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THE TRUTH ABOUT FORENSIC ASSESSMENTS AND SOUND FORENSIC PRACTISE

Forensic assessments in cases of alleged sexual abuse is a **specialized field** of work for which **few** private practitioners, nor those working at welfare organizations, are equipped. Parents and significant adults in children's lives are often under the **misconception** that **any** therapist, **social worker** and/or **psychologist** can do these type of assessments – which jeopardize successful prosecution and results in re-assessment of children and secondary trauma for both the child and parents involved.

FACT's heart and passion is to bring the truth about forensic assessments, sound forensic practice and the standard of who can conduct these assessments, to light. This document will provide you with a brief overview of forensic practice and highlight some important questions you might never have thought of asking.

What is a forensic assessment?

Forensic assessments are conducted, by **experts** in the field of **child abuse** and forensic interviewing, when there are suspicions and or allegations that a child has been abused. ***The purpose of the forensic investigation is to conduct a comprehensive, neutral and objective investigation to obtain the facts and aid the Court in determining whether or not a criminal offence has been committed.***

The purpose of the forensic assessment is a **search for facts** by means of an investigation process that is **founded in research and international literature** relevant to the field of child abuse. The process of forensic assessment further should always include the **testing of various hypotheses** and alternative explanations as part of a neutral and objective investigation process (Steele, 2012 ; Faller, 2007; Fouche, 2006).



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International standard for conducting forensic assessments:

International forensic literature identifies four different models that provides the contexts in which forensic investigations can be conducted. The recommended model to work from is the **Comprehensive Assessment Model**. This model supports the use of a comprehensive investigations which supports a full collateral investigation as part of the comprehensive process.

When conducting forensic interviews with children it is considered standard practise that practitioners will conduct these interviews in line with one of the **internationally accepted protocols or practise guidelines**. All though various practise guidelines and protocols are available the one that currently has the most support in literature, through research and peer review is the **NICHD Protocol** (National Institute of Child Health and Human Development). Other protocols that are highly acclaimed include **APSAC Guidelines** (American Professional Society on Child Abuse) and RAPCAN protocol.

Evidence based forensic interviewing consists out of spesific phases and key components. Evidence based forensic interviewing in broad, will incorporate the following elements:

- a) Competency assessment of the child;
- b) Guidelines to prevent the contamination of information during the interview
- c) Training in free narrative and episodic memory;
- d) Semi-structured interview
- e) Transition to topic of concern;

(National Children's Advocacy Centre. Evidence Based Forensic Interviewing: 2011)



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A **collateral investigation** forms an **integral part of forensic investigation** process. The purpose of the collateral investigation is to consult with a variety of relevant role players involved with the child and/or implicated in the allegations in order to generate and **test all possible hypotheses**. The collateral investigation further provides the professional with the opportunity to put the child's information (especially in the case of toddlers or children with developmental delays) in the right context. A collateral investigation is essential in ensuring the **neutrality and objectivity** of the forensic investigation process.

Faller (2007) states *"The current prevailing view is that interviewers should be neutral toward an allegation of (sexual) abuse and entertain multiple hypothesis that might explain an allegation."* and *"Without regard to challenges of interview bias, there are good reasons for considering multiple hypotheses when addressing an allegation of (sexual) abuse"*.

How does a forensic investigation differ from normal clinical assessments and/or therapy?

Faller (2007:6) summarizes the difference as follows: *"The forensic interviewer in child sexual abuse cases seeks the facts, that is, what happened, whereas the clinical interviewer is focussed less on the facts and more on how the abuse and related events affected the child. Whereas the forensic professional often follow a structured protocol, the clinical professional is more flexible. The forensic professional will avoid leading questions and other leading methods of data gathering, the clinical professional will employ some techniques that might be considered leading. The forensic professional may specifically admonish the child to talk only about what really happened and will avoid interview strategies that might result in fantasy."*



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Not only does the purpose of forensic investigations differ from that of clinical interventions but the techniques employed in the two fields are worlds apart. The use of Gestalt and/or projective techniques in a forensic investigation into allegations of abuse, is not supported by literature and can be viewed as invalid as it lacks the necessary empirical foundations (with specific reference to the impact of these techniques on memory and suggestibility of children) (Murrie, Martindale & Epstein, 2009).

Within a forensic assessment, forensic interviewing according to a specific protocol is used to facilitate abuse related information. No techniques or projections are used to obtain or confirm information. Some, evidence based media, may be used to help facilitate the child's disclosure and to clarify aspects of the child's disclosure.

Media differs from techniques in so far that it is only used in conjunction with a verbal disclosure (thus after the child has made an disclosure of abuse) with the sole purpose to facilitate or clarify the disclosure (Faller, 2007)

Murrie, Martindale & Epstein (2009) highlights the following with regards to the use of **play therapy or projective techniques in a forensic assessment** into allegations of abuse: *"They are not objective and reliable measures of constructs that are of interest to the court, nor are they reliable indicators of external events. There are no established psychometric properties, manuals for use or measures of response style for these techniques. In short, these techniques clearly fail to meet thresholds for reliability regarding legal issues such as whether a child has experienced abuse"*



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Who can conduct forensic investigations into allegations of sexual abuse?

Most social workers and psychologist, whether in private practice or working at welfare organizations are not trained to do forensic assessments into allegations of sexual abuse. Forensic assessments is a specialized field and it is important that assessments meet both the international standard as well as legal requirements.

Professionals who conduct forensic assessments into allegations of sexual abuse should:

- a) Be a registered social worker and/or psychologist or registered trauma counselor – in line with the scope of practise and criteria set out by the respective councils (SACSSP and HPCSA)

and

- b) Who have specialized traing in the field of sexual abuse and specific intensive training in forensic assessment of children
 (A masters degree in forensic practise and/or intensive training in forensic assessments is recommended)

with

- b) At least two years experience in the field of forensic assessments.
 (Where the professional has less experience they should be working in consultation with a more experienced forensic assessor).

Questions to ask before you make an appointment for a forensic assessment:

- 1) **Ask for a copy of their C.V.** Professionals with the necessary training should have no problem making their C.V available to you. Look for specialized trianing in sexual abuse, child assessment and specifically forensic assessment in case of alleged abused. Specialized training is not a one or two day training but should have substance of intensive training over weeks. This should including a theoretical and pratical examination to ensure that the professional has intergrated the information and is able to integrate it successfully in practise with children.
- 2) **Ask according to which forensic model do they work?**
 (The Comprehensive Assessment Model is recommended)



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- 3) **Ask which protocol or practice guidelines do they use when conducting forensic interviews ?**
(NICHD Protocol or APSAC Practise guidelines are recommended).

- 4) **Ensure that the professional was not in any way, previously involved with the child or any member of the family, nor the alleged perpetrator.** Previous involvement with any family member or the child, raises the question about the professionals objectivity and neutrality in the matter.

Answers to these questions will help you to determine if the professional has the necessary qualifications and work according to international standards of practice.

