No 32 of 2007, states the age of consent as 16 years of age. Of the 18 respondents, 16 said that they knew what the age of consent is for children regarding intercourse. One respondent said that he/she did not know the age of consent and another did not answer the question at all.

From the 16 respondents who mentioned that they knew the age of consent, only nine could correctly state the correct age of consent in the South African context. The remaining seven respondents’ answers included 21, 18, 14 and 12 years of age.

Overall it seems as though some of the respondents lack basic knowledge about South African legislation governing their response to child sexual abuse. It is alarming that the respondents not only seem to have a lack of knowledge about the relevant legislation pertaining to the social work field, but also that the content of what is governed by this legislation seems inadequate.

All of the respondents (n=18) indicated that they are registered with the South African Counsel for Social Service Professions. Therefore they are bound by a Code of Ethics that
governs their professional conduct and serves as the guideline in which they carry out their daily professional duties. It is therefore important to keep in mind that the perceived lack of adequate knowledge, with regards to legislative aspects, might have a negative impact on the standard of service delivery, and could also open social workers up to legal prosecution.

5.4 Normal vs. Abnormal sexual play

Humans are sexual beings and sexual stimulation can be experienced from birth (Bancroft, Herbenick, Raynolds, 2003:156). As children grow and develop they start exploring their bodies and from as early as the age of 24 months, they will try to masturbate. This behaviour should be seen as normal exploration, and it should be kept in mind that these activities and the response of the body have no sexual connotation. Keeping this in mind, some sexual acts and interaction between children should be seen as part of normal sexual development and exploration.

A good understanding of what can be classified as normal sexual development for children is very important for professionals working with children. This enables them to determine whether a specific child they are dealing with, is displaying or sharing normal behaviour and knowledge, or whether there are some red lights (National Centre on Sexual Behaviour of Youth, 2004). Friedrich (2005:43) states that "sexual behaviour in children ages 2-12 is related to a variety of environmental, child-specific and reporter-related variables". It is however important to note that research has clearly shown that sexual behaviour is not necessarily a sign of sexual abuse (Friedrich, Fisher, Broughton, Houston & Shafran, 1998).

Respondents were requested to describe normal and abnormal sexual play between children, as well as how they would distinguish between the two when dealing with a case of sexual play between children.

Eight respondents did not give their opinion on what they see as normal sexual play, one said that they did not know and one respondent said that there is no such thing as normal sexual play between children. The information gathered from the rest of the respondents (n=9) had a strong focus on gender role identification. Games revolving around playing out maternal and paternal roles and parenting activities were identified as normal sexual play between children. Some respondents mentioned activities that are motivated by the child’s curiosity about the difference in the anatomy of the opposite sex, including showing and touching of body parts. One of the respondents was of the opinion that any fun activity can be classified as normal sexual play. This raises the question whether it would be deemed normal sexual play if two children (under the age of 16 years) have consensual penetrative
intercourse as long as they perceive it as enjoyable and fun. Keeping this in mind the next question focused on describing abnormal sexual play.

On the question about what they perceive as abnormal sexual play, six respondents did not answer the question and one said that they did not know how to describe abnormal sexual play between children. The strongest themes that came forth from the remaining 11 respondents on this question, is any sexual play that is characterized or includes any of the following, can be described as abnormal sexual play:

- Secrets;
- Aids like pencils;
- Explicit sexual activities;
- Penetration;
- Age inappropriate activities;
- Play that makes others uncomfortable;
- Continued physical urge;
- Touching;
- Rubbing;
- Kissing.

According to available literature (National Centre on Sexual Behaviour of Youth, 2004) abnormal sexual behaviour can be characterised as frequent, compulsive behaviour between children of different size, age and developmental levels which interferes with normal childhood activities. This kind of behaviour might sometimes be between children who do not know each other well. The behaviour might be aggressive, coerced and forced. It does not decrease after the child is told to stop and causes harm to the child or to others. This type of behaviour might include obsessive masturbation, masturbation with objects, penetrative acts during masturbation which could be with an object or digitally. It might also include oral-genital contact and mutual masturbation.

When asked how they would distinguish between normal and abnormal sexual play, six respondents did not answer the question, one said that you cannot distinguish between the two. The most respondents (n=11) mentioned aspects, *inter alia*, by which one can distinguish as the following: the presence of force; when one of the parties gets hurt; penetration; age inappropriate activities; and using objects to penetrate and if a specific child is included in the activities over a period of time. The researcher found it interesting to observe from the responses that if the play involves role play of maternal and paternal roles
It might not be abnormal sexual play. No mention was made of this nature in any of the literature reviewed during this study.

The researcher hypothesizes, that answers like these, might indicate the lack of insight into the dynamics of sexual abuse and how the phenomenon presents itself in different situations. It is important to note that it is extremely helpful to be able to correctly distinguish between normal and abnormal sexual play between children. In some instances the sexual "games" children play might be telling a story or exposure to some form of sexual abuse.

5.5 Dynamics of sexual abuse

Respondents were asked if they know the meaning of the term ‘grooming’ within the context of child sexual abuse and then asked to describe their understanding thereof. Information gathered from the responses showed that 11 of the 18 respondents were of the opinion that they knew the term grooming within the child sexual abuse context, seven respondents stated that they did not know the term.

Of the 11 respondents who said that they knew the term grooming, eight could more or less correctly identify some of the aspects relating to grooming as discussed in available literature. These aspects included building a relationship with a child, teaching the child behaviour and activities to make them acceptable, making use of incentives, manipulating a child and playing on their emotions. One of the respondents mentioned that he/she was of the opinion that grooming is a cultural practice, relating to arranged marriages. None of the literature reviewed for this study mentioned grooming as a cultural practice.

Wyre and Van Dam in McAlinden (2006:340), describes grooming as an expression "generally used to refer to the process by which a would-be abuser skilfully manipulates a child into a situation where he or she can be more readily sexually abused and is simultaneously less likely to disclose".

In Chapter three of the Sexual Offence and Related Matters Amendment Act, 32 of 2007, which deals with sexual offences against children, (especially Section 18) grooming is defined as the use of any article, pornography, publication or film with the intention of facilitating the commission of a sexual act with or by a child. It includes any act committed by a person with the intention to encourage, persuade, facilitate and/or to diminish or reduce any resistance or unwillingness of a child, in order to ultimately engage the child in a sexual act. Having knowledge of the process of sexual abuse will assist a social worker in identifying situations and relationships where a child might be vulnerable of falling victim to sexual abuse. Looking at the nature of grooming, it will help the social worker to understand
the nature of the relationship between the victim and the alleged perpetrator and why it might seem as though the child has a close and trusting relationship with the alleged perpetrator.

It is important to keep in mind that children are abused not only by strangers, but also by people who they know well and who forms part of their family or social systems. According to McAlinden (2006:339) “the term grooming has been used to describe the offender’s actions during the preparatory stage of sexual abuse”. This includes the perpetrator preparing the community, the victim’s family and the child. The community and the child’s family or caregivers are groomed to allow and normalize contact and interaction with the child.

The child may be emotionally and sexually groomed by a perpetrator who might be fulfilling the child’s emotional needs, resulting in a friendship and a trusting relationship between the child and the perpetrator. This relationship not only gives the perpetrator access to the child, but also minimizes the chances that the child might disclose the abuse (Craven, Brown & Gilchrist, 2006:295).

It is notable that the answers from the respondents focus on the child as victim and does not include the community and the child’s family. It therefore seems as though respondents might be aware of the strict definition of the term grooming, but do not necessarily have insight into the extent and role that this process plays within the greater dynamics of child sexual abuse.

5.6 Disclosure of child sexual abuse

Respondents were asked a series of questions relating to the disclosure of child sexual abuse. They were asked to explain their understanding of a disclosure and if they ever dealt with such a disclosure as a social worker.

The majority (n=13) of the respondents acknowledged that they have previously dealt with a child sexual abuse disclosure. Only four of the 18 respondents stated that they haven’t yet dealt with a disclosure, and one respondent did not answer the question. Respondents were asked if they would describe child sexual abuse disclosure as a once-off event and/or a process or none of the above. Only five respondents were of the opinion that the disclosure of child sexual abuse consists of both a once-off event and a process of disclosure. Twelve of the respondents were of the opinion that disclosure of child sexual abuse is always a process. There was one respondent who did not answer the question.
When asked whether respondents were able to explain their understanding of child sexual abuse disclosure, it seems as though the majority (n=15) of the respondents felt that they could explain their understanding of child sexual abuse disclosure. Three of the respondents did not answer the question.

The explanations presented by the respondents predominantly included aspects of telling, narrating, explaining and describing something that happened. It was interesting to see that one respondent included “playing out” as part of their understanding of disclosure. This links to literature (DeVoe & Faller, 2001:26) that states disclosures can be active or tentative, which sometimes include accidental disclosures such as playing out the abusive acts.

It might be assumed that if a child is a victim of sexual abuse that they would immediately tell someone they trust what happened to them, this however does not always happen, seeing that disclosure of sexual abuse might be a process rather than an immediate reaction. Disclosure is defined in the dictionary (Oxford Dictionaries Online, 2012) as a fact, especially a secret, which is made known.

According to Goodman and Goodman Brown (as cited in Pipe, Lamb, Orbach & Cederborg, 2007: vii) understanding of a disclosure of sexual abuse is important to protect child victims, as well as innocent adults. Different factors contribute to the disclosure or in certain cases, non-disclosure of sexual abuse. The degree of perceived threat by the perpetrator has a big influence on the victim’s ability or willingness to disclose sexual abuse (Sanderson, 2006:48). However, the disclosure of sexual abuse by a child is not a straightforward process, but consists of a number of different components. “The four phases of disclosure were described as denial, disclosure (tentative and active), recantation, and reaffirmation” (DeVoe & Faller, 2001:26).

After reviewing abovementioned literature with regards to sexual abuse disclosure, the researcher came to the conclusion that the disclosure of sexual abuse, more often than not, is a process. The nature of the relationship between the child and the alleged perpetrator should be kept in mind when dealing with possible victims of sexual abuse and their telling of what happened to them. It does not mean that they did not suffer abuse, just because they did not share all the details of what happened to them immediately after it happened, and/or their relationship with the alleged perpetrator appears to be a good one.

Looking at the information gathered from the respondents, it is clear that although the majority of the respondents were of the opinion that sexual abuse disclosures is a process, they only focused on the victim volunteering information who confirmed that an abusive act has taken place. None of the respondents mentioned denial, recantation and reaffirmation
as part of the disclosure process. The researcher is thus of the opinion that although the majority of the respondents believe that disclosure of sexual abuse is a process, it seems as though they are oblivious to the very important aspects of the disclosure process as mentioned above.

Respondents were then asked whether they knew the term ‘recanting’ in the context of child sexual abuse. Only five respondents said that they knew the term recanting in the context of child sexual abuse, although none mentioned it as part of the disclosure process. Of these five respondents, only two were able to give correct definitions of the term. This contradicts the fact that the majority of the respondents were of the opinion that disclosure of child sexual abuse is a process. “It is important to point out that there could be two different interpretations of recantation. The first is that the child is withdrawing a true statement of abuse. The second is that the child is withdrawing a false allegation of abuse (London, Bruck, Ceci & Shuman, 2007:31).

This lack in knowledge might cause a social worker to perceive a child victim, who might change their story during the intervention process, as being untruthful.

5.7 Ability of children to fabricate child sexual abuse disclosures

As part of the study it was explored if respondents were of the opinion that children can and do make up information about sexual abuse. Half (n=9) of the respondents were of the opinion that children can and do make up information about child sexual abuse. There were however three common explanations given for such behaviour. This being: the child was exposed to information about sexual abuse, someone must have coached the child about what he/she should say and that in any instance where it is to be believed that a child made the information up which is contained within the disclosure, an in-depth investigation should be done with regards to the child’s circumstances. Three respondents did not answer the question, six was of the opinion that children do not or cannot make up information about child sexual abuse.

According to Myers (1994) by age three children learn to bend the truth. “There is no evidence, however, that children are any more or less prone to lie than adults. Although children particularly adolescents sometimes deliberately fabricate allegations of sexual abuse, research reveals that deliberate fabrication is uncommon, particularly among young children. Moreover, young children are not very good at maintaining a lie”.
The researcher is of the opinion that the abovementioned information stresses the need to educate social workers with regards to younger children’s inability to put into words anything that they have not experienced themselves or have been exposed to.

5.8 Factors that might influence the disclosure of child sexual abuse

On the question about factors that might influence the disclosure of child sexual abuse, three respondents did not answer and one mentioned that he/she did not know which factors might influence a disclosure. The most prevailing answers included:

- A child can only disclose if he/she knows the difference between right and wrong;
- The child has to trust and have a good relationship with the person he/she discloses to;
- Children are more likely to disclose after awareness campaigns and Child Protection Week;
- If a child is concerned about possible stigmatization or if the child is being threatened, it could delay disclosure;
- The nature of the relationship between the child and the perpetrator;
- The age of the child;
- The duration in which the abuse took place.

When asked which factors should be taken into account when facilitating a child sexual abuse disclosure, one respondent did not answer the question and another said that they did not know the answer. The majority of the respondents were of the opinion that the following aspects are important: the level of risk the child is still exposed to and how safe the child feels in general, in addition to age, maturity and the developmental stage of the child concerned. Although the majority of the respondents were of the opinion that a child’s developmental stage should be taken into account when facilitating a disclosure, it was interesting to observe that of the 21 reasons provided by respondents on why a child’s developmental stage is important, only one of these addressed true developmental aspects, namely a young child’s limited vocabulary and language use. The rest of the reasons provided included, *inter alia*, the belief that younger children are more spontaneous and easier to work with, the fear of the perpetrator, development of adolescent body parts and reassuring children of their innocence. This finding indicates that respondents lack a basic understanding of the developmental stages of children. Limited mention was made of factors pertaining to the social worker facilitating the disclosure. It might be that the nature of the questionnaire focused strongly on the child and it might have influenced the focus of the respondents’ thinking.
According to Brilleslijper-Kaper, Friedrich and Corwin (as cited in Becker & Thomlinson, 2007:215) “The disclosure of sexual abuse is an extremely difficult process for children, especially those who are younger and do not possess developmental abilities to effectively identify or verbalize aspects of the abuse experience”. Great importance should be given to the developmental stage of the child making the disclosure.

The cognitive, language and sexual development of the child is of particular importance in dealing with the disclosure of sexual abuse by a child. It will explain why a child says what they say, and how they say it.

Keeping the different developmental stages in mind during an interview with a child, will equip the social worker to conduct the interview/discussion with the child in a sensitive manner, and enable them to understand the limits of a disclosure by a child of a specific age. According to Jean Piaget’s theory of cognitive development (as cited by Louw & Louw, 2010:23-24) there are four stages of cognitive development. These four stages can be described as the sensorimotor stage (0-2 years), preoperational thought (2-6 years), concrete operational thought (7-11 years) and the formal operational thought phase (12 and older).

Cognitive development can be explained as "how we acquire information about the world by means of our senses, how we process and interpret such information, and how we store, retrieve and use this knowledge to direct our behaviour" (Louw & Louw, 2010:7). It will also help to keep in mind that cognitive development might have an influence on the non-disclosure of sexual abuse.

Louw and Louw (2010:106) mention that "in language development, understanding language precedes the ability to speak it". It is important for the social worker to understand the limitations of the information that a child of a certain developmental stage would be able to give and keep in mind that the questions and language used during the interview should fit the child’s developmental level.

The characteristics of the different developmental phases and the possible impact it might have on the disclosure of sexual abuse, is summarized with reference to different age groups in the table below. It should however be noted that developmental phases are not strictly age related. Development is a gradual process which is different and unique to each child.
Table 2: Characteristics of development phases and possible impact on disclosure

<table>
<thead>
<tr>
<th>AGE</th>
<th>COGNITIVE DEVELOPMENT</th>
<th>LANGUAGE DEVELOPMENT</th>
<th>SEXUAL DEVELOPMENT</th>
<th>POSSIBLE IMPACT ON DISCLOSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 years</td>
<td>• A child experiences the world through his/her senses.</td>
<td>• Limited language skills – difficult to verbally relate information with regards to experiences.</td>
<td>• Can experience sexual stimulation.</td>
<td>• Child doesn’t have the vocabulary to describe the experience.</td>
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<td>• Explores body by touching body parts, might begin to masturbate.</td>
<td>• Questions might be raised by their abnormal sexual play.</td>
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<td>• Genital play is normal (Dr-Dr).</td>
<td>• The disclosure will be limited and there might be contradictions in the given information due to his/her cognitive abilities.</td>
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<td></td>
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<td>• Uses the same word for different applications, even in the wrong context.</td>
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<td>• Inability to understand assumptions.</td>
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<td></td>
<td>• Use and interpret language literally.</td>
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<td>• Difficulty with abstracts like truth and lie.</td>
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<td></td>
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<td></td>
<td>• Tend to answer questions without really knowing the answer.</td>
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<td></td>
<td>• Focus on one aspect of a question at a time.</td>
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<td></td>
<td>• Egocentric thinking – cannot take another person’s perception into account, can’t answer questions of intent.</td>
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<td>• Not able to give detailed information regarding sexual intercourse.</td>
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<td>• Limited logical thinking – cannot tell if something happened before or after something else.</td>
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<td>• Might find it difficult to retell the event.</td>
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<tr>
<td></td>
<td>• Inability to understand cause and effect.</td>
<td></td>
<td>• Their logical thinking is limited, it makes it difficult to get specifics about how many times it happened, when it happened and specifics about the perpetrator (bigger, older, etc.).</td>
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<td></td>
<td>• Group non-related facts together.</td>
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<td>• Sexual play might raise alarms.</td>
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<td></td>
<td>• No real concept of numbers – cannot count events that have no boundaries</td>
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<td></td>
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<td>2-6 years</td>
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<td>7-11 years</td>
<td>12 and older</td>
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| • Logical and organized thoughts.  
• Capable of concrete problem-solving.  
• Able to use classification, formation of series and conservation.  
• Decrease in egocentric thinking due to socialising.  
• Unable to think abstractly or formulate hypotheses. | • Can think abstractly and formulate hypotheses and think about possible outcomes or situations.  
• Their thoughts are not limited to what is real, they can visualise new realities.  
• Can predict consequences of their behaviour.  
• Increasing level of | • Have problems with processing complex questions.  
• Easily confused by complex and multiple negatives.  
• Still struggling with organising details of a narrative. | • May or may not have acquired adult narrative abilities.  
• May still be confused and have difficulty with double negatives, metaphors, idioms, proverbs and long complex questions.  
• Reluctant to ask for clarification or acknowledge that | • Self-exploration and evaluation is common.  
• Decisive turn towards sexual orientation.  
• Moving from limited intimacy to intimacy that involves commitment rather than exploration.  
• Girls are cognisant of sexual matters | • If child discloses abuse the disclosure might contain more detail and fewer contradictions. |
| • Struggle to organize information – tend to leave out information and only relate the aspects they focused on during the experience.  
• Don’t always realize if they don’t understand a question.  
• Believe that adults speak the truth. | | • Shy about undressing.  
• Touch own genitals in private.  
• Interested in sexual content in media.  
• Know correct terms for private parts, but use slang words.  
• Increased knowledge about masturbation, intercourse and pregnancy.  
• Understand physical aspects of puberty by age 10. | • Disclosures might be more detailed due to increased cognitive abilities.  
• Might still be some contradictions in the disclosure. |
understanding of other people's viewpoints, values and norms. they don't understand. and may even flaunt their developing form. • Boys are more interested in sex and may seek information from magazines, books. • Erections and masturbation common in boys. • Will experience feelings of "being in love".

(National Centre on Sexual Behaviour of Youth, 2004.)

From the aforementioned information the researcher hypothesizes that the respondents, in this study, might have a severe lack of knowledge with regards to the developmental stages of children. It was interesting to see that respondents focused more on the skills and competencies of the social worker facilitating the disclosure than on aspects pertaining to the child involved. This could have been due to the fact that the question did not specifically state factors relating to the child.

Although the initial hypothesis of the researcher is supported by this findings from the research, the following questions (posed by respondents during the completion of the questionnaire) further support the hypothesis that social workers lack knowledge with regards to child sexual abuse:

- What should be done after a child has disclosed?
- Where and how should such a disclosure be reported?
- Whose responsibility is it to report a disclosure of child sexual abuse?
- What should happen with children that are under the age of 16 when involved in sexual abuse, (does this imply that children over the age of 16 should be handled differently?)
- At what age can someone be called a perpetrator?
- How can one become aware of child sexual abuse?

6. DISCUSSION

Remembering the overwhelming feeling of dealing with a sexual abuse disclosure for the first time, the researcher hypothesized whether social workers who had basic training and rendered generic social work services, have adequate knowledge with regards to sexual
abuse to enable them to deal with such a disclosure during an intake interview, in an efficient manner. It can be argued that information gathered from undergraduate studies should be used as a foundation, seeing that the Exit Level Outcomes governing the accreditation of a Bachelors degree in Social Work (SAQA 2003) states that students should demonstrate an understanding of the roles and functions of the social worker within relevant statutory frameworks. This includes the understanding or knowledge of policies and legislation pertaining to the social work field, as well as master fundamental knowledge with regards to child development.

Every social worker is responsible for their own continuous development, as required by the Policy Guideline of the South African Council for Social Service Professions (SACSSP 2011). The researcher agrees that each individual, who is practicing as a registered social worker, should equip themselves with the necessary knowledge and skills to enable them to render the social work services expected of them.

However, the researcher is of the opinion that a social worker rendering generic social work services would be challenged with a sexual abuse disclosure early on in their career. This can happen before they might have had the opportunity to further their knowledge base. Therefore, it is argued that basic knowledge with regards to sexual abuse, which includes the dynamics involved and the disclosure thereof, should form part of the basic undergraduate training of social work students. The fact remains that half (n=9) of the respondents are not new to the profession and should thus have equipped themselves with the necessary knowledge since their graduation. Could it be that the continuous professional development as prescribed by the South African Council for Social Service Professions are not being adhered too?

It can surely be argued that the level of experience would influence a social worker’s knowledge base with regards to a certain topic. It should be noted that the researcher is of the opinion that the extent of the information gathered through the study is insufficient to deduce a finding on the amount that experience might have contributed with regards to the respondents involved. It is not possible to link the amount of years’ experience with the fields of social work services as indicated by the respondents. More in-depth information would have enabled the researcher to accommodate the “experience” variable in analysing the data.

From the information gathered most of the respondents indicated that they have average knowledge about child sexual abuse. The analysing of the data gathered does not support the abovementioned self-evaluation. In discussing their understanding of child sexual
abuse, it was clear that their main focus was on the actual abusive activities and less focused on the relationship aspects that are present in an abusive relationship. In the researcher’s opinion, focusing on actual abusive acts, without being aware of or exploring the dynamics of the child’s relationships with individuals in his/her life, might lead to a social worker not being able to identify the possible abusive situations that the child might be exposed to.

The question about South African legislation pertaining to child sexual abuse and the mandatory reporting thereof, was concerning, as it seemed as if the respondents had limited knowledge regarding the basics of South African legislation and how it governs their responses to child sexual abuse cases.

It was interesting to notice the strong focus on gender role identification linked to normal versus abnormal sexual play. This raises the question whether the respondents have adequate knowledge with regard to sexual play between children.

The fact that the respondents did not share information about the role of the family and community with regard to child sexual abuse raises the question whether they understand, that grooming, includes both the family and community of the child victim. This highlights their limited knowledge about the dynamics of child sexual abuse. One respondent mentioned, the belief that cultural practices play a role in grooming, which is not supported in any literature that the researcher reviewed for the study.

In focusing on factors that might influence the disclosure of child sexual abuse, there was a strong suggestion that respondents do not have enough insight into these factors. The lack of knowledge with regards to the developmental stages of children and how this would influence the disclosure of child sexual abuse, is particularly alarming. This apparent lack of knowledge with regard to children’s developmental stages, might explain the lack of knowledge regarding sexual play between children. If one has adequate knowledge about child development as a whole, you would be able to identify normal development with regard to body awareness and abnormal sexual activities within play.

7. CONCLUSION

Even though the 75% of respondents were of the opinion that they have average knowledge (with the remaining 25% of the opinion that their knowledge levels are good or even excellent) when it comes to child sexual abuse, the findings from this study indicated the opposite.
The lack of knowledge, does not only pertain to child sexual abuse and the disclosure thereof, but also basic legislation governing the profession and general child development which should form part of the foundation of a social worker working in a child protection field.

It can thus be stated that the findings in this study, supports the views in literature that the knowledge base of social workers dealing with child sexual abuse, seems to be variable and lacks continuity.

8. RECOMMENDATIONS

From the information gathered during this study, it is evident that respondents will benefit from more specific and detailed training during their undergraduate training at tertiary institutions about child sexual abuse, the dynamics thereof, how to facilitate these disclosures and what factors to take into account.

As this study was a pilot study and the number of respondents limited, it is recommended that the same study could and should be performed with a bigger and wider base of respondents in order to determine whether the lack of knowledge about child sexual abuse is prevalent within the greater social work community too.

Since Child Welfare Tshwane is a designated Child Protection agency, it is further recommended that the management of Child Welfare Tshwane should take note of their employees’ apparent lack of knowledge regarding child sexual abuse and to develop the necessary training programs to address this. Providing their employees with the necessary training and knowledge will improve the quality of services delivered by Child Welfare Tshwane and will ultimately benefit the children they serve and protect.
9. REFERENCES


ADDENDUM 1: INSTRUCTION TO AUTHORS

VOORSKRIE TE AAN OUTEURS / INSTRUCTIONS TO AUTHORS

The Journal publishes articles, short communications, book reviews and commentary on articles already published from any field of social work. Contributions relevant to social work from other disciplines will also be considered. Contributions may be written in English or Afrikaans. All contributions will be critically reviewed by at least two referees on whose advice contributions will be accepted or rejected by the editorial committee. All refereeing is strictly confidential. Manuscripts may be returned to the authors if extensive revision is required or if the style or presentation does not conform to the Journal practice. Commentary on articles already published in the Journal must be submitted with appropriate captions, the name(s) and addressees) of the author(s) and preferably not exceed 5 pages. The whole manuscript plus one clear copy as well as a diskette with all the text, preferably in MS Windows (Word or WordPerfect) or ASCII must be submitted. Manuscripts must be typed double spaced on one side of A4 paper only. Use the Harvard system for references. Short references in the text: When word-for-word quotations, facts or arguments from other sources are cited, the surname(s) of the author(s), year of publication and page number(s) must appear

Die Tydskrif publiseer artikels, kort mededelings, boekbesprekings en kommentaar op reeds gepubliseerde artikels uit enige gebied van die maatskaplike werk asook relevante bydraes uit ander dissiplines. Bydraes mag in Afrikaans of Engels geskryf word. Artikels in Afrikaans moet vergesel wees van 'n Engelse opsomming van ongeveer 200 woorde. Alle bydraes sal krities deur ten minste twee keurders beoordeel word. Beoordeling is streng vertroulik. Manuskripte sal na die outeurs teruggestuur word indien ingrypende hersiening vereis word of indien die styl nie ooreenstem met die tydskrif se standaard nie. Kommentaar op artikels wat in die Tydskrif gepubliseer is, moet van toepaslike titels, die naam(name) en adres(se) van die outeur(s) voorsien wees en verkieslik nie langer as 5 bladsye wees nie. 'n Disket met die hele teks, verkieslik in MS Windows of ASCII moet die hele manuskrip en een duidelike kopie daarvan vergesel. Manuskripte moet slegs op een kant van die bladsy in dubbelspasiëring getik word. Verwysings moet volgens die Harvard-stelsel geskied. Verwysings in die teks: Wanneer woordelikse sitate, feite of argumente uit ander bronne gesiteer word, moet die van(ne) van die outeur(s), jaar van publikasie, en
in parenthesis in the text, e.g. “…” (Berger 1967:12). More details about sources referred to in the text should appear at the end of the manuscript under the caption "References". The sources must be arranged alphabetically according to the surnames of the authors. Note the use of capitals and punctuation marks in the following examples:


**ADDENDUM 2: RESEARCH QUESTIONNAIRE**

Dear Colleagues

In order to complete my Masters Degree in Social Work (Forensic Practice) I need to do a research project. I remember how daunting the first child sexual abuse case was I had to deal with as social worker. I have a hypothesis that under graduate training on the topic is limited. This contributes to the stress of handling such a case when confronted with it in practice.

The information will assist me to determine the knowledge base of social workers with regard to child sexual abuse and the disclosure thereof. The information gathered will help develop the necessary training and supportive resources to assist social workers in rendering a comprehensive and quality service. All the information provided will be treated as confidential.

Please complete all the questions. If you don't know the answer please write "don't know". I am not looking for textbook answers, this is not a test. It is just a tool to help me get a better idea about the level of knowledge that social workers have with regard to child sexual abuse. Keep in mind that all questions pertain to child sexual abuse. Thank you for your time and participation.

Regards,

Esti Boonzaaier

082 626 7079

Esti.boon@gmail.com

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<tr>
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<th>Age *</th>
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<tr>
<td>1</td>
<td>□ 20-29 years</td>
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<td></td>
<td>□ 30-39 years</td>
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<td>□ 50-59 years</td>
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<td>□ 60 + years</td>
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<p>| 18 | If yes, please explain your understanding of the term grooming? * |</p>
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<th>Gender *</th>
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<td>Number of years social work experience *</td>
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<td>Have you ever dealt with such a disclosure as a social worker? *</td>
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<td>- 0-5 years</td>
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<td>- 21 + years</td>
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<td>Field of social work experience * Please tick all the relevant fields.</td>
<td>21</td>
<td>Would you describe child sexual abuse disclosure as: *</td>
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<td>- Intake</td>
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<td>- A once-off event.</td>
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<td>- Foster care</td>
<td></td>
<td>- A process</td>
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<td></td>
<td>- Residential care</td>
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<td>- Both</td>
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<td></td>
<td>- Therapy and assessment</td>
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<td>- None</td>
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<td>- Adoption</td>
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<td>- Community work</td>
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<td>- Outreach work</td>
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<td>- Generic social work</td>
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<td>- Statutory social work</td>
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<td>- Management</td>
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<td></td>
<td>- Other</td>
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<td>5</td>
<td>Number of years registered as a</td>
<td>22</td>
<td>Would you say that the reporting of</td>
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<td>Question</td>
<td>Answer Options</td>
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<tr>
<td>Do you know the age of consent to sexual activity in South Africa?</td>
<td>- Yes</td>
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<td></td>
<td>- No</td>
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<td></td>
<td>- Other</td>
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<tr>
<td>If you chose &quot;other&quot;, please explain?</td>
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<td>How would you define child sexual abuse in your own words?</td>
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<td>Which South African Acts govern a social worker’s response with regard to child sexual abuse disclosure?</td>
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<td>According to your knowledge and experience, what might influence the disclosure of child sexual abuse?</td>
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<td>What factors should be taken into account when facilitating a child's sexual abuse disclosure?</td>
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<td>Do you think that children do/can make up information about sexual abuse?</td>
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<td>10</td>
<td>Do you think the age of consent has implications for the legality of sexual activities? * Please explain your answer.</td>
<td>27</td>
<td>Do you know the term &quot;recanting&quot; in the context of child sexual abuse disclosure? *</td>
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<td>11</td>
<td>Which of the following categories of activities would you classify as sexual abuse? *</td>
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<td></td>
<td>□ Only when there is physical activity involved.</td>
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<td></td>
<td>□ Only when sexually explicit material and/or acts are shown to children.</td>
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<td></td>
<td>□ Both</td>
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<td></td>
<td>□ None of the above.</td>
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<td>12</td>
<td>Which of the following categories of activities would you classify as child sexual abuse? *</td>
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<td></td>
<td>□ Only when there is physical activity involved.</td>
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<tr>
<td></td>
<td>□ Only when sexually explicit material and/or acts are shown to children.</td>
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<td>28</td>
<td>Do you think that a child's developmental phase will influence the disclosure of sexual abuse? *</td>
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<td></td>
<td>□ Yes</td>
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<td></td>
<td>□ No</td>
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<td>29</td>
<td>How would you describe the influence a child's developmental phase might have on the disclosure of sexual abuse?</td>
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</tbody>
</table>
### Question 13

Which of the following activities would you define as child sexual abuse? *

- [ ] Sexual comments to the child.
- [ ] Exposure of private parts to a child.
- [ ] Peeping while a child is using the bathroom or undressed.
- [ ] Obscene phone calls.
- [ ] Touching a child's private parts on top of their clothes.
- [ ] Touching a child's private parts beneath their clothing.
- [ ] Asking a child to touch your private parts.
- [ ] Asking a child to touch someone else's private parts.
- [ ] Placing a finger in the vagina/anus of a child.
- [ ] Asking a child to place their finger in the vagina/anus of someone else.
- [ ] Putting an object in the vagina/anus of a child.
- [ ] Asking a child to put an object in the vagina/anus of someone else.
- [ ] Tongue kissing

### Question 30

Do you feel that any other relevant information is not covered by the questionnaire?
- ☐ Kissing, licking, or biting parts of the body.
- ☐ Licking, kissing, biting, or sucking the vagina or placing the tongue in the vagina.
- ☐ Licking, kissing, sucking, or biting the penis.
- ☐ Licking the anal opening.
- ☐ Asking a child to lick, kiss, suck the private parts of another person.
- ☐ Vaginal intercourse, putting the penis in the vagina.
- ☐ Anal intercourse, putting the penis in the anus.
- ☐ Showing a child pictures/videos of any of the above.
- ☐ None of the above is sexual abuse.

<table>
<thead>
<tr>
<th>14</th>
<th>How would you describe normal sexual play between children?</th>
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<tbody>
<tr>
<td>15</td>
<td>How would you distinguish between normal and abnormal sexual play between children?</td>
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<tr>
<td>16</td>
<td>How would you describe abnormal sexual play between children? *</td>
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<tr>
<td>17</td>
<td>Do you know the term 'grooming' in the context of child sexual abuse? *</td>
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<td></td>
<td>□ Yes</td>
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<td></td>
<td>□ No</td>
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</tbody>
</table>
ADDENDUM 3: PERMISSION LETTER

Child Welfare Tshwane
77 Nicolson Street
Bailey’s Muckleneuk
PO Box 503
Pretoria 0001
Tel: 012 460 9236
Fax: 012 460 6333
E-mail: info@childwelfare.co.za
www.childwelfare.co.za

Head Office
77 Nicolson Street
Bailey’s Muckleneuk
Tel: 012 460 9236
Fax: 012 460 6333

Risk Assessment
Intakes
Tel: 012 343 9392
Fax: 012 343 8768

Therapy Unit
Tel: 012 343 0635
Fax: 012 343 8768

Adoptions
Tel: 012 460 6333
Fax: 012 460 6333

Attendigelie
Tel: 012 373 8131
Fax: 012 373 8396

Bramley
Children’s Home
Tel: 012 460 6375
Fax: 012 460 6372

Centurion
Tel: 0861 208 268
Fax: 012 343 8768

Glenlenhoutbosch
Tel: 072 385 1030

Erinvlei
Tel: 012 866 7046/7
Fax: 012 866 7283

Elandspoort
Tel: 012 754 5911/2

Mamelodi
Tel: 012 865 4055/7
Fax: 012 865 4967

Mid City
Tel: 012 322 5803
Fax: 012 343 1373

Affiliated to
Child Welfare
South Africa

North West University
Private Bag x 6001
Potchefstroom
South Africa
2520

21 January 2012

To whom it may concern:

PERMISSION WITH REGARD TO RESEARCH PROJECT

Hereby I, Ms Linda Nell, grant permission to Ms Esti Boonzaier to have her research executed on the topic: “Knowledge base with regard to sexual abuse disclosure during the intake interview”; at Child Welfare Tshwane.

We would love to receive a copy of the thesis.

Sincerely

[Signature]
LINDA NELL
Director, Child Welfare Tshwane

Chairperson Celest Van Nierkerk • Deputy Chairperson Crystal Theron
Director Linda Nell

Unlocking the potential of vulnerable children and families
ADDENDUM 4: CONSENT FORM

Research Topic:

Social workers’ knowledge base with regard to sexual abuse disclosures during the intake interview: a pilot study

Researcher:

Mrs H S Boonzaaier, as part of her dissertation submitted in fulfilment of the requirements for the degree Magister in Social Work at the North-West University

Background:

The primary aim of the study is to investigate the level of knowledge that the social workers of Child Welfare Tshwane currently have when dealing with a disclosure of sexual abuse. The findings will provide guidelines to Child Welfare Tshwane regarding the required level of knowledge of social workers when dealing with a sexual abuse disclosure. In order to gather information on the knowledge base of the participant, the participant will be asked to complete an anonymous questionnaire.

Declaration:

I have read, or had read to me, the information about this research project and I understand the contents. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction. I freely and voluntarily agree to be part of this research project, though without prejudice to my legal and ethical rights. I understand that I may withdraw from the study at any time. I am aware that my participation in this research project is anonymous.

PARTICIPANT’S NAME: ........................................................

CONTACT DETAILS: ......................................................

PARTICIPANT’S SIGNATURE: ............................................

DATE: ..................................................

Statement of researcher’s responsibility:

I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that may be involved. I have offered to answer any questions and
have fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

RESEARCHER’S SIGNATURE:………………………….

DATE: ...............................