

SOCIAL WORKERS' VIEWS ON PRE-TRIAL THERAPY TO VICTIMS OF CHILD SEXUAL ABUSE

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OVERVIEW

1. Rationale
2. Objective
3. Method and procedures
4. Biographical data
5. Findings
6. Widening reflections
7. Limitations and future directions

RATIONALE

1. Statutory obligation laid on all citizens of SA to report child sexual abuse (CSA) to the SAPS
2. Children are increasingly called to testify in criminal proceedings
3. South African (SA) criminal courts operate on an adversarial system – two opposing parties – presiding officer the "umpire" - child has to testify – some protection by means of the Intermediary system
4. Legal processes could take up to two years (or more) after initial report was made before child's testimony
5. While above can cause significant emotional distress - healing process is also delayed – Why?
6. Anecdotal reports from practice(SA parents; social workers; other professionals advised to delay therapy (pre-trial therapy[PTT] up until the child has testified)
7. Why – This "practice rule" based on presumption that therapy might contaminate the child's testimony

...RATIONALE

8. 2013 – reported at the ISCI conference in Seoul – preliminary qualitative study with a small sample of legal professionals on this contentious issue—(Fouché & Le Roux, 2014)
 - 15 Legal professionals – magistrates; lawyers/advocates and state prosecutors
 - **confirmed anecdotal reports**
 - Confirmed the unwritten rule – no PTT**
 - Claims** – social workers and other professionals – **might contaminate child's version of events by rendering PTT**
 - Conflict** between the **constitutional rights of the child victim and the accused**
 - Not guilty until guilt is proven beyond reasonable doubt**
 - Cautionary rules**
9. Major dialogue across the world amongst mental health professionals—pre-trial therapy or not?(Crawford & Bull, 2006; Keuhnle & Connell, 2010)
10. International response: "Empirical support for therapeutic interventions is needed" (Connell, 2009)
11. What are the views and practices amongst SA social workers on this practice problem?

OBJECTIVE

- To:
 - Conduct a preliminary qualitative inquiry on the views of social workers in SA regarding the provision of pre-trial therapy to victims of CSA

METHOD & PROCEDURE

- Qualitative explorative inquiry - collective case study (Yegidis, Weinbach & Myers, 2012)
- Purposive sampling
 - Social workers who provide counselling services to victims of CSA in the Gauteng Province
- Focus groups and semi-structured interviews conducted in 2014 and 2015
- Interviews ranged from 45 - 120 minutes
- Ethical approval and ethical approach

...METHOD & PROCEDURE

Trustworthiness

- Interviews were audio taped and transcribed
- Thematic content analysis (Berg & Lune, 2012)
- Consensus discussion (Meriam, 2009)
- Member checking (Creswell, 2009; Merriam, 2009).
- Triangulation (Sands & Roer-Strier, 2013)
 - Data triangulation
 - Two focus groups
 - Four semi-structured interviews
 - Investigator triangulation
 - Two senior lecturers in Social Work
(North-West University, Vanderbijlpark Campus)
(University of Pretoria)

BIOGRAPHICAL DATA

- Total of **19** participants
 - **18 social workers and one psychologist**
 - Focus group 1 (n=9); Focus group 2 (n=6)
 - Semi-structured interviews (n=4)
- Average age: **38.8 years**
- Between 2 – 25 years of experience in working with child victims of sexual abuse (*Average years of experience 8.5 years*)
- Employed by NGO's , trauma clinics / private practice
- 15 females and 4 males
 - 12 White
 - 6 Black
 - 1 Indian



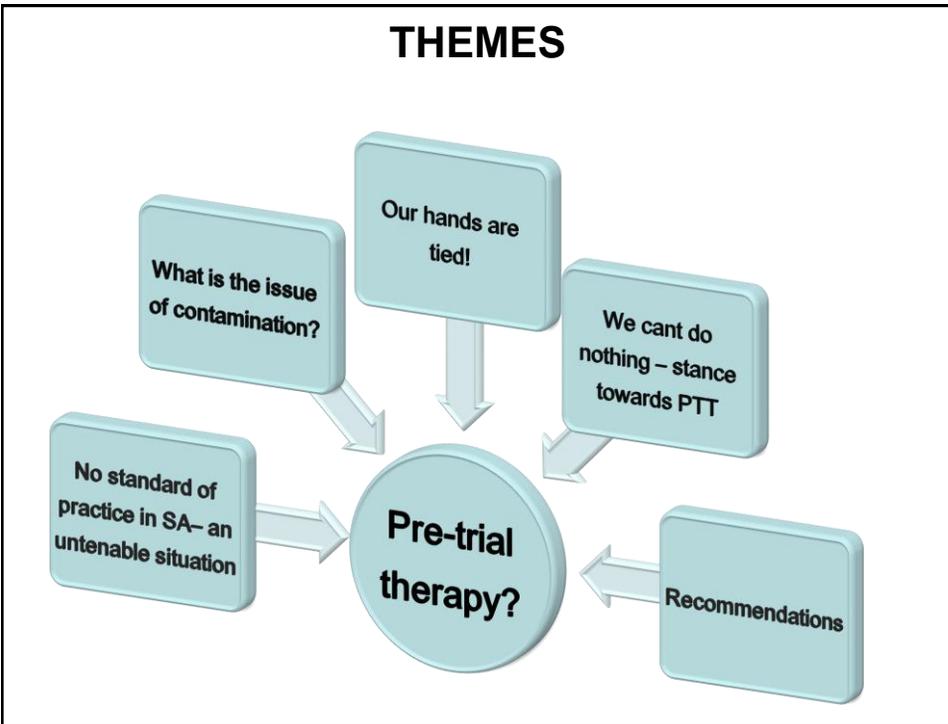
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FINDINGS



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OPTENTIA RESEARCH PROGRAMME



SUMMARY				RECOMMENDATIONS
1. No standard of practice in SA– an untenable situation	2. What is the issue of contamination?	3. Our hands are tied!	4. We cant do nothing-stance towards PTT	
1.1 Lack of guidelines or structure	2.1 In which possible way can we contaminate?	3.1 "How do I deal with the elephant in the room?"	4.1 The best interests of the child is paramount	
1.2 "They say" no PTT	2.2 Alternative sources of contamination	3.2 Consequences if I do/don't do therapy	4.2 The unique trauma contexts of CSA	
			4.3 Lengthy legal processes leave children in limbo	
			4.4 The nature of the court proceedings	

Theme 1: No standard of practice in SA: an untenable situation		
Lack of guidelines or structure	<i>"That's it's very grey ... I think there's one school of thought that one shouldn't (do pre-trial therapy) and another school of thought that believes one should. So there's only grey areas here, there's nothing in writing." (P3)</i>	<i>"...there's in general a lack of knowing what you may and what you may not do. ... I don't think the Council gives us guidelines. So, I don't think there is enough structure in terms of ... there is not a book that we can pick up, there is not a ... the children's act that is telling us specifically what we can do, so there is a lack." (P16)</i>
"They say no PTT"	<i>"They say ... who 'they' are, we still don't know ... but I was taught that they say that you do not do therapy with children before prior to a criminal trial. But who 'they' are and whether it is a rule or a myth, I can't say." (P10).</i>	<i>"In one of our cases there are six or seven children involved... we had strict instructions not to do therapy. ... still these children haven't been in therapy and it's already two years plus." (P5)</i>

Theme 2: What is the issue of contamination?

<p>In which way can we possibly contaminate?</p>	<p>"I think it raises the question: in which way can we possibly contaminate information...the therapist is not going to be able to tell the child something happened to you that did not happen."(P11)</p>	<p>"The thing about alleged contamination...should it not be the other way round? Should they not prove that there was contamination, other than assuming that it was." (P10)</p>
<p>Alternative sources of contamination</p>	<p>"The child cannot stay in isolation...anyone can influence the child. It could be a newspaper article, or family member or friend...at school. It could be anyone. And then contamination was not because of therapy, but merely within the school setting...family...peers..."(P10)</p>	<p>"...by speaking to different individuals...child has to make a statement, then go through for the forensic assessment, then the are with the therapist, and when they are done, they tell the story to their parents. The more individuals the child is exposed to, the more the truth will be contaminated." (P4)</p>

Theme 3: Our hands are tied!

<p>"How do I deal with the 'elephant in the room'?"</p>	<p>"So they ask you to help [to do therapy with the child victim], but we know we may not say anything about the trial... They say: 'Please see this child. He is very difficult but you may say nothing about anything'. And I'm not sure how you are supposed to do therapy and avoid the elephant in the room." (P16)</p>	<p>"So it is difficult, but it is our reality that as social workers we cannot just do nothing [about the case]. We have to know exactly what we may or may not do, but we cannot do nothing." (P13)</p>
<p>Consequences if I do/don't do PTT</p>	<p>"I had to respond to that [a query by the court regarding PTT] in writing, justifying and motivating why therapy was provided and the benefits thereof...another time I was subpoenaed and I actually had to talk to that."(P3)</p>	<p>"If you are going to put them through all those processes, what for? We're not going to given them therapy and there's not going to be a court date...maybe in a year's time[they decide] the children can't testify...maybe six years...the child has been waiting for everything to be finalised and then it just fizzles away...and in the meantime the child must try and live with his trauma." (P11)</p>

Theme 4: We can't do nothing: Stance toward PTT (1)

The best interests of the child is paramount

"We are regulated by the *Children's Act* where the focus is on the best interests of the child. And that is our guiding principle...it is paramount. Failure to [provide therapy] would constitute secondary trauma to that child." (P13)

"How do you explain to a child...the policeman, the lawyer, everyone wants to help you and we want to make sure that you're safe, but for two years you can't talk about this? I don't think it's in the best interests of the child." (P16)

The unique trauma context of CSA

"I've lost my school, my friends, I am deprived of my whole world where I was and placed somewhere else". He [the child] is now in a children's home, he has no mother to talk to, she visits him every second week and is actually cross with him, because he spoke this nonsense...dad is gone...no money...sibling are cross at him..."(P16)

"In my experience when this type of allegation is made, it is fairly chaotic. The mother does not know what to do...there is a big uproar that the child will inevitably see and experience." (P17)

...Theme 4: We can't do nothing: Stance toward PTT (2)

Lengthy legal processes leave children in limbo

"And I've told my teacher everything, now I've told my mother everything, now I've told this policeman everything ... then ... I really wanna go and tell that lady [therapist] that I see every week, and I'm not allowed to talk to her about it [sexual abuse]. ... And then later, two years later when I'm trying my best to bury it, now I have to go and tell some strange lady [in court] things that happened, after you have been telling me for two years that we're not allowed to talk about it. I I just think there is a lot of conflicting messages ...".(P16)

"It is a pity that the court role is so full and the time period from the case being reported until finalisation is so lengthy. It's a long time for a child to have to deal with something that's happened ... It manifests in behaviour problems and you don't know how to address it as you are not allowed to deal with source of this behaviour, namely the incident (sexual abuse). You are not allowed to do anything ... it becomes bigger and bigger. ... **now the victim (child) remains a victim.**"(P18)

...Theme 4: We can't do nothing: Stance toward PTT (3)

The nature of the court proceedings

"I [the child] had to experience all these things, go to court (where) I have to experience it again, have to recall all these things that happened to me.' It feels as if the children battle, they are being revictimised."
(P12)

"It is intimidating. Even if the child sits in a separate room [intermediary] the questions being asked are so personal and so graphic. I think it can still be a very traumatic experience for the child."
(P18).

Theme 5: Recommendations

- Revisiting current practices related to PTT
- Research on what is contamination
- Guidelines for PTT – preserve the integrity of the case & child's credibility in court
- Training of SW in "forensically sensitive therapy";
- Training of legal professionals
- Multidisciplinary collaboration
- Reforming legal processes related to CSA
- Re-evaluate if current practices serve the best interest of the child

WIDENING REFLECTIONS

1. Our findings is based on small study – however it contributes to international debates related to experienced practitioners grappling with the complexities of providing PTT
2. Anecdotal reports of "no therapy" as was found in a previous study with legal professionals, were confirmed in this study
3. Findings suggest - no specific mandate in SA with regards to PTT
4. General perceptions amongst SWs that it involves risk to provide PTT
5. Due to the lack of structure and guidelines, a common practice not to provide PTT

...WIDENING REFLECTIONS

6. Current situation of not providing PTT is in conflict with SWs core business – upholding the best interests of the child
7. Consequently it creates an untenable situation for SWs in the field
8. Their daily confrontation with the complexities related to the unique trauma context of CSA results in SWs not being able to ignore timeous therapy
9. SW's are targeted with allegations of contamination of the child's testimony – participants raised a significant point – numerous possible sources of contamination of the child's evidence beside therapy
10. The claim from legal professionals that PTT is a main source of contamination appears to be another moot point

...WIDENING REFLECTIONS

11. SWs are aware of the ripple effect of PTT on themselves, the child, the accused and society at large
12. Awaiting direction from legislature
13. A serendipitous finding, was the empathic nature of the responses of some participants. The spoke as the "child" from the child's perspective

WE HAVE MORE QUESTIONS THAN ANSWERS (FOR NOW)

1. Pre-trial therapy: Is no contamination possible?
2. How to go about towards "Evidence-based pre-trial therapeutic programs?"
3. "Golden midway" – Speedy trials?
4. Procedural pitfalls in the South African legal system?
6. Who should give parents and caregivers direction in terms of the provision of pre-trial therapy?
7. Rights without services (and resources) are meaningless?

BEST INTERESTS OF THE CHILD: LIP SERVICE?

LIMITATIONS AND FUTURE DIRECTIONS

1. Small sample – one Province in South Africa
2. Extend study to other provinces/other professionals
3. Quantitative study on a large scale is needed
4. Exploring the views of children who are affected by this unwritten rule is imperative – cautioned by ethical issues
5. Draft guidelines and develop interventions
 - Evaluability assessment
6. **Other? – comments/suggestions are welcome!**

QUESTIONS



Thank You

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