Guidelines for the appropriate referral of child clients for forensic assessments

Karen Liebenberg
Post graduate student in the MSW in Forensic Practice programme, North-West University, Potchefstroom Campus
Email: bothakarin8@gmail.com

Elzahne Simeon
School of Psycho-Social Behavioural Sciences: Social Work Division, North-West University, Potchefstroom Campus
Email: 13124463@nwu.ac.za

Alida Herbst
School of Psycho-Social Behavioural Sciences, North-West University, Potchefstroom Campus
Email: Alida.Herbst@nwu.ac.za

This article reports on a study which aimed at establishing a guideline for social workers in the offices of the Christian Council for Social Services in the Highveld Synod, in order to facilitate proper referral for forensic assessments in cases of child sexual abuse. The guidelines have been drawn up on the basis of information gathered from the relevant literature and from focus group discussions and individual interviews with social workers specializing in forensic social work. Although the guidelines have been developed specifically for the above-mentioned organization, social workers in other child and family care organizations could also derive benefit from them.

***Keywords**: child and family care; child sexual abuse; first disclosure; blind assessment; forensic social work; forensic assessment; expert testimony; statutory intervention*

INTRODUCTION

Child sexual abuse is a complex problem that is raising concern among social workers and associated disciplines all over the world. Given the dynamics of child sexual abuse, a range of specialists are required to protect and support the sexually abused child. Forensic social work is ideally placed to deal with child sexual abuse and is fairly well established as a speciality in countries like the United States of America, Canada and the United Kingdom. However, in South Africa, forensic social work was only recently declared a field of speciality and ignorance, role confusion and role conflict jeopardize the meaningful utilization of this speciality among social workers resulting in insufficient service delivery to the child. The ideal would be that, as soon as suspected child sexual abuse is reported, such child should be referred to a trained professional with expert knowledge of child sexual abuse and who would be able to act as expert witness in the court.

This article aims to provide guidelines for the Christian Council for Social Services in the Highveld Synod (CCSS-HS) to facilitate the referral of a child client for a forensic assessment. Data was collected from relevant literature and focus group discussions and individual interviews with social workers specializing in the field of forensic social work.

BACKGROUND TO THE STUDY AND STATEMENT OF THE PROBLEM

The primary researcher in this study is working as a social worker in one of the offices of the CCSS-HS and is frequently involved with child care related issues including child sexual abuse. According to Barlow and Durand (2005: 389) modern children are exposed to numerous risks and threats of which sexual abuse is one. The researcher has some training in play therapy and on enrolment for specialized training in forensic social work, became more aware of ignorance, role confusion and role conflict among social workers dealing with child sexual abuse.

According to the Constitution of South Africa (SA, 1996: 14-15) all children are valued as equally important and their basic human rights should be recognized and protected. Social workers and other health care professionals are sanctioned by the Children's Act, 38 of 2005, (SA, 2005: 7) to protect children and to act in the best interest of such children. Service delivery to children, or child care, has

been one of the key responsibilities of social workers from the earliest of times. According to the Terminology Committee for Social Work (1995: 32) child care involves the protection of all children and the enhancement of their psychosocial functioning. The social worker can fulfil various roles and functions in child care, including child protection (statutory services), expert witnessing in a court of law, (forensic social work) and therapeutic services (including play therapy). Each of these functions requires unique modes of intervention and procedures in the best interest of the child client (Spies, 2006: 205).

Statutory social work refers to a specialized field in social work aiming at improving the social functioning of individuals, families and communities through the application of legally prescribed administrative procedures (Terminology Committee for Social Work, 1995: 62). Social workers in generic practice are particularly involved in statutory work and are comfortable about what is expected of them within this field. Specialized services like forensic social work are not necessarily part of the knowledge base and / or practice experience of the generalist social worker since it requires specific knowledge and skills (Spies, 2006: 206).

Barker (2003: 166) describes forensic social work as "... the practice speciality in social work that focuses on the law, legal issues, and litigation, both criminal and civil, including issues in child welfare, custody of children, divorce, juvenile delinquency, non-support, relatives responsibility, welfare rights, mandated treatment, and legal competency. Forensic social work also helps social workers in expert witness preparation. It also seeks to educate law professionals about social welfare issues and social workers about the law". Barker and Branson (2000: 166) confirm that forensic social work is a practice speciality focusing on the relationship of the client with the legal system. The tasks of the forensic social worker include a comprehensive assessment and expert witnessing in a court of law. In the context of forensic social work, the social worker is viewed as a professional with specific qualifications, knowledge and experience to give expert testimony in a court (Carstens & Fouché, 2005: 22; Kaliski, 2006: 24). Spies and Carstens (2005: 35) deemphasize that "…not any professional person working with child sexual abuse can give expert testimony". These arguments guided the South African Council for Social Service Professions (SACSSP) to investigating the possibilities of registering forensic social work as a practice speciality (SACSSP, 2003a; SACSSP, 2003b).

Forensic social work is thus a fairly new practice speciality in South Africa which may cause the ignorance, role confusion and role conflict that the researcher experienced in practice. Social workers in the CCSS-HS were not sure when to refer a child client for a forensic assessment and a need was identified to compile a guideline to assist generalists in the decision to refer a child for a forensic assessment.

AIM AND OBJECTIVE OF THE STUDY

The primary aim of this study was to develop a set of guidelines to assist social workers in the CCSS-HS to properly refer child clients for a forensic assessment. This aim resulted in the specific objective to, by means of a literature and empirical study, develop such a guideline.

RESEARCH METHODOLOGY

Study of the literature

A comprehensive study of relevant and recent literature on the topic was undertaken. Databases like EBSCO HOST, Academic Search Premier and Psych Lit were utilized to ensure a purposive study.

Research design

The nature of this study was both descriptive and exploratory (Alston & Bowles, 2003: 34; De Vaus, 2001: 1-3). According to Mouton and Marais (1998: 45) an exploratory study is recommended in cases where:

- existing knowledge needs further exploration and new insights should be developed;
- a pilot study is needed to plan a more extensive study; and
- the priorities for further study need to be established.

According to Strydom (2000: 78), descriptive studies focus on the units (individuals, groups, families and communities) and complexities of the research topic. This study was further planned from a qualitative design and data was collected by means of focus groups discussions and individual

interviews. Marlow (2005: 88) and Babbie (2014: 24) both emphasize that qualitative research focuses on words more than numbers to explore phenomena and experiences in an attempt to identify patterns and meaning in relationships.

Participants

This study included two groups of participants. The first group participated in focus group discussions and consisted of social workers without any specialized training and knowledge on forensic social work. The second group of participants included experts in the field of forensic social work and participated in a number of individual interviews. Participants were identified through the application of a purposive sample (Creswell, 2007: 132-133). Table 1 offers a summary of the two groups of participants, the sampling method, the inclusion criteria and the methods of data collection.

Table 1: Summary of the two groups of participants

	GROUP 1: Social workers from the CCSS-HS	GROUP 2: Experts in the field of forensic social work
Sample type and inclusion criteria	Purposive sample. Trained in generic social work and working in the field of child and family care.	Purposive sample. Trained in generic social work, but with specialized training and experience in the field of forensic social work.
Method of data collection	Focus group discussions	Individual interviews
Number of participants	8	5

Methods of data collection

According to Monette, Sullivan and De Jong (2002: 249), focus groups can also be referred to as group in-depth interviews. Focus group discussions have the potential to supply rich qualitative data on a specific topic. Greeff (2011: 345) further emphasizes that an interview offers the researcher the opportunity to include experts in the research topic as participants. A specific schedule was developed for the focus group discussions based on the following main topics:

- Challenges with regards to the referral of child clients for a forensic assessment.
- Suggestions to improve referral procedures.
- Guidelines for applicable referral of child clients for a forensic assessment.

The aim of the interviews in this study was to involve experts in the field of forensic social work and to obtain their opinions on the most appropriate processes to follow when a child is to be referred for a forensic assessment.

Ethical issues

This study was approved by the Ethics Committee of the North-West University (Potchefstroom campus) and approval number NWU-0027-09-51 was allocated to the project. The researchers strived to continuously maintain ethical principles such as voluntary participation, informed consent and confidentiality (Strydom, 2011: 113-130). Participants also gave permission that the research results may be disseminated through publication and that their contributions will be reported on anonymously.

Data analysis

Tesch's approach to thematic analysis of qualitative data was followed (Poggenpoel, 1998: 343). Tesch's approach offers researchers eight basic steps to scientifically and systematically sort, analyze and interpret themes from raw data. These steps guided the data analysis of this study and the identified themes are reported on in the findings that follow.

FINDINGS

Biographical information of participants

Focus group participants – social workers from the CCSS-HS

The eight (8) focus group participants were all social workers on the level of assistant director in CCHS-HS and were in possession of a Bachelor degree in Social Work.

Interview participants – experts in the broader field of Forensic Social Work

A total of five (5) experts from the field of Forensic Social Work in South Africa were involved in individual interviews. This group of participants all had some specific training in Forensic Social Work and had at least five (5) years practice experience in this field. It was important to involve experts, since their opinions were the basic point of reference in designing the guideline for appropriate referrals of child clients in need of a forensic assessment.

All findings are presented in table format and are linked to the specific questions posed to participants. The responses of participants, the central themes and some comparison with existing literature are included in tables 2- 14.

Table 2: Participants' view of forensic social work

Question: How do you define forensic social work?	**Focus group participants**	**Interview participants**
Summary of the responses	*Expertise in this field of social work* *Someone doing forensic social work holds specific knowledge of forensic social work* *Forensic social work focuses on legal knowledge and the ability to deliver expert testimony in a court of law* *Forensic social work is to specialize in cases of sexual abuse*	*Forensic social work is to give expert testimony in a court of law* *It is a specialized field in social work* *The primary focus of forensic social work is to investigate*
Central themes	**Expertise:** **Focus on the sexually abused child** **Specialized field in social work**	**Expertise:** **Focus on cases of child sexual abuse** **Specialized field in social work**

This data links to a great extent to the comprehensive definition of forensic social work as "… the practice specialty in social work that focuses on the law, legal issues, and litigation, both criminal and civil, including issues in child welfare, custody of children, divorce, juvenile delinquency, non-support, relatives responsibility, welfare rights, mandated treatment, and legal competency. Forensic social work also helps social workers in expert witness preparation and seeks to educate law professionals about social welfare issues and social workers about the law" (Barker, 2003: 166). According to Spies (2006: 151) an expert must able to identify signs and symptoms associated with child sexual abuse; must have knowledge of court preparation and court procedures; must have the ability to consider long term consequences and must be able to make recommendations regarding sentencing.

From the data and literature it is clear that forensic social work is a specialized field that requires specific knowledge, skills and expertise in working with especially, but not exclusively, sexually abused children.

Table 3: Indications for referral to a forensic social worker

Question: How will you define the indicators for referral to a forensic social worker?	**Focus group participants**	**Interview participants**
Summary of the participants' responses	*A suspicion of possible sexual abuse in a child* *Physical / medical evidence of child sexual abuse* *Being approached to give testimony in a court*	*Signs and symptoms in a child that could be related to sexual abuse* *Any crime against a child.* *A child reveals information of physical or sexual abuse.* *A specialized investigation is required*
Central themes	**Suspicion of sexual abuse** **Proof of sexual abuse** **Testimony in a court is required**	**Suspicion and/or allegations of sexual abuse**

The most prominent indicator for referral to a forensic social worker is a suspicion and/or an allegation of child sexual abuse. Where testimony in a court is required, such cases will most likely be referred to a forensic social worker. Walker (1999: 178) suggests that testimony in court requires from a social work thorough knowledge of scientific studies and literature as well as experience in following professional guidelines and protocols.

Barker and Branson (2000: 15) point out that the following indicators could lead to a referral to a forensic social worker:

- when expert testimony in a court is required;
- assessment after a child revealed alleged sexual abuse;
- investigations where individuals committed a crime;

- where recommendations regarding sentencing is required; and
- when the service of a mediator is required;

Table 4: Existing practices when a child is referred for a forensic assessment

Question: What guidelines / processes do you currently follow when a child is referred for a forensic assessment? (Please describe the process)	**Focus group participants**	**Interview participants**
Summary of the participants' response	*When it is a criminal case* *When it is an existing case and more evidence is required* *When there is suspicion of a crime against a child* *Suspicion that causes discomfort or uncertainty in how to protect a specific child client*	*Suspicion of any crime against a child* *No specific guidelines.* *A referral is received and an assessment is requested*
Central themes	**Existing cases which require further investigation**	**Not really specific guidelines – various referrals are made for different reasons**

In cases where child sexual abuse is suspected, the correct procedures and processes should be followed. The ideal would be that such child clients should always be referred for a forensic assessment in order to prevent secondary trauma or contaminated information which may jeopardize the criminal case and the sentencing of alleged offenders.

Table 5: Management of the first disclosure of sexual abuse by a child

Question: How do you manage a child's first disclosure of alleged sexual abuse?	**Focus group participants**	**Interview participants**
Summary of the participants' responses	*A first disclosure should always be valued as serious* *Proper follow up of a first disclosure is necessary*	*First disclosures should be dealt with as pre forensic evaluations*
Central themes	**First disclosures always require further investigation**	**First disclosures require a pre forensic evaluation**

First disclosures must be investigated. Grobbelaar (2007: 01) supports this statement and is of the opinion that a complete forensic assessment process needs to be followed after a disclosure.

Table 6: Opinions on blind assessments

Question: Usually an investigation following a first disclosure involves a blind assessment. Why do you think this is necessary?	**Focus group participants**	**Interview participants**
Summary of the participants' responses	*Only basic information (like biographical details) should be collected and given to the forensic social worker* *No information should be given to the forensic social worker at this stage* *Limited information can be given out, but important information regarding the case should not be contaminated.*	*Blind assessments ensure the objectivity* *The forensic social worker should be unbiased and free from pre-set ideas* *Information cannot be contaminated* *Collateral information should be confirmed as the forensic process progresses*
Central themes	**No information should be given out.**	**Lack of information may increase the objectivity of the forensic social worker** **Objectivity and thoroughness are essential**

A blind assessment involves a forensic social worker's initial assessment based only on the biographical information of the child. Grobbelaar (2007: 01) suggests that all interventions should start with a blind, clinical assessment, followed by a specific assessment such as a forensic assessment. According to Kaliski (2006: 381) the main aim of an assessment is to obtain essential information needed to plan further intervention. In a forensic assessment, the social worker should be factually orientated with the purpose of collecting relevant information for expert testimony in a court.

Table 7: Participants' view of a forensic assessment

Question: What does a forensic assessment involve?	**Focus group participants**	**Interview participants**
Summary of the participants' responses	*It is an intensive assessment* *A forensic assessment should confirm allegations of child sexual abuse* *Legal techniques should be used*	*A factual investigation* *An investigation on different levels and dimensions* *A holistic view of alleged child sexual abuse* *Forensic interviews with all relevant role players / parties* *Extensive investigations* *A process in which findings are further investigated*
Central themes	**In-depth investigations** **Investigations for a court of law** **Specialized investigations regarding child sexual abuse**	**Extensive investigations based on facts** **Multi-dimensional investigations**

Table 8: Opinion on dual involvement in terms of assessment and therapy

Question: Is it wise to offer both forensic assessment and therapy to the child?	**Focus group participants**	**Interview participants**
Summary of participants' responses	*Yes, it may be in the best interest of the child because the child already trusts the forensic social worker* *No, not while the court process is going* *After the criminal case is closed, the child can be referred back for therapy*	*No, it is not the ideal* *Becoming involved with the child on a therapeutic level, will contaminate the objectivity of the forensic assessment* *Sometimes you don't really have a choice*
Central themes	**The best interest** **Legal processes can be jeopardized**	**Lack of social workers may cause dual involvement** **Therapeutic interventions may contaminate the objectivity of a forensic assessment**

The American Academy of Child and Adolescent Psychiatry (1990) recommends that "...the evaluator and the child's therapist should be two different individuals. This clarifies roles and preserves confidentiality in treatment". In therapy with a child, the child's confidentiality is valued (Schoeman & Van Der Merwe, 1996: 4). Information obtained during a forensic assessment will be made available to the court. It is therefore advisable that the trust relationship in therapy should not be damaged by a dual role of forensic assessment and therapy.

To clearly distinguish between the different roles, the researchers compiled a summary from the literature as presented in table 9.

Table 9: Comparison between a forensic assessment and therapeutical/clinical involvement with a child client

Elements involved in intervention	**Forensic assessment**	**Therapeutical or clinical involvement with a child**
Client	Court	Child
Context	Legal	Therapeutic
Attitude	Neutral	Supportive
Nature of data to be collected	Factual	Subjective experience
Structure	Highly structured	More unstructured
Method	Avoid leading questions	Sometimes leading questions
Fantasy	Only reality is recognised	Sometimes imaginary
Documentation	Comprehensive videos	Less structured notes
Product	Long report	Short report
Collateral	Comprehensive	Sometimes contact
Case reviews	Definitely	Possibly
Duration of contact	1-3 sessions	Various/many

This summary clearly distinguishes between the core elements of forensic social work and therapy, which leads to the conclusion that it would be very difficult for the forensic worker to also take on the role of the therapeutic worker and vice versa.

Table 10: Existing procedure for dealing with the alleged sexual abuse of a child

Question: What is the current procedure at an organisation once a child has made an allegation?	**Focus group participants**	**Interview participants**
Summary of participants' responses	*Receive report* *Begin investigation* *Allegations are made* *Suspicion arises of possible abuse* *Discuss with assistant director* *Refer to external resource, like forensic social worker, for further investigation*	*Receive reports from other welfare organisations where suspicion of abuse arose.* *Safety of child is investigated.* *Feedback provided to parties involved* *Decision about the way forward – plan of action.* *Report to SAPS.*
Central themes	**Follow protocol of organisation**	**Suspicion or allegation already exists– referred for further investigation**

Various parties are involved in the processes around the alleged abuse of a child. All of these parties are obligated to follow protocol at all times in order to ensure effective service delivery.

Table 11: What to avoid during a forensic assessment

Question: What should be avoided during the forensic assessment of a child?	**Focus group participants**	**Interview participants**
Summary of participants' responses	*Suggestion.* *Questioning the child's statement.* *Leading questions.* *The child should not get the sense that the offender is being protected.*	*Leading questions.* *Suggestions.* *Drawing conclusions.* *Specialist training is important.* *Interpretation* *Non-recognised assessment techniques.* *Role confusion* *Bias*
Central themes	**Drawing conclusions, making suggestions and leading questions.**	**Drawing conclusions, making suggestions and leading questions.**

Issues to be avoided during assessment were clearly indicated as leading questions, drawing conclusions and suggestion. Respondents also felt strongly that the forensic social worker should remain objective and without preconceived ideas.

Table 12: Necessity of a medical report as part of the forensic assessment

Question: Is a medical report important even when all the information is obtained during the forensic assessment?	**Focus group participants**	**Interview participants**
Summary of participants' responses	*Yes, serves as collateral information.* *Takes period of possible abuse into consideration – medical examination done in the past might prove detrimental to the particular child.* *Medical examination could cause more damage – consider carefully.* *To serve as aid*	*Yes, if abuse did take place it is contextualised.* *Collateral information.*
Central themes	**Serves as evidence in court.** **Could be detrimental to child.** **Serves as aid.**	**Serves as collateral information in future court proceedings.**

According to a manual by Grobbelaar (2007: 08) a medical examination is always conducted for the sake of the court, and with the aim of collecting as much information as possible. However, the welfare of the child should always be prioritised. These children, like all children, should be very well prepared for the examination.

Table 13: Who should conduct forensic assessments?

Question: Can other trained social workers – who have been trained in assessment but not in forensic work – conduct a forensic assessment?	**Focus group participants**	**Interview participants**
Summary of participants' responses	***No, should have undergone the necessary training.*** ***Should be aware of processes and procedures.***	***No, should have the necessary knowledge, experience and skills.*** ***Yes, every social worker can conduct a clinical interview, which is admissible in court.***
Central themes	**Must be trained in the field of forensic social work.**	**Knowledge, skills, and experience are important. Person must be trained in the field of forensic social work.** **If trained in conducting a clinical interview – could be accepted by court.**

Spies (2006: 194-195) provides the following criteria which the forensic social worker should comply with. The forensic social worker should:

- provide the court with comprehensible information stemming from his/her knowledge, experience, and opinion on the possible abuse of the child as client;
- apply a sensible approach to the forensic assessment so it can be defended in court;
- explore various possibilities and identify alternatives by considering the bigger picture: possible causes for sexual misconduct by the child;
- remain professional at all times during the interview; explore the information thoroughly, refrain from asking leading questions and from contaminating the information;
- remain objective and neutral at all times;
- be confident and comfortable in practise; thorough knowledge of legal aspects inform a professional recommendation;
- refrain from jumping to conclusions or making assumptions;
- feel comfortable discussing sexual matters and sexuality;
- act within the goal-oriented framework of the field of forensic social work;
- possess the knowledge and training associated with forensic social work.

It is clear that forensic social work requires specifically trained and qualified experts in the field.

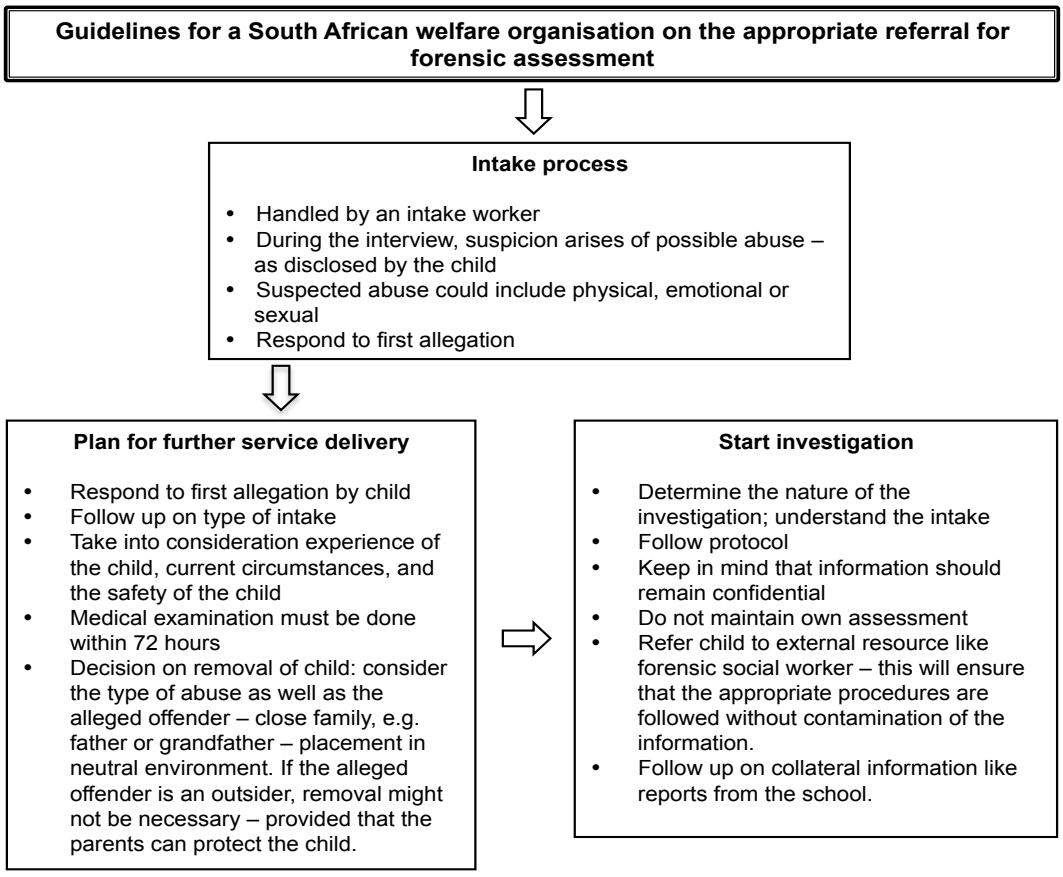
Table 14: Reasons for poor referrals for forensic assessments

Question: What obstacles stand in the way of the ideal referral to a forensic social worker?	**Focus group participants**	**Interview participants**
Summary of participants' responses	*Limited resources* *Ignorance* *Lack of training* *High case loads* *Confusion* *Unprofessional investigations* *Costs involved*	*Ignorance* *Uninformed* *Limited manpower* *Ignorance of the legal system* *Failure to follow correct guidelines and processes.* *Unethical conduct by other professionals.*
Central themes	**Limited resources** **Ignorance** **Unprofessional investigations**	**Ignorance** **Uninformed regarding correct process** **Lack of knowledge**

Ignorance, lack of knowledge, and limited resources impede effective referral to a forensic social worker. Forensic social work is a relative newcomer in the field of social work and can cause role confusion. The emphasis is on forensic social work as a specialist field.

The researcher used the preceding data to develop a draft framework that would guide social workers in the CCSS-HS to appropriate referral for forensic assessments. The suggested framework of guidelines is presented in figure 1.

Figure 1: Suggested framework/guideline



CONCLUSION

This study led the researcher to the following conclusions:

- It is important for forensic social work to be recognised as a specialist branch of social work, as it requires very specific knowledge and skills.
- A forensic social worker is considered an expert witness by the court: it is someone who does assessments whenever suspicions arise or allegations are made, and advises the court on the findings.
- There are processes and procedures to be followed in when referring to a forensic social worker.
- It is important that the child as client be taken seriously, and that the first allegation by the child is responded to.
- A medical examination plays an important role in the referral of the child as client. The medical examination serves as collateral information.
- The ideal is that the forensic social worker should not be involved in providing therapy to the child.
- It is important for the forensic social worker to have the necessary training, skills, and knowledge to render an efficient service to the child as client.
- The study also showed that forensic social workers are necessary. Most participants were in favour of forensic social workers.

RECOMMENDATIONS

The preceding findings and conclusions have led to the following recommendations:

- The role of the forensic social worker should be clearly communicated to other social workers
- A forensic social worker should have the necessary knowledge, experience, and skills.
- A distinction should be made between forensic social work and the rendering of therapeutic services by a therapist.

- Protocol should be followed within the welfare organisation when referring the child as client so effective service delivery is ensured.
- It is important that the forensic social worker receive the necessary training to testify as expert witness in court.
- The forensic social worker should be able to do a forensic assessment and advise the court as to the consequent findings.
- A medical examination serves as collateral information which could strengthen a further investigation.
- Social workers in welfare organisations should be advised as to the appropriate process when referring to a forensic social worker.

SUMMARY

This study explored existing referral practices of social workers in the offices of the Christian Council for Social Services in the Highveld Synod with regards to forensic assessments in child sexual abuse cases. Social workers often have a dual role to fulfil and are pressurised to make decisions regarding the statutory position of the child. On the other hand, social workers' therapeutic interventions can jeopardize the legal process if their objectivity in a forensic assessment is contaminated. A blind and unbiased assessment is required for the forensic investigation and a social worker's expert testimony in court. It was clear from focus group discussions with social workers that a proper guideline was required to assist them in decision making involving both child protection and forensic assessment practices.

An extensive literature study and interviews with social workers in the field of forensic practice greatly contributed towards the development of a referral guideline with regards to forensic assessments. Although this guideline was developed for social workers in a specific welfare organisation, it could be used by social workers in other child and family care organisations to guide their decision making on when to refer a child for a forensic assessment.

LIST OF REFERENCES

Alston, M. & Bowles, W. 2003. *Research for social workers: an introduction to methods.* (2nd edn.). London: Routledge.

Babbie, E. 2014. *The basics of social research*. (6th edn.). Canada: Wadsworth Cengage Learning.

Barker, R.L. 2003. *The social work dictionary*. (5th edn.) Washington, DC.: NASWA Press.

Barker, R.L. & Branson, D.M. 2000. *Forensic social work: legal aspects of professional practice.* New York: Haworth.

Barlow, D.H. & Durand, V.M. 2005. *Abnormal Psychology: integrative approach.* New York: Houghton Miffin.

Carstens, R. & Fouché, A. 2005. *Play techniques in the assessment of sexually abused children*. Pretoria: Van Schaik Publishers.

Creswell, J.W. 2007. *Qualitative inquiry and research design: choosing among five approaches.* Thousand Oaks: SAGE.

De Vaus, D 2001. *Research design in social research*. London: SAGE.

Greeff, M. 2011. *Information collection: Interviewing*. In De Vos, A.S. Strydom, H., Fouché, C.B. & Delport, C.S. L. *Research at Grass Roots. For the social sciences and services professions.* (4th edn.). Edition. Pretoria: Van Schaik Publishers.

Grobbelaar, A. 2007. *Forensiese Maatskaplikewerk: Misbruik van kinders. Forensic Social Work Manual.* Potchefstroom: NWU.

Kaliski, S. 2006. *Psycholegal assessment*. (1st edn.). Cape Town: Oxford University Press.

Marlow, C.R. 2005. *Research methods for generalist social work*. Toronto: Brooks/Cole.

Monette, D.R., Sullivan, T.J. & De Jong, C.R. 2002. *Applied social research: Tool for the human services.* New York: Thomson Learning.

Mouton, J. & Marais, H.C. 1998. *Basiese begrippe van geesteswetenskappe***.** Pretoria: HSRC.

Poggenpoel, M. 1998. Data analysis in qualitative research. In De Vos, A.S. (Ed.). *Research at grass roots: a primer for the caring professions***.** Pretoria: Van Schaik: 334-353.

Schoeman, J.P. & Van der Merwe, M. 1996. *Entering the child's world: A play therapy approach.* Pretoria: Kagiso Tertiary.

South African Council for Social Servces Professions. 2003a. *Policy guidelines for course conduct, code of ethics and rules for social workers professionals*. Pretoria: SACSSP.

South African Council for Social Servces Professions. 2003b. *The establishment of specialties in social work: Criteria and guidelines*. Pretoria: SACSSP.

South Africa. 2005. *Children's Act*, 38 van 2005. Pretoria: Government Press.

South Africa. 1996. *Constitution of the Republic of South Africa* (as adopted by the Constitutional Assembly on 8 May 1996 as amended on 11 October 1996). Pretoria: Government Press.

Spies, G.M. & Carsten, R. 2005. The social worker as an expert witness in court cases of child sexual abuse: A professional guideline. *Die Maatskaplike Werk Navorser Praktisyn/ The Social Work Practitioner, Researcher*, 17(1): 29-47.

Spies, G.M. 2006. *Sexual abuse, dynamics, assessment & healing*. (1st edn.). Pretoria: Van Schaik Publishers.

Strydom, H. 2000. *Maatskaplikewerk navorsing*. (MWKG 431 Dictation). Potchefstroom: PU for CHE.

Strydom, H. 2011. Ethical issues in research. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. (Eds.). *Research at grassroots: For the social sciences and human service professions*. Pretoria: Van Schaik: 113-130.

Terminology Committee. 1995. *Die nuwe woordeboek vir maatskaplikewerk***.** Cape Town: CTP Book Printers.

Walker, A.G. 1999. *Handbook on questioning children: A linguistic perspective*. (2nd edn.). Washington DC: American Bar Association.