Article

Clinical and Forensic Interviews in Child Sexual Abuse Allegations in South Africa: Literary Reflections on the Roles of Practitioners

Selelo Frank Rapholo
https://orcid.org/0000-0002-1781-7135
University of Limpopo, South Africa
Frank.Rapholo@ul.ac.za

Zibonele France Zimba
https://orcid.org/0000-0003-2597-2167
University of Johannesburg, South Africa
zibonelez@uj.ac.za

Abstract

Very few universities in South Africa offer postgraduate training on forensic social work, hampering the ability of social workers to conduct forensic interviews. This article is birthed by concerns raised by professionals (in particular, social workers) regarding their roles during the interviews with children alleged to be sexually abused. Professionals from across disciplines such as social workers, mental health practitioners, police officers and psychologists are involved in interviews with child victims of sexual abuse. In this conceptual article, we argue that each of these professionals must be vigilant about their roles and responsibilities when interviewing victims of child sexual abuse because if they conduct forensic interviews without proper knowledge of doing so, the prosecution and conviction of perpetrators might be compromised. The focus of this article is within the context of social work with an attempt to differentiate between the roles of forensic social workers and clinical social workers dealing with child sexual abuse allegations in South Africa. Forensic social work training and practice in South Africa is still a developing field of specialisation which requires experts to have generic social work interviewing skills. There have not been studies in South Africa that intensively focus on the difference between clinical and forensic interviews. We conducted an extensive and integrative review of literature as a research method to pursue the purpose of this article.

Keywords: child sexual abuse; clinical interviews; forensic interviews; clinical social worker; forensic social worker; South Africa

UNISA university of south africa PRESS
Southern African Journal of Social Work and Social Development
https://unisapressjournals.co.za/index.php/SWPR/index
Volume 34 | Number 2 | 2022 | #8444 | 16 pages
https://doi.org/10.25159/2708-9355/8444
ISSN 2708-9355 (Online)

Introduction

There is a high number of alleged child sexual abuse (CSA) cases in South Africa. The financial year report of 2016/17 of the South African Police Service (SAPS) reveals that 49 660 sexual offences against children were registered with the SAPS. In the year 2017/18, there were 50 108 registered sexual offences cases (SAPS 2017/2018, 120–121). The global prevalence of CSA is estimated at 11.8 per cent or 118 per 1 000 children (Stoltenborg et al. 2011, 79; Sumampouw et al. 2019). In South Africa and of course across the globe, to consider the care and protection of children from all sorts of sexual offence, various pieces of legislation (for example, the UN Convention on the Rights of the Child, and the South African Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, and the Children's Act 38 of 2005) were crafted and promulgated. It is concerning that despite these initiatives, CSA is still high.

An integral part of CSA is disclosure which can leave children and their families devastated. Children are reluctant to disclose their sexual abuse experiences owing to a variety of reasons, such as embarrassment, fear, the anticipation of negative consequences (Hershkowitz et al. 2017, 2), and sometimes worry about the legal consequences (Malloy, Brubacher, and Lamb 2011, 8). Forensic social work training and practice in South Africa was therefore developed. This field is still a developing field of specialisation to assist the criminal justice system in dealing effectively with offenders and to protect child victims of sexual abuse. So far, the SAPS employed forensic social workers nationwide; only a few social workers in private practice conduct forensic assessments. However, the shortcoming is the lack of adequate training of forensic social workers and the use of interview protocols as there has never been Afrocentric-developed approaches in CSA allegation cases in the country.

Different professionals from a range of disciplines work with children alleged to be sexually abused. These professionals include social workers, law enforcement officers, psychologists, mental health practitioners, prosecutors and lawyers (Cronch, Viljoen, and Hansen 2006). According to Faller (2007, 3), professionals involved in the assessment of possible sexual abuse among children vary according to their educational backgrounds, training and employment settings. In this article, we argue that each of these professionals should know their roles and best practice guidelines with regard to assessing possible sexual abuse among children. The literature confirms that most professionals conduct forensic assessments on CSA allegations without proper training and qualifications on forensic investigations (Kaliski 2006, 62; Smith 2014, 9). This may cause a dilemma, because if a professional conducts forensic interviews without the proper training to do so, enough evidence to prosecute the perpetrator may be compromised. The focus of this article is within the context of the social work fraternity as previous studies indicate that social workers conduct forensic assessments without the proper training and qualifications in forensic investigations (Kaliski 2006, 62; Smith 2014; Truter 2010).

In South Africa there are no interviewing and assessment protocols for indigenous or Afrocentric forensic social work (Rapholo and Makhubele 2019, 54), instead we are relying on Westernised forensic social work protocols such as the Michigan or National Institute for Child Health and Development (NICHD) Protocol. A possible reason for this occurrence could be that forensic social work training and practice in South Africa is still developing (Mangezi 2014). Before one can be a forensic social worker, one must have a background in generic social work interviewing skills. As already indicated above by some researchers in forensic social work, it was found that social workers in South Africa (those who conduct clinical interviews) conduct forensic interviews without proper training and qualifications. This therefore creates a dilemma for both forensic social workers and clinical social workers who are involved in the assessment of CSA allegations. In this extensive and integrative literature review article, we aim to distinguish between the roles of forensic social workers and clinical social workers in the assessment of CSA allegations.

Research Method

An extensive integrative literature review was conducted for the purpose of this article. Literature review is helpful to put the researcher's efforts into perspective while situating the topic in a larger knowledge pool as postulated by Fouché and Delport (2011, 134) and Neuman (2000, 466). Literature review helps to create a foundation based on existing related knowledge. There are several types of literature review in the social sciences studies. For the purpose of this article, the data search strategy used involved an integrative literature review, which is a distinctive form of research that uses existing literature to create new knowledge (Torraco 2016). It is helpful to critique and synthesise secondary data about a research topic in an integrated manner such that new perspectives and frameworks are generated. It is usually optional where the research does not involve data collection and data analysis. By using an integrative literature review, we consulted a variety of sources such as journal articles, scholarly books, acts, dissertations, theses and the internet. We reviewed existing secondary data from the database of CSA and forensic interviewing through the following databases: EBSCOhost, ScienceDirect, PsychLIT, ERIC, South African and international journals, Social Sciences Index and Google Scholar. We then critiqued this existing secondary data to develop new knowledge and perspectives of the difference between clinical and forensic interviews in CSA allegations.

The Stance of Child Investigative Interviewing in South Africa

There is currently a dilemma in South Africa about child interviewing in CSA allegations. There are no indigenous and Afrocentric guidelines to help forensic social workers during the assessment of children alleged to be sexually abused (Rapholo and Makhubele 2019, 53). To conduct forensic interviews during CSA allegations in South Africa, professionals rely on Western guidelines (i.e. the NICHD Protocol). Even though the NICHD Protocol was founded in Western countries, two studies in South Africa have found it to be helpful (Rapholo 2018, 119; Smith 2014, 148) particularly

with white children as opposed to black children when comparing it with the other protocols. However, there is still a need to revise and examine it to fit the South African context considering children from all races in the country.

In the same breath, Sumampouw et al. (2019) aver that the NICHD Protocol is the most scientific forensic interview protocol researched and used widely. The protocol is useful in eliciting more details of sexual abuse during forensic interviews (Cronch, Viljoen, and Hansen 2006, 201; Smith 2014, 152). It also helps in reducing leading and suggestive questioning by increasing the use of open-ended questions and the number of details elicited from children. The authors argue for the need of more rigorous research in South Africa on forensic interviews with child abuse victims which will focus on developing guidelines for the assessment of child sexual offences. However, social workers who conduct forensic interviews without the proper training and qualifications in forensic social work cannot apply the NICHD Protocol during the assessment of CSA allegations. However, it is important to note that for social workers to conduct forensic interviews, they first need a generic social work background, hence a generic social work qualification is a requisite to their admission into forensic social work training and practice.

Another dilemma in South Africa is that social workers conduct forensic interviews without intensive training. This was validated by several studies which were conducted in the country, where it was found that social workers conduct such interviews and testify in courts on this matter without proper qualifications or specialisation in this field (Fouché 2006, 210; Kaliski 2006, 60; Rapholo and Makhubele 2019, 54; Smith 2014, 230). Based on the submission made above, we argue that if professionals conduct forensic interviews without proper knowledge of doing so, the prosecution and conviction of perpetrators might be compromised. Rapholo and Makhubele (2019, 54) state that unskilled forensic interviewers may end with insufficient information to prosecute perpetrators of child sexual offences. In their recommendations, Cronch, Viljoen and Hansen (2016, 201) and Rapholo and Makhubele (2019, 54) stated that it is imperative to conduct skilful forensic interviews in CSA to ensure the protection of child abuse victims and the conviction of perpetrators. In addition, Rapholo and Makhubele (2018) argue that forensic interviews in CSA allegations assist the court of law with forensic evidence on the possibilities of CSA for the conviction of perpetrators of this crime.

Currently in South Africa, the North-West University, Potchefstroom campus, offers specialised training in forensic investigations during CSA allegations at Master's level and the University of Cape Town offers a postgraduate qualification in Criminal Justice Social Work which has the sub-specialism of forensic social work alongside probation and correctional social work. However, only a few social workers enrol in this training. The SAPS is currently the dominating governmental sector which employs forensic social workers to assist in investigating CSA allegations by means of assessments, court reports and expert witness functions (Monosi 2017; SAPS 2016). As a result of an

inadequate supply of well-trained forensic social workers, the SAPS employ social workers without such training which creates a dilemma in that such practitioners conduct forensic interviews without the proper training and qualification to do so. It is therefore crucial to differentiate between the roles of clinical and forensic social workers in the assessments of CSA cases.

Aspects Differentiating Clinical and Forensic Interviews

Faller (2007, 4) argues that the concept "forensic" entails legal or court proceedings whereas "clinical" is a mental health and/or therapeutic intervention. We argue that there are controversies regarding the use of these two types of interview during the assessment of CSA allegations in South Africa. This is supported by previous studies where it was found that social workers who have only a clinical social work background conduct forensic interviews without the training and qualifications to do so (Kaliski 2006, 60; Rapholo and Makhubele 2019, 54; Smith 2014, 230). As indicated in this article, some social workers in South Africa conduct forensic interviews without training on forensic investigations; we argue that they might mistakenly conduct therapeutic/clinical interviews. This might compromise evidence to help the court in convicting and prosecuting perpetrators of CSA. However, it is possible to conduct both forensic and clinical interviews if one has training on both types of interview (Faller 2007, 4), but practitioners must be careful when switching the roles.

A generic background of clinical social work does not ultimately qualify practitioners to conduct forensic interviews. However, to be a forensic social worker, a practitioner ought to be a qualified social worker with generic social work skills and specialised training in forensic investigations during CSA allegations. If this criterion is not met, more detailed information on CSA cases could be compromised and perpetrators of CSA may not be properly convicted and prosecuted by a court of law (Cronch, Viljoen, and Hansen 2016, 201; Kaliski 2006, 60; Rapholo and Makhubele 2019, 54; Smith 2014, 230). Faller (2007, 5) supports this claim in that the implication is that clinicians do not know how to do forensic work as their training does not prepare them for this. We argue that to avoid being biased during the assessment of CSA offences, practitioners must stick to one role (i.e. forensic or clinical according to their training). This has been suggested by Kuehnle (1996, 79), who states that conducting forensic and therapeutic/clinical interviews concurrently may cause a conflict of interest. Forensic interviews are more neutrality oriented whereas clinical interviews are advocacy oriented. Therefore, it is very important for professionals to know their roles when assessing victims of CSA.

Table 1 outlines a critical comparison between clinical and forensic interviews during CSA allegations within the context of the social work fraternity.

Table 1: Differentiating clinical and forensic interviews in allegations of child sexual abuse

Aspect	Forensic Interviews	Clinical Interviews
1. Goal and focus	Detailed fact-finding	Assessment and treatment and therapeutic in focus
2. Stance	Neutral	Subjective
3. Ethical principles	Confidentiality is restricted	Confidentiality is kept but can be breached
4. Client system	Court	Child
5. Documentation	Recording	Note-taking
6. Data gathering methods	Non-leading questions	Some leading questions
7. Collateral interviews	Extensive	Less extensive
8. Context	Legal	Therapeutic
9. Interviewing environment	No toys	Toys allowed
10. Length of sessions	Limited	Unlimited
11. End product	Long report	Short report

Goal and Focus

The goal of forensic interviews is to gather concrete and detailed facts about CSA allegations (Faller 2007, 6; Silovsky 2000, 2; Walker 2002, 151), whereas clinical interviews focus on assessing and establishing the way in which the child can be treated (Silovsky 2000, 2). The clinical interviewer, according to Faller (2007, 6) and Kuehnle (1996, 79), is less focused on facts but more on the way in which the abuse has affected the well-being of the child. In South Africa, clinical interviewers assist the court with a victim impact report (Saywitz, Goodman, and Lyon 2002). The report assists the court regarding the impact of the sexual offence on the well-being of the child victim in accordance with the social worker's assessment. The clinical interviewer considers the multiple depictions of the child's reality that needs to be weighed before deciding the most appropriate approach (Silovsky 2000, 2). In South Africa, practitioners who assist the court with evidence on child sexual offences include both forensic and clinical social workers (Fouché and Le Roux 2018; Malatji 2012). Forensic social workers work for the SAPS to provide a forensic report, whereas clinical social workers in this article work at the Department of Social Development to assist with a victim impact report. Each interviewer should therefore be watchful of their roles in the assessment of CSA allegations. At times, clinical social workers conduct CSA assessments without anticipating going to court, which is not the case with forensic social workers.

Stance

Practitioners who conduct forensic interviews do so with an objective and neutral approach to avoid being biased in helping the child to recall all the events they have witnessed (Faller 2007, 6; Silovsky 2000, 3). In South Africa, forensic interviewers conduct forensic interviews upon the court's request with very limited information on the age and gender of the child, and without knowledge of the perpetrator (Rapholo and Makhubele 2019, 55). We have noticed that this helps to maintain neutrality among forensic interviewers. According to Faller (2007, 6), technically, neutrality means that the forensic interviewer does not have a personal interest in the child during the interviews. For example, whether the child has been sexually abused or not, the forensic interviewer focuses only on finding detailed facts from the child regarding the CSA allegation. They do not necessarily make a conclusive verdict from the information gathered from the child.

Conversely, the clinical interviewer enters the subjective world of the child alleged to be sexually abused and maintains empathy (Silovsky 2000, 3). The disadvantage of clinical interviews during CSA allegations is that the practitioner ends up being biased and subjective rather than having an objective perception of the case (Rapholo 2018, 71). The clinical interviewer attempts to establish harmony or understanding with the child, and/or develop means to improve the child's adjustment. In the same wavelength, Faller and Everson (2003, 33), Faller (2007, 6) and Poole and Lamb (1998, 107) aver that the clinical interviewer in CSA allegations usually supports the child and takes the information provided by the child at face value.

Ethical Principles

The forensic interviewer in the assessment of CSA allegation limits the information or details provided by the child by maintaining confidentiality (Silovsky 2000, 2; Wickham and West 2002, 26). Confidentiality in both forensic and clinical interviews is restricted. However, sometimes confidentiality can be fragmented, but the child under assessment must be informed about this. During clinical interviews, the child is informed about disclosing information to outside sources. For example, if the child can disclose possible sexual abuse in the process of clinical interviews, the clinical interviewer must let the child know that the report will be taken to the authorities, and that the interviewer will help the child with the process.

The second aspect concerns obtaining informed consent. All parties involved (collaterals) during both forensic and clinical interview processes give written consent to allow the interviewer to obtain information released to legal authorities (Silovsky 2000, 3). This allows interviewers in CSA allegations to gather information from previous disclosures which will determine what the child has disclosed to whom, when, where, and under what conditions.

Client System

In South Africa, the client in the forensic process is the court. This practice is also the same in Western countries where forensic interviewing protocols were birthed (Faller 2007, 6; Robbins, 2011, 6; Silovsky 2000, 2). However, before a court inquiry is opened, child sexual offences are reported to welfare organisations or the nearest police station which will open a case docket (Majokweni 2002, 11). After that, a statement from the child will be taken. The possibility of referring the case for forensic investigation exists during the initial crime investigation or after completion of such and on case evaluation by the state prosecutor. The courts refer CSA cases for a forensic investigation under the following circumstances (Fouché 2006, 207):

- when state prosecutors are ambiguous about corroborating a prima facie case and are hesitant to make a nolle prosequi decision;
- when the J88 (medical report) does not endorse the child's statement;
- where there is no nexus between the alleged perpetrator of the crime and the child;
- when the child is too traumatised to disclose intimate details of the abuse;
- in instances where the child is very young and cannot give a statement or testify in court;
- when the child victim is of pre-school age to older children with learning disabilities and communication problems;
- where there is a high suspicion that sexual abuse has occurred (for example with physical signs or behavioural responses), but where there is no response to a primary investigative interview; and
- where there has been delays since the first allegations were made.

Conversely, in clinical interviews with children alleged to be sexually abused, the client is the child and sometimes their family (Faller 2007, 6; Rapholo 2018, 71). Writers argue that CSA is a criminal concept, hence its consideration in the legal arena where forensic investigations are prevailing. Forensic work is for the legal arena whereas clinical work focuses on therapeutic intervention. The client is therefore the court during forensic interviews and the child and/or their family under certain circumstances are the clients in clinical interviews. Forensic interviewers always testify in court whereas clinical interviewers do not always do so. In South Africa, clinical interviewers testify in court upon being subpoenaed to produce a victim impact report.

Documentation

It is a rule in South Africa that both forensic and clinical interviewers document information gathered during the assessment of child sexual offences. Silovsky (2000, 4) argues that for forensic interviews, this information is useful during court proceedings.

Forensic interviews are pragmatically videotaped, audio typed and sometimes written down (notes taken) (Faller 2007, 7; Maschi, Bradley, and Ward 2009, 172; O'Donohue and Fanetti 2015, 206; Saywitz and Camparo 2013, 57). Clinical interviewers rely on written notes gathered during interviews or afterwards (Faller 2007, 6). O'Donohue and Fanetti (2015, 206) further state that documenting forensic interviews helps to obtain a detailed and objective record from the child's report, and to verify that the child was questioned in an appropriate manner. We argue that written notes are not detailed enough as opposed to videotaped records as they do not have a narrative cohesion. As a result, they are not effective for forensic interviews owing to the fact-gathering nature of the interviews. The advantage of videotaping interviews in coordination with all professionals such as child protection workers, police officers and attorneys is that they may prevent the need for multiple interviews with the child (O'Donohue and Fanetti 2015, 208; Sattler 1998, 20). They also help to prevent a child to testify in court. Writers support the notion that videotaped interviews must be followed at all times during forensic interviews. Such interviews also help the interviewer to review their interviewing skills and to improve where necessary.

Saywitz and Camparo (2013, 57) advise that when conducting interviews where legal issues are pending, interviewers should at all times document the process and content of such interviews. The content includes interviewers' questions and the child's verbal answers, whereas the process may include the interviewer's routine practices and the child's non-verbal and emotional reactions. To be ethically considerate, both clinical and forensic interviewers should let the child know about documenting the interview and highlight the reasons for doing so. They can make a statement such as:

> What we are talking about here is very much important. As a result, I am going to videotape it or write it down so that I don't forget what we talked about.

Last, in South Africa, both forensic and clinical interviewers use a one-way mirror to document the interview while their team members take notes. It is imperative that the child be introduced to the team members and be told that their role is to take notes during the process of the interview which will remind the interviewer later (Saywitz and Camparo 2013, 57).

Data Gathering Methods

Forensic interviewers follow more structured protocols during the gathering of details about possible CSA, whereas clinical interviewers are more flexible (Faller 2007, 6). In forensic interviews, the practitioners ask non-leading questions whereas clinical interviewers sometimes do so because they are more focused on the child's needs. Silovsky (2000, 8) asserts that leading questions must be avoided at all times when conducting forensic interviews as they might render the interviewer biased and subjective. Only open-ended questions are helpful in forensic interviews to elicit more details of a possible abuse. Open-ended questions allow the child to give their own

answers. For example, when asking a child "what happened?", neither specific details are provided in the question nor is it limited to possible responses.

Conversely, Staller and Faller (2009, 174) argue that children mostly disclose sexual abuse during clinical interviews than forensic interviews. A possible reason for this is that clinical interviews are more flexible in questioning than forensic interviews though they are more biased and subjective. Researchers are of the opinion that forensic and clinical interviewers should work collaboratively to establish concrete and reliable evidence on the nature of sexual abuse allegations among children. Child disclosure during clinical interviews can sometimes be problematic as legal narratives because they are more susceptible to defence accusations which the clinical interviewer implants in the child's mind and can contaminate the evidence. Staller and Faller (2009) further argue that to help the court with concrete and detailed facts, open-ended questions are recommended as they encourage the child to elaborate and narrate their stories, and to explain and expand their answers (Perona, Bottoms, and Sorenson 2005, 86).

Collateral Interviews

Ideally, only the child should be in the interview room during forensic interviews (Silovsky 2000, 4). We are of the view that the presence of family members and caregivers in the interview room can disrupt the interview process and may accidentally modify the information provided by the child. Rapholo (2018, 75) holds that in certain instances, children are difficult to separate from their caregivers before the forensic interviews resume. In these cases, Silovsky (2000, 4) recommends that sessions on the establishment of rapport with the child before the interview be conducted. For example, children may be given car keys or teddy bears when going into the interview room so that they can separate from their caregivers in the hope that the latter will not leave. During forensic interviews, according to Faller (2007, 6); Rapholo (2018, 75); Spencer and Lamb (2012, 163), collateral contacts with significant people (i.e. caregivers, medical doctors, educators, psychologists, attorneys, persecutors) are extensively used because these interviews are more focused on fact finding. Rapholo (2018, 75) argues that collateral contacts help to test hypotheses from statements made by the child. Conversely, in clinical interviews, some sessions may require that the caregivers and family members of the child be involved in the same interview room with the child (Rapholo 2018, 75). Collateral contacts with significant people in clinical interviews is less extensive (Faller 2007, 6; Spencer and Lamb 2012, 163; Rapholo 2018, 75). We argue that although the child's caregivers are sometimes part of the client system during clinical interviews, hypothesis testing may be compromised.

Context

The concept "forensic" is mostly used in the legal arena, and means belonging to court or to be used in legal proceedings (Faller 2007). Forensic interviews are traditionally held within the legal context. Forensic interviewers conduct such interviews in CSA allegations to assist the court in the prosecution and conviction of sexual offenders or

perpetrators (Cronch, Viljoen, and Hansen 2006, 195; Rapholo 2018, 303; Rapholo and Makhubele 2019, 54). It is therefore crucial that the forensic interviewer be competent and skilful in forensic procedures and psycho-legal issues relevant to sexual offence cases (Silovsky 2000, 8). The forensic interviewer must know South African legislation on child offences such as the Sexual Offences Act, the Criminal Procedure Act and the Child Justice Bill.

The concept "clinical" is used mostly in healthcare and child welfare within the therapeutic intervention context. Clinical interviewers conduct interviews to provide treatment to the child alleged to have been sexually abused (Faller 2007, 6; Rapholo 2018, 75; Silovsky 2000, 8; Spencer and Lamb 2012, 163). Unlike forensic interviewers who require specialised training, clinical interviewers require basic interviewing skills to assess CSA allegations (Cronch, Viljoen, and Hansen 2006, 196; Rapholo 2018, 303). They must therefore familiarise themselves with literature on diagnosis and treatment interventions (Silovsky 2000, 8). It is imperative not only in clinical interviews but also in forensic interviews that practitioners familiarise themselves with recent literature and legislation on sexual offences against children, more especially now that many scholars in South Africa have embarked on projects to decolonise social work education and practice.

Interviewing Environment

Both forensic and clinical interviews take place in a child-friendly atmosphere (Silovsky 2000, 4). However, there are certain exceptions in the forensic interviews. For example, toys, games and other objects in the forensic interview room are prohibited (Cronch, Viljoen, and Hansen 2006, 205; Fouché 2007, 200; Rapholo 2018, 75; Silovsky 2000, 4) as they can distract the child and interfere with the interview process (Rapholo 2018, 75). We suggest that objects such as crayons, markers, papers, child-size chairs and tables be included in the interview room owing to their usefulness in making the child relax and accomplish tasks given by the forensic interviewer. Müller (2001, 10) avows that the more comfortable the child, the more information they are likely to share. Orbach et al. (2000, 734) recommends that distracting objects such as ringing mobile phones, people's movements and music be restricted soon before the forensic interview begins.

As already stated in this article that only the child is allowed in the interview room, Fouché (2007, 200) states that the presence of other people in the room may cause the child to feel embarrassed to share their stories of sexual abuse. The suspected offender should never be present at the forensic interviews as well (Westcott, Davies, and Bull 2003, 1). The presence of significant people may have a positive or negative influence on the interview process. To keep the forensic interview process effective, the presence of other people should not be allowed. For example, if the caregiver of the child is allowed in the interview room, chances that they may intimidate or coach the child during the process are high.

The other variable during forensic interviews is that the interviews are slightly formal and restrictive (Rapholo 2018, 75) in approach, yet they should be able to establish rapport with the child. Rapholo and Makhubele (2019, 54) state that establishing rapport as an effective pre-forensic interview technique should always be implemented during the assessments of possible sexual abuse among children. Once rapport has been built, the child is more likely to develop trust with the forensic interviewer, and chances of sharing sensitive information are high.

Contrariwise, objects such as toys, games, books, stuffed animals and child-size tables and chairs are allowed during clinical interviews (Rapholo 2018, 75). Interviewing strategies vary in clinical interviews. Clinical interviewers are flexible in their approaches to assess the child and are not restricted. Clinical interviewers can conduct interviews with the child victim and the offender in the same interview room. We have observed that when rendering diversion programmes with children in conflict with the law, some programmes such as victim–offender mediation and family conferencing allow that after having taken both the victim and the offender through the treatment, at a later stage clinicians can bring together the two parties and their families in one session to get a closer look at the nature of the offence.

Number of Sessions

The number of sessions during forensic interviews is shortened as opposed to those of clinical interviews which are not specified (Faller 2007, 6; Rapholo 2018, 75; Spencer and Lamb 2012, 163). According to Faller, there can be many clinical interviews. There is a slight difference between various scholars' suggestions with regard to the number of sessions to be conducted during forensic assessments. For example, Robbins (2011, 8) suggests that forensic interviews should not exceed eight sessions whereas Faller (2007, 6) and Spencer and Lamb (2012, 163) suggest one to three sessions. We are of the opinion that the time and length of the forensic interview should be considerate of the cognitive development of the child and be kept short. This is supported by Aldridge and Wood (1998, 25), who avows that the time of the forensic interview must accommodate the child's developmental stage.

End Product

Although forensic interviews are kept shorter than clinical interviews, they end up with longer reports. Faller (2007, 75) and Spencer and Lamb (2012, 163) support the notion that clinicians provide a shorter report which focuses on the child's functioning, diagnosis and recommendations on the treatment of the child victim. On the other hand, forensic interviewers provide longer reports on the likelihood of sexual abuse. In their reports, they do not conclude that the child has been sexually abused, but they provide reports on the possibility of sexual abuse. We have observed, during court proceedings, that different pieces of evidence from different witnesses in court complement each other to help the court to arrive at a judgment. Last, forensic social workers should acquire specialised training on forensic report writing as it slightly differs from a clinical

report. Smith (2014, 237) supports the notion that forensic interviews should follow the right protocols when conducting forensic interviews to end up with a well-detailed and quality report with a full discussion of the facts at hand and the expert's analysis of these facts.

Conclusion

Specialised training on forensic interviews in South Africa is limited, hence generic social workers conduct forensic interviews without the qualifications and the skills to do so. More research on the usefulness of forensic interviews in the social work fraternity is needed in South Africa to bring on board this field of specialisation as it is helpful to facilitate the disclosure of sexual abuse among children. This supports one of the forensic social workers in the Northern Cape province of South Africa from Rapholo's (2018, 138) doctoral study who stated the following:

> Forensic testimonies assist the court in sentencing, and they are a need in South Africa. In Northern Cape we are only three and there is a need to scale up the training and employment of forensic social workers.

It can be noted from this article that professionals who conduct forensic and clinical interviews have different mandates in investigating child sexual offences. In South Africa, clinical interviewers do not always produce a victim impact report, whereas forensic interviewers produce a clear and detailed forensic report to the court. Last, owing to their interest in investigating sexual offences against children, both forensic and clinical interviewers should consider the research and best practices in interviewing victims of CSA. Each interviewer should know their role in assessing child sexual offences.

References

Aldridge, M., and J. Wood. 1998. *Interviewing Children: A Guide for Child Care and Forensic Practitioners.* John Wiley & Sons.

Cronch, L. E., J. L. Viljoen, and D. J. Hansen. 2006. "Forensic Interviewing in Child Sexual Abuse Cases: Current Techniques and Future Directions." *Aggression and Violent Behavior* 11 (3): 195–207. https://doi.org/10.1016/j.avb.2005.07.009.

Faller, K. C. 2007. *Interviewing Children about Sexual Abuse. Controversies and Best Practice*. Oxford: Oxford University Press. https://doi.org/10.1093/acprof:oso/9780195311778.001.0001.

Faller, K. C., and M. Everson. 2003. "Forensic and Clinical Issues with Children Who May Have Been Sexually Abused: Potential Conflict Between the Child's Best Interest and the Legal System." PhD thesis, University of Michigan.

Fouché, A. 2006. "Assessment of the Sexually Abused Child." In *Sexual Abuse Dynamics, Assessment and Healing*, edited by G. M. Spies, 205–239. Pretoria: Van Schaik.

Fouché, A. 2007. “Facilitating Disclosure of Child Sexual Abuse Victims in the Middle Childhood: A Forensic Interview Protocol for Social Workers.” PhD dissertation, University of Pretoria.

Fouché, C. B., and C. S. L. Delport. 2011. “In-Depth Literature Review.” In *Research at Grass Roots: For the Social Sciences and Human Services Professions*, edited by A. S. de Vos, H. Strydom, C. B. Fouché and C. S. L. Delport, 133–141. Pretoria: Van Schaik.

Fouché, A., and L.M. le Roux. 2018. “Social Workers’ Views on Pre-Trial Therapy in Cases of Child Sexual Abuse in South Africa.” *Child Abuse and Neglect* 76: 23–33. https://doi.org/10.1016/j.chiabu.2017.09.008.

Hershkowitz, I., E. C. Ahern, M. E. Lamb, U. Blasbalg, Y. Karni-Visel, and M. Breitman. 2017. “Changes in Interviewers’ Use of Supportive Techniques During the Revised Protocol Training.” *Applied Cognitive Psychology* 31 (3): 340–50. https://doi.org/10.1002/acp.3333.

Kaliski, S. 2006. *Psycholegal Assessment in South Africa*. Oxford: Oxford University Press.

Kuehnle, K. 1996. *Assessing Allegations of Child Sexual Abuse*. Sarasota: Professional Resource Exchange.

Majokweni, T. 2002. “Expert Evidence.” *Sexual Offences Bulletin* 1 (3): 10–13.

Malatji, H. Q. 2012. “The Social Worker, as an Expert Witness in Sexual Offences Committed against Children.” PhD dissertation, North-West University.

Malloy, L. C., S. P. Brubacher, and M. E. Lamb. 2011. “Expected Consequences of Disclosure Revealed in Investigative Interviews with Suspected Victims of Child Sexual Abuse.” *Applied Developmental Science* 15 (1): 8–19.

Mangezi, M. S. 2014. “An Investigation into the Specialized Skills and Knowledge Required for Forensic Social Work Practice in South Africa.” Master’s thesis, University of Cape Town.

Maschi, T., C. Bradley, and K. Ward. 2009. *Forensic Social Work: Psychosocial and Legal Issues in Diverse Practice Settings*. Springer.

Monosi, T. S. 2017. “Contextual Factors in an Indigenous Supervision Model for Forensic Social Work.” Master’s dissertation, North-West University.

Müller, K. 2001. “Clinical and Forensic Interviews and the Child Witness.” *Child Abuse and Research in South Africa* 2 (2): 8–14.

Neuman, W. L. 2000. *Social Research Methods: Qualitative and Quantitative Approaches*. Boston: Allyn and Bacon.

O'Donohue, W. T., and M. Fanetti. 2015. *Forensic Interviews Regarding Child Sexual Abuse: A Guide to Evidence-Based Practice*. Springer.

Orbach, Y., I. Hershkowitz, M. E. Lamb, K. J. Sternberg, P. W. Esplin, and D. Horowitz. 2000. "Assessing the Value of Structured Protocols for Forensic Interviews of Alleged Child Abuse Victims." *Child Abuse and Neglect* 19 (6): 733–55. https://doi.org/10.1016/S0145-2134(00)00137-X.

Perona, A. R., B.L. Bottoms, and E. Sorenson. 2005. "Based Guidelines for Child Forensic Interviews." *Journal of Aggression, Maltreatment and Trauma* 12 (3–4): 81–130. https://doi.org/10.1300/J146v12n03_04.

Poole, D. A., and M. E. Lamb. 1998. "Investigative Interviews of Children: A Guide for Helping Professionals." *American Psychological Association*. https://doi.org/10.1037/10301-000.

Rapholo, S. F. 2018. "Effectiveness of Interviewing Techniques with the Black Child During Forensic Social Work Assessments: A South African Perspective." PhD dissertation, University of Limpopo.

Rapholo, S. F., and J.C. Makhubele. 2018. "Indigenising Forensic Social Work in South Africa." In *Issues around Aligning Theory, Research and Practice in Social Work Education*, edited by A. L. Shokane, J. C. Makhubele, and L. V. Blitz. Cape Town: Oasis.

Rapholo, S. F., and J. C. Makhubele. 2019. "Forensic Interviewing Techniques in Child Sexual Abuse Allegations: Implications for the South African Context." *Global Journal of Health Science* 11 (6).

Robbins, S. P. 2011. "Best Practice for Forensic Interviews of Sexual Abuse Allegations." PhD dissertation, University of Houston.

SAPS (South African Police Service). 2016. Forensic Social Work Standard Operating Procedure. Pretoria: SAPS.

SAPS (South African Police Service). 2017/2018. *Crime statistics overview RSA*. Pretoria: SAPS.

Sattler, J. M. 1998. *Clinical and Forensic Interviewing of Children and Families: Guidelines for the Mental Health, Education, Pediatric and Child Maltreatment Fields*. San Diego: Jerome M. Sattler.

Saywitz, K. J., and L. B. Camparo. 2013. *Evidence-Based Child Forensic Interviewing: The Developmental Narrative Elaboration Interview*. Oxford University Press.

Saywitz, K. J., G. S. Goodman, and T. D. Lyon. 2002. "Interviewing Children in and out of Court: Current Research and Practice Implications." In *The APSAC Handbook on Child Maltreatment*, edited by J. L. Myers, J. Berliner, C. T. Briere, C. Hendrix, T. Jenny and T. Reid, 349–377. 2nd ed. Thousand Oaks: Sage.

Silovsky, J. F. 2000. “Differences between Forensic Interviews and Clinical Interviews.” University of Oklahoma.

Smith, S. 2014. “A Forensic Assessment Model for the Sexually Abused Child in the South African Context.” PhD dissertation, North-West University.

Spencer, J. R., and M. Lamb. 2012. *Children and Cross-Examination: Time to Change the Rules*. Bloomsbury.

Staller, K. M., and K. C. Faller. 2009. *Seeking Justice in Child Sexual Abuse: Shifting Burdens and Sharing Responsibilities*. Columbia: Colombia University Press.

Stoltenborgh, M., M. H. van IJzendoorn, E. M. Euser, and M. J. Bakermans-Kranenburg. 2011. “A Global Perspective on Child Sexual Abuse: Meta-Analysis of Prevalence around the World.” *Child Maltreatment* 16: 79–101. https://doi.org/10.1177/1077559511403920.

Sumampouw, N. E., H. Otgaar, D. la Rooy, and C. de Ruiter. 2019. “The Quality of Forensic Child Interviewing in Child Sexual Abuse Cases in Indonesia.” *Journal of Police and Criminal Psychology* 35: 2. https://doi.org/10.1007/s11896-019-09342-5.

Torraco, R. J. 2016. “Writing Integrative Literature Reviews: Using the Past and Present to Explore the Future.” *Human Resource Development Review* 15 (4): 404–28. https://doi.org/10.1177%2F1534484316671606.

Truter, E., 2010. “Language Interpreting During the Forensic Interview: A Social Work Investigation.” PhD dissertation, North-West University.

Walker, N. E. 2002. “Forensic Interviews of Children: The Components of Scientific Validity and Legal Admissibility.” *Law and Contemporary Problems* 65: 149. https://scholarship.law.duke.edu/lcp/vol65/iss1/6.

Westcott, H. L., G. M. Davies, and R. Bull. 2002. *Children’s Testimony: A Handbook of Psychological Research and Forensic Practice*. Chichester: Wiley and Sons.

Wickham, R. E., and J. West. 2002. *Therapeutic Work with Sexually Abused Children*. London: Sage.