

---

# Guidelines for Psychological Evaluations in Child Protection Matters

---

Committee on Professional Practice and Standards, APA Board of Professional Affairs

---

**T**he problems of abused and neglected children are epidemic in our society (U.S. Advisory Board on Child Abuse and Neglect [ABCAN], 1995) and create issues that psychologists may be called on to address. According to ABCAN, conservative estimates indicate that almost 2,000 infants and young children, or 5 children every day, die from abuse and neglect by parents or caretakers each year. McClain's (ABCAN, 1995; McClain, Sacks, & Frohlike, 1993) research at the Centers for Disease Control and Prevention (CDC) suggests that abuse and neglect kill 5.4 out of every 100,000 children ages four and under.

According to ABCAN, fatalities are not the entire story. There are tens of thousands of victims overwhelmed by lifelong psychological trauma, thousands of traumatized siblings and family members, and thousands of near-death survivors, who as adults continue to bear physical and psychological scars. Each year, 18,000 children are left permanently disabled by abuse or accidents (Baladerian, 1991). Some may turn to crime or domestic violence or become abusers themselves (ABCAN, 1995).

When a child is at risk for harm, psychologists may become involved. Psychologists are in a position to make significant contributions to child welfare decisions. Psychological data and expertise may provide additional sources of information and a perspective not otherwise readily available to the court regarding the functioning of parties, and thus they may increase the fairness of the determination by the court, state agency, or other party.

As the complexity of psychological practice increases and the reciprocal involvement between psychologists and the public broadens, the need for guidelines to educate the profession, the public, and the other interested parties about desirable professional practice in child protection matters has expanded and will probably continue to expand in the foreseeable future. Although psychologists may assume various roles and responsibilities in such proceedings, the following guidelines were developed primarily for psychologists conducting psychological evaluations in child protection matters.<sup>1</sup> These guidelines build on the American Psychological Association's (APA's) *Ethical Principles of Psychologists and Code of Conduct* (APA, 1992)<sup>2</sup> and are aspirational in intent. The term *guidelines* refers to pronouncements, statements, or declarations that suggest or recommend specific professional behavior, endeavor, or conduct for psychologists (APA, 1992). Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism (APA, 1993).

*Thus, these guidelines are not intended to be either mandatory or exhaustive and may not always be applicable to*

*legal matters. Their aspirational intent is to facilitate the continued systematic development of the profession and to help to assure a high level of professional practice by psychologists. These guidelines should not be construed as definitive or as intended to take precedence over the judgment of psychologists. The specific goal of the guidelines is to promote proficiency in using psychological expertise in conducting psychological evaluations in child protection matters.*

Parents<sup>3</sup> enjoy important civil and constitutional rights regarding the care of their children. A child has a fundamental interest in being protected from abuse and neglect. Child protection laws attempt to strike a balance between these interests. Under the concept of *parens patriae* (see glossary), all states have the right to intervene in cases where a child is at risk for harm. State interventions most

---

These guidelines were drafted by the Committee on Professional Practice and Standards (COPPS), a committee of the Board of Professional Affairs (BPA) of the APA. COPPS is responsible for developing and recommending to BPA standards and guidelines for providers of psychological services and for monitoring, evaluating, and developing information regarding the scientific and professional aspects of psychological services. This document was adopted as APA policy by the Council of Representatives on February 18, 1998. Suggested citation: American Psychological Association Committee on Professional Practice and Standards (1998). *Guidelines for Psychological Evaluations in Child Protection Matters*. Washington, DC: American Psychological Association.

This document reflects the contributions of many psychologists and was drafted by COPPS members whose terms of service were staggered across the five year period spanning 1994–1999. The primary contributors to the report, in alphabetical order (terms of service are shown in parentheses), were \*Catherine Acuff, PhD (6/94–12/97); \*Steven Bisbing, PsyD, JD (2/97–12/99); Michael Gottlieb, PhD (2/97–12/99); \*Lisa Grossman, JD, PhD (2/96–12/99); Jody Porter, PhD (2/95–12/97); \*Richard Reichbart, PhD, (2/94–2/97); Steven Sparta, PhD (2/96–12/98); C. Eugene Walker, PhD (2/94–2/97). \*Denotes that the member was Chair of COPPS during a portion of his or her service.

Correspondence concerning this report should be addressed to the Practice Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

---

<sup>1</sup> For example, the role of psychologists acting as a psychotherapists, conducting individual or family psychotherapy, is very different from the role of psychologists conducting formal child protection evaluations (Greenberg & Shuman, 1997).

<sup>2</sup> At times, these guidelines refer to other APA documents such as the ethics code, test standards, and record keeping guidelines. These documents undergo periodic review and revision. Therefore, the reader is advised to refer to the most recent edition.

<sup>3</sup> For the purposes of this document, the term *parent* may also refer to persons other than a biological parent, such as but not limited to a grandparent, foster parent, or legal guardian. However, it should be noted that at this time, only biological and adoptive parents have a *constitutional* right to care for their child.

commonly occur in three stages. In the first stage, following a report of suspected child abuse and neglect,<sup>4</sup> an investigation occurs. In the second stage, if the findings of the investigation stage indicate the child is at sufficient risk for harm, the state may assume care and/or custody of the child and may make recommendations for rehabilitation of the parents. The third stage may occur if such rehabilitative conditions have failed to create a safe environment for the child's return to the parent(s), or if the child has been returned unsuccessfully. At this point, the state may request a hearing for a final disposition. The final dispositional stage may result in involuntary termination of parental rights. Such a disposition typically requires not only a finding of abuse and/or neglect by the parent(s), but also a finding that various rehabilitative efforts with the parent(s) have failed. Psychologists are aware that the most extreme disposition—termination of parental rights—has a finality requiring both due process protection and a higher standard of proof<sup>5</sup> than may be used in other child protection matters.

Jurisdictions have statutory or case law requirements that diligent efforts must be made to rehabilitate the parent(s) and reunite the child with his or her parent(s). Typically, these requirements must be met prior to a disposition of parental termination. Different states may have different statutory or case law requirements. In conducting an evaluation, psychologists should be familiar with applicable law.<sup>6</sup>

During any of the above mentioned stages, psychologists may be asked to evaluate different parties for different purposes. Psychologists may act as agents of the court or the child protection agency, or they may be directly retained by the parent(s). Psychologists may also be retained by a guardian *ad litem* (see glossary) if one has been appointed to represent the child.

As evaluators in child protection cases, psychologists are frequently asked to address such questions as the following:

1. How seriously has the child's psychological well-being been affected?
2. What therapeutic interventions would be recommended to assist the child?
3. Can the parent(s) be successfully treated to prevent harm to the child in the future? If so, how? If not, why?
4. What would be the psychological effect on the child if returned to the parent(s)?
5. What would be the psychological effect on the child if separated from the parents or if parental rights were terminated?

In the course of their evaluations, and depending on the specific needs of a given case, psychologists may wish to evaluate the parent(s) and/or the child individually or together. Psychologists may wish to gather information on family history, assess relevant personality functioning, assess the developmental needs of the child, explore the nature and quality of the parent-child relationship, and assess evidence of trauma. Psychologists are encouraged to consider specific risk factors such as substance abuse or chemical dependency, domestic violence, financial circum-

stances, health status of family members, and the entire family context. Psychologists may wish to review information from other sources, including an assessment of cultural, educational, religious, and community factors.

Particular competencies and knowledge are necessary when performing psychological evaluations in child protection matters so that adequate and appropriate psychological services can be provided to the court, state agencies, or other parties. For example, in cases involving physical disability, such as hearing impairments, orthopedic handicaps, and so forth, psychologists strive to seek consultation from experts in these areas. Particular attention should also be given to other aspects of human diversity, such as but not limited to ethnic minority status, sexual orientation, and socioeconomic status.

Conducting psychological evaluations in child protection matters can be a demanding and stressful task. The demand of such evaluations can become heightened because the issues involved may include child abuse, neglect, and/or family violence. Psychologists are alert to these personal stressors and, when appropriate, undertake relevant study, training, supervision, and/or consultation.

## Guidelines for Psychological Evaluations in Child Protection Matters

### I. Orienting Guidelines

**1. The primary purpose of the evaluation is to provide relevant, professionally sound results or opinions, in matters where a child's health and welfare may have been and/or may in the future be harmed.** The specific purposes of the evaluation will be determined by the nature of the child protection matter. In investigative proceedings, a primary purpose of the evaluation is to assist in determining whether the child's health and welfare may have been harmed. When the child is already identified as being at risk for harm, the evaluation often focuses on rehabilitation recommendations, designed to protect the child and help the family. An additional purpose of such an evaluation may be to make recommendations for interventions that promote the psychological and physical well-being of the child and, if appropriate, facilitate the reunification of the family. Psychologists appreciate the value of expediting family reunification when safe and appropriate.

In proceedings involving termination of parental rights, the primary purpose of the evaluation is to assess not only abuse or neglect by the parent(s), but also whether

<sup>4</sup> Although these guidelines usually refer to parents, it is recognized that children are potentially abused by a wide variety of individuals, including but not limited to siblings, companions of parents, caregivers, or strangers.

<sup>5</sup> The U.S. Supreme Court overturned a preponderance of evidence standard and instituted one of a clear and convincing burden of proof to involuntarily terminate parental rights (*Santosky v. Kramer*, 1982).

<sup>6</sup> There are circumstances where federal rather than state law may apply (e.g., on military installations and in Native American territories).

rehabilitation efforts for and by the parent(s) have succeeded in creating a safe environment for the child's return.

**2. In child protection cases, the child's interest and well-being are paramount.** In these cases, the state is intervening in the family on the basis of the concern that the child's needs at that time are not being served by the family, thus resulting in the child's psychological or physical harm. Therefore, the child's interest and well-being are paramount. In proceedings where involuntary termination of parental rights is being considered, there is an additional focus: whether the parents have been or can be successfully rehabilitated.

**3. The evaluation addresses the particular psychological and developmental needs of the child and/or parent(s) that are relevant to child protection issues such as physical abuse, sexual abuse, neglect, and/or serious emotional harm.** In considering psychological factors affecting the health and welfare of the child, psychologists may focus on parental capacities in conjunction with the psychological and developmental needs of the child. This may involve an assessment of the following: (a) the capacities of the adult(s) for parenting, including those attributes, skills, and abilities most relevant to abuse and/or neglect concerns; (b) the psychological functioning and developmental needs of the child, particularly the child's vulnerabilities and special needs, as well as the strength of the child's attachment to the parent(s) and the possible detrimental effects of separation from the parent(s); (c) the current and potential functional abilities of the parent(s) to meet the needs of the child, including an evaluation of the relationship between the child and the parent(s); (d) the need for and likelihood of success of clinical interventions for observed problems, which may include recommendations regarding treatment focus, frequency of sessions, specialized kinds of intervention, parent education, and placement.

## **II. General Guidelines: Preparing for a Child Protection Evaluation**

**4. The role of psychologists conducting evaluations is that of a professional expert who strives to maintain an unbiased, objective stance.** In performing protection evaluations, psychologists do not act as judges, who make the ultimate decision by applying the law to all relevant evidence, or as advocating attorneys for any particular party. Whether retained by the court, the child protection agency, the parent(s), or the guardian *ad litem* for the child, psychologists should strive to be objective. Psychologists rely on scientifically and professionally derived knowledge when making judgments and describe fairly the bases for their testimonies and conclusions. If psychologists cannot accept this unbiased objective stance, they should consider withdrawing from the case. If not permitted to withdraw, psychologists disclose factors that may bias their findings and/or compromise their objectivity.

**5. The serious consequences of psychological assessment in child protection matters**

**place a heavy burden on psychologists.** Because psychologists' professional judgments have great potential to affect the lives of others, psychologists are alert to guard against factors that might lead to misuse of their findings. For example, in an initial dispositional hearing, psychologists' findings may be used to separate the child from her or his parent(s). In a final dispositional hearing, the psychologists' findings may be a factor in the decision to terminate parental rights. The gravity and potential permanence of this consequence underscore the importance for psychologists to reasonably ensure the objectivity of the assessment procedure and findings.

**6. Psychologists gain specialized competence.** Psychologists who conduct evaluations in child protection matters are aware that special competencies and knowledge may be necessary for the undertaking of such evaluations. Competence in performing psychological assessments of children, adults, and families is necessary but not sufficient. Education, training, experience, and/or supervision in the areas of forensic practice, child and family development, child and family psychopathology, the impact of separation on the child, the nature of various types of child abuse, and the role of human differences<sup>7</sup> may help to prepare psychologists to participate competently in psychological evaluations in child protection matters.

Psychologists make reasonable efforts to use current knowledge of scholarly and professional developments, consistent with generally accepted clinical and scientific practice, in selecting evaluation methods and procedures. The current *Standards for Educational and Psychological Testing* (APA, 1985) is adhered to in the use of psychological tests and other assessment tools.

Psychologists also strive to become familiar with applicable legal and regulatory standards and procedures, including state and federal laws governing child protection issues. These may include laws and regulations addressing child abuse, neglect, and termination of parental rights.

**7. Psychologists are aware of personal and societal biases and engage in nondiscriminatory practice.** Psychologists engaging in psychological evaluations in child protection matters are aware of how biases regarding age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, culture, and socioeconomic status may interfere with an objective evaluation and recommendations. Psychologists recognize and strive to overcome any such biases or withdraw from the evaluation. When interpreting evaluation results, psychologists strive to be aware that there are diverse cultural and community methods of child rearing, and they consider these in the context of the existing state and federal<sup>8</sup> laws. Also, psychologists should use, whenever available, tests and norms based on populations similar to those evaluated.

<sup>7</sup> *Human differences* refers to differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and, socioeconomic status.

<sup>8</sup> For example, see the Indian Child Welfare Act (1978).

**8. Psychologists avoid multiple relationships.** In conducting psychological evaluations in child protective matters, psychologists are aware that there may be a need to avoid confusion about role boundaries. Psychologists generally do not conduct psychological evaluations in child protection matters in which they serve in a therapeutic role for the child or the immediate family or have had other involvement that may compromise their objectivity. This does not, however, preclude psychologists from testifying in cases as fact or expert witnesses concerning therapeutic treatment of the children, parents, or families. In addition, during the course of a psychological evaluation in child protection matters, psychologists do not accept any of the participants involved in the evaluation as therapy clients. Therapeutic contact with the child or involved participants following a child protection evaluation is discouraged and, when done, is undertaken with caution.

Psychologists asked to testify about a therapy client who is involved in a child protection case are aware of the limitations and possible biases inherent in such a role and the possible impact on ongoing therapeutic relationships. Although the court may order psychologists to testify as fact or expert witnesses regarding information they became aware of in a professional relationship with a client, psychologists must appreciate the difference in roles and methods between being psychotherapists and being child protection evaluators.

### **III. Procedural Guidelines: Conducting a Psychological Evaluation in Child Protection Matters**

In child protection matters, there are many different situations representing a wide variety of legal and ethical considerations. The appropriate procedure in one case may not be appropriate in another. Psychologists should be alert to applicable laws that govern the evaluation, as well as applicable sections of the *Ethical Principles and Code of Conduct for Psychologists* (APA, 1992), particularly those sections dealing with confidentiality. In addition, psychologists appreciate the need for timeliness in child protection matters (e.g., response to evaluation referral, scheduling appointments, completion of report).

**9. On the basis of the nature of the referral questions, the scope of the evaluation is determined by the evaluator.** The scope of the protection-related evaluation is determined by the nature of the questions or issues raised by the referring agency, person, or court, or it is inherent in the situation. In child protection matters, psychologists are frequently asked to address parenting deficits. Consequently, psychologists are often asked to propose a rehabilitation plan for the parent(s) or to discuss why prior rehabilitation attempts have failed. The scope and methods of the assessment should be based on consideration of the referral questions and the appropriate methods by which to evaluate them. Sometimes the evaluation is limited to one parent without attempting to compare the parents. Likewise, the scope may be limited to evaluating the child. At other times, psychologists may be asked to critique the assumptions and methodology of

another mental health professional's assessment. Psychologists may also identify relevant issues not anticipated in the referral questions that could enlarge the scope of the evaluation. Also, psychologists might serve as pure expert witnesses in such areas as child development or social psychology, providing expertise to the court without relating it specifically to the parties involved in a particular case.

**10. Psychologists performing psychological evaluations in child protection matters obtain appropriate informed consent from all adult participants and, as appropriate, inform the child participant. Psychologists need to be particularly sensitive to informed consent issues.** Psychological evaluations in child protection matters are often performed at the request of an agency, by order of a court, or at the request of another individual, such as an attorney. Because of the nature of child protection matters, the complexity of the legal issues involved, and the potential serious consequences of the evaluation, psychologists need to be particularly sensitive to informed consent issues. Efforts toward obtaining informed consent should make clear to the participant the nature of the evaluation, its purpose, to whom the results will be provided, and the role of the psychologist in relation to the referring party (see APA's, 1992, *Ethical Principles of Psychologists and Code of Conduct*, Standards 1.21 and 1.216 re third party request for services). This information should be provided in language understandable to the recipient.

Because participants in this type of evaluation may feel compelled to cooperate, psychologists should attempt to obtain confirmation of the participants' understanding of and agreement to the evaluation, including its purposes and its implications, prior to the initiation of the evaluation. The *Ethical Principles of Psychologists and Code of Conduct* requires appropriate informed consent, and many state laws require written consent. Should there be refusal to give consent, it may be advisable to refer the individual back to his or her own attorney or to seek the guidance of the court or referring agency before proceeding. The purpose of the evaluation, the results, and where and to whom the results are distributed are all determined by the individual characteristics of the case as well as by legal requirements and agency regulations.

The *Ethical Principles of Psychologists and Code of Conduct* suggests that psychologists provide information to the child as appropriate, to the extent that the child is able to understand. Psychologists explain to the child the nature of the evaluation procedures. Psychologists attempt to make it clear to the child that his or her safety is the primary interest and that because of that interest, the information will be shared with others. Psychologists allow time for questions by the child and answer them in a developmentally and culturally appropriate fashion.

**11. Psychologists inform participants about the disclosure of information and the limits of confidentiality.** Psychologists conducting a psychological evaluation in child protection matters ensure

that the participants, including the child (to the extent feasible), are aware of the limits of confidentiality for the evaluation results. Psychologists recognize that evaluation results could be sought by a child protection investigation agency, the court, a guardian *ad litem* for the child, or an attorney for either parent. When an evaluation is court ordered, there may be special considerations regarding the limits of confidentiality and the disclosure of information. In such cases, psychologists will seek to reconcile the APA ethical standards with fulfilling the demands of the court. A clear explanation of the nature of the evaluation and to whom it will be released takes place.

**12. Psychologists use multiple methods of data gathering.** Psychologists strive to use the most appropriate methods available for addressing the questions raised in a specific child protection evaluation. Psychologists generally use multiple methods of data gathering, including but not limited to clinical interviews, observation, and/or psychological testing, that are sufficient to provide appropriate substantiation for their findings. Psychologists may review relevant reports (e.g., from child protection agencies, social service providers, law enforcement agencies, health care providers, child-care providers, schools, and institutions). In evaluating parental capacity to care for a particular child or the child-parent interaction, psychologists make efforts to observe the child together with the parent and recognize the value of these observations occurring in natural settings. This may not always be possible, for example, in cases where the safety of the child is in jeopardy or parental contact with the child has been prohibited by the court. Psychologists may also attempt to interview extended family members and other individuals when appropriate (e.g., caretakers, grandparents, and teachers). If information gathered from a third party is used as a basis for conclusions, psychologists attempt to corroborate it from at least one other source wherever possible. The corroboration should be documented in the report.

**13. Psychologists neither overinterpret nor inappropriately interpret clinical or assessment data.** Psychologists refrain from drawing conclusions not adequately supported by the data. Psychologists interpret any data from interviews or tests cautiously and conservatively, strive to be knowledgeable about cultural norms, and present findings in a form understandable to the recipient. Psychologists strive to acknowledge to the court any limitations in methods or data used. In addition, psychologists are aware that in compelled evaluations, the situation may lend itself to defensiveness by the participant, given the potentially serious consequences of an adverse finding. Consequently, the situational determinants should be borne in mind when interpreting test findings.

**14. Psychologists conducting a psychological evaluation in child protection matters provide an opinion regarding the psychological functioning of an individual only after conducting an evaluation of the individual adequate to support their statements or conclusions.** This guideline does not preclude psychologists from reporting what an individual has stated or from

addressing theoretical issues or hypothetical questions, as long as any limitations of the basis of such information are noted. When, despite reasonable effort, a personal evaluation of an individual is not feasible, psychologists report this and appropriately limit the nature and extent of their conclusions or recommendations.

**15. Recommendations, if offered, are based on whether the child's health and welfare have been and/or may be seriously harmed.** When conducting a psychological evaluation in child protection matters, psychologists may choose to make a variety of recommendations, including but not limited to psychological treatment for the child, psychological treatment for the parent(s), and suggestions for parental rehabilitation that would help create a safe environment for the child.

If recommendations are made, the primary focus must be the child's health and welfare. Recommendations are based on sound psychological data, such as clinical data, interpretations, and inferences founded on generally accepted psychological theory and practice. Particular attention may be given to outcomes research on interventions with abusive families. Psychologists strive to disclose relevant information and clinical data pertaining to the issues being evaluated while maintaining an awareness of the limitations in predicting future violent behavior. They also explain the reasoning behind their conclusions.

The profession has not reached consensus about whether making dispositional recommendations in child protection evaluations is within the purview of psychological practice. However, if psychologists choose to make dispositional recommendations, the recommendations should be derived from sound psychological data and must be based on considerations of the child's health and welfare in the particular case.

**16. Psychologists clarify financial arrangements.** Financial arrangements are clarified and agreed on prior to conducting a child protection evaluation. When billing for an evaluation, psychologists accurately describe the services provided for reimbursement purposes.

**17. Psychologists maintain appropriate records.** All data obtained in the process of conducting a child protection evaluation are properly maintained and stored in accordance with the *APA Record Keeping Guidelines* (APA, 1993). All records, including raw data and interview information, are recorded with the understanding that they may be reviewed by other psychologists, the court, or the client.

## Glossary of Terms

The following are general definitions intended solely to familiarize readers with some common terms used in child protection matters. These are not to be construed as uniformly accepted legal definitions or applied in specific legal matters. Readers wishing to use these terms as part of their evaluations are encouraged to confer with a

licensed attorney in the state in which they are providing the evaluation.<sup>9</sup>

**Abuse, emotional:** Also referred to as *psychological maltreatment*; generally defined as a repeated pattern of behavior that conveys to children that they are worthless, unwanted, or only of value in meeting another's needs; may include serious threats of physical or psychological violence.

**Abuse, neglect:** See **Neglect**.

**Abuse, physical:** Generally defined as the suffering by a child, or substantial risk that a child will imminently suffer, a physical harm, inflicted nonaccidentally on him or her by his or her parents or caretaker.

**Abuse, sexual (child):** Generally defined as contacts between a child and an adult or other person significantly older or in a position of power or control over the child, where the child is being used for sexual stimulation of the adult or other person.

**Beyond a reasonable doubt:** Highest standard of proof, used in cases where the loss of liberty interests are at stake (e.g., incarceration or loss of life). Generally defined as the highest degree of support or level of certainty (90%–95% chance).

**Burden of proof:** An obligation by a party (e.g., plaintiff in civil cases, the state in a termination-of-parental-rights matter) to demonstrate to the court that the weight of the evidence in a legal action favors his or her side, position, or argument.

**Child Protective Services:** The social service agency (in most states) designated to receive reports, investigate, and provide rehabilitation services to children and families with problems of child maltreatment. Frequently, this agency is located within a large public entity, such as a department of social services or human services.

**Clear and convincing:** Intermediate standard of proof used in cases when significant liberty interests are at stake (e.g., loss of parental rights, civil commitment). Generally defined as a high degree of support or level of certainty (75% chance).

**Disposition hearing:** Held by the juvenile or family court to determine the disposition of children after cases have been adjudicated; includes determinations regarding placement of the child in out-of-home care when necessary and services needed by the children and family to reduce the risks and address the effects of maltreatment.

**Evidence:** Any form of proof presented by a party for the purpose of supporting its factual allegations or arguments before the court.

**Expert witness:** An individual who by reason of education or specialized experience possesses superior knowledge of a subject about which persons having no particular training are incapable of forming an accurate opinion or deducing correct conclusions. A witness who has been qualified as an expert will be allowed (through his or her answers to questions posed) to assist the jury in understanding complicated and technical subjects not within the understanding of the average layperson. Experts are also allowed to provide testimony based on hypothetical

scenarios or information and opinions that are not specifically related to the parties in a particular legal action.

**Fact witness:** Generally defined as an individual who, by being present, personally sees or perceives a thing; a beholder, spectator, or eyewitness. One who testifies to what he or she has seen, heard, or otherwise observed regarding a circumstance, event, or occurrence as it actually took place or a physical object or appearance as it usually exists or existed. Fact witnesses are generally not allowed to offer opinion, address issues that they do not have personal knowledge of, or respond to hypothetical situations.

**Family or juvenile court:** Courts specifically established to hear cases concerning minors and related domestic matters such as child abuse, neglect, child support, termination of paternity, termination of parental rights, juvenile delinquency, and family domestic offenses.

**Family preservation or reunification:** The philosophical belief of social service agencies, established in law and policy, that children and families should be maintained together if the safety of the children can be ensured.

**Guardian *ad litem*:** Generally defined as an adult appointed by the court to represent and make decisions for someone (such as a minor) legally incapable of doing so on his or her own in a civil legal proceeding. The guardian *ad litem* can be any adult with a demonstrated interest.

**Guardianship:** Legal right given to a person to be responsible for the necessities (e.g., food, shelter, health care) of another person legally deemed incapable of providing these necessities for himself or herself.

**Maltreatment:** Generally defined as actions that are abusive, neglectful, or otherwise threatening to a child's welfare. Commonly used as a general term for child abuse and neglect.

**Neglect:** Generally defined as an act of omission, specifically the failure of a parent or other person legally responsible for a child's welfare to provide for the child's basic needs and proper level of care with respect to food, shelter, hygiene, medical attention, or supervision. There are two types of neglect:

1. **Emotional:** Generally defined as the passive or passive-aggressive inattention to a child's emotional needs, nurturing, or emotional well-being. Also referred to as psychological unavailability to a child.

2. **Physical:** Generally defined as a child suffering, or in substantial risk of imminently suffering, physical harm causing disfigurement, impairment of bodily functioning, or other serious physical injury as a result of conditions created by a parent or other person legally responsible for the child's welfare or by the failure of a parent or person legally responsible for the child's welfare to adequately supervise or protect him or her.

**Out-of-home care:** Child care, foster care, or residential care provided by persons, organizations, and institutions

<sup>9</sup> Many definitions contained in the glossary have been taken from *Working With Courts in Child Protection* (National Center on Child Abuse and Neglect, 1995).

to children who are placed outside of their families, usually under the jurisdiction of a juvenile or family court.

**Parens patriae:** Refers traditionally to the role of state as sovereign and guardian of persons under legal disability. It is a concept of standing used to protect those quasi-sovereign interests such as health, comfort, and welfare of the people, interstate water rights, general economy of the state, and so forth. Literally means "parent of the country."

**Petition:** A formal written application to the court requesting judicial action on a particular matter.

**Preponderance of evidence:** Lowest of the three standards of proof, and the standard applied in most civil actions; generally defined as a "probable" degree of certainty (e.g., "more likely than not" or a 51% chance).

**Protection order:** May be ordered by the judge to restrain or control the conduct of the alleged maltreating adult or any other person who might harm the child or interfere with the disposition.

**Review hearing:** Held by the juvenile or family court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care and/or court jurisdiction of a child. Every state requires state courts, agency panels, or citizen review boards to hold periodic reviews to reevaluate the child's circumstances if he or she has been placed in out-of-home care. Federal law requires, as a condition of federal funding eligibility, that a review hearing be held within at least 18 months of a disposition and that they continue to be held at regular intervals to determine the ultimate resolution of the case (i.e., whether the child will be returned home, continued in out-of-home care for a specified period, placed for adoption, or continued in long-term foster care).

**Termination of parental rights hearing:** Formal judicial proceeding where the legal rights and responsibility for a child are permanently or indefinitely severed and are no longer legally recognized and where the state assumes legal responsibility for the care and welfare of the child.

## REFERENCES

- American Psychological Association. (1985). *Standards for educational and psychological testing*. Washington, DC: Author.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- American Psychological Association. (1993). Record keeping guidelines. *American Psychologist*, 48, 984-986.
- Baladerian, N. J. (1991). Abuse causes disabilities. In *Disability and the family*. Culver City, CA: SPECTRUM Institute.
- Greenberg, S., & Shuman, D. W. (1997). Irreconcilable conflict between therapeutic and forensic roles. *Professional Psychology: Research and Practice*, 28, 50-57.
- Indian Child Welfare Act of 1978, 25 U.S.C. §§ 1901-1963 (1978).
- McClain, P., Sacks, J., & Frohke, R. (1993). Estimates of fatal child abuse and neglect, United States, 1979-1988. *Pediatrics*, 91, 338-343.
- National Center on Child Abuse and Neglect. (1995). *Working with courts in child protection*. Washington, DC: U.S. Department of Health and Human Services.

Santosky v. Kramer, 455 U.S. 745 (1982).

U.S. Advisory Board on Child Abuse and Neglect. (1995). *A national shame: Fatal child abuse and neglect in the U.S.* (5th Rep.). Washington, DC: U.S. Government Printing Office.

## BIBLIOGRAPHY

- American Psychological Association. (1985). *Standards for educational and psychological testing*. Washington, DC: Author.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- American Psychological Association. (1993). Record keeping guidelines. *American Psychologist*, 48, 984-986.
- Briere, J. (Ed.). (1991). *Treating victims of child sexual abuse: Implications for clinical practice*. In *New Directions for Mental Health Services Series*, 51. San Francisco: Jossey-Bass.
- Butcher, J. N., & Pope, K. S. (1993). Seven issues in conducting forensic assessments: Ethical responsibilities in light of new standards and new tests. *Ethics and Behavior*, 3, 267-288.
- Ceci, S. (1995). *Jeopardy in the courtroom*. Washington, DC: American Psychological Association.
- Committee on Ethical Guidelines for Forensic Psychologists. (1991). Specialty guidelines for forensic psychologists. *Law and Human Behavior*, 6, 655-665.
- Conte, J. R. (1986). *A look at child sexual abuse*. Chicago: National Committee for Prevention of Child Abuse.
- Coulborn-Faller, K. (1988). *Child sexual abuse: An interdisciplinary manual for diagnosis, case management, and treatment*. New York: Columbia University Press.
- Daro, D. H., & McCurdy, K. (1993). *Current trends in child abuse reporting and fatalities: The results of the 1993 annual fifty state survey*. Chicago: National Committee to Prevent Child Abuse.
- Doris, J. (Ed.). (1991). *The suggestibility of children's recollection: Implications for eye witness testimony*. Washington, DC: American Psychological Association.
- English, D. J. (1989). *Risk assessment: Issues and concerns*. Denver, CO: American Humane Society.
- Faller, K. C., & Everson, M. D. (Eds.). (1996). Child interviewing, Part I. *Child Maltreatment*, 1, 83-175.
- Faller, K. C., & Everson, M. D. (Eds.). (1996). Child interviewing, Part II. *Child Maltreatment*, 1, 187-212.
- Friedreich, W. N. (1990). *Psychotherapy of sexually abused children and their families*. New York: Norton.
- Goldstein, J., Friend, A., Solnit, A. J., & Goldstein, S. (1986). *In the best interests of the child*. New York: Free Press.
- Grisso, T. (1986). *Evaluating competencies: Forensic assessments and instruments*. New York: Plenum.
- Hagans, K. B., & Case, J. (1988). *When your child has been molested: A parent's guide to healing and recovery*. New York: Lexington Books.
- Hass, L. J. (1993). Competence and quality in the performance of forensic psychologists. *Ethics and Behavior*, 3, 251-266.
- Helfar, R. E., & Kempe, R. S. (Eds.). (1987). *The battered child* (4th ed.). Chicago: University of Chicago Press.
- Kalichman, S. C. (1993). *Mandated reporting of suspected child abuse: Ethics, law, and policy*. Washington, DC: American Psychological Association.
- Kalichman, S. C., Craig, M. E., & Follingstad, D. R. (1988). Factors influencing the reporting of father-child sexual abuse; study of licensed practicing psychologists. *Professional Psychology*, 20, 84-89.
- Koocher, G. P., & Keith-Spiegel, P. C. (1990). *Children, ethics, and the law: Professional issues and cases*. Lincoln: University of Nebraska Press.
- Kuehnle, K. (1996). *Assessing allegations of child sexual abuse*. Sarasota, FL: Professional Resource Press.
- Melton, G. B., Pettila, J., Poythress, N. G., & Slobogin, C. (1997). *Psychological evaluations for the courts: A handbook for mental health professionals and lawyers*. New York: Guilford Press.

- Myers, J. E. B. (1997). *Evidence in child abuse and neglect cases* (Vols. 1-2). New York: Wiley.
- Reiser, M. (1991). Recantation of child sexual abuse cases. *Child Welfare*, 70, 611-623.
- Roane, T. (1992). Male victims of sexual abuse: A case review within a child protective team. *Child Welfare*, 71, 231-241.
- Sales, B., & Simon, L. (1993). Institutional constraints on the ethics of expert testimony. *Ethics and Behavior*, 3, 231-249.
- Santosky v. Kramer, 455 U.S. 745 (1982).
- Saunders, T. R. (1991). An overview of some psychological issues in child physical and sexual abuse. *Psychotherapy in Private Practice*, 9(2), 61-78.
- U.S. Advisory Board on Child Abuse and Neglect. (1995). *A national shame: Fatal child abuse and neglect in the U.S.* (5th Rep.). Washington, DC: U.S. Government Printing Office.
- Walker, C. E., Bonner, B. L., & Kaufman, K. L. (1988). *The physically and sexually abused child: Evaluation and treatment*. Elmsford, NY: Pergamon Press.
- Watson, H., & Levine, M. (1989). Psychotherapy and mandated reporting of child abuse. *American Journal of Orthopsychiatry*, 59, 246-255.
- Weissman, H. (1991). Forensic psychological examination of the child witness in cases of alleged sexual abuse. *American Journal of Orthopsychiatry*, 61, 1, 48-58.
- White, S. (1990). The contamination of children's interviews. *Child Youth and Family Service Quarterly*, 13(3), 6, 17-18.
- Willis, D. J., Bagwell, W., Broyhill, G. C., & Campbell, M. M. (1991). *Child abuse: Abstracts of the psychological and behavioral literature: Vol. 2. 1986-1990*. Washington, DC: American Psychological Association.
- Willis, D. J., Bagwell, W., & Campbell, M. M. (1991). *Child abuse: Abstracts of the psychological and behavioral literature: Vol. 1. 1967-1985*. Washington, DC: American Psychological Association.

#### RELATED JOURNALS

*Child Abuse and Neglect: The International Journal*  
*Child Maltreatment: Journal of the American Professional Society of the Abuse of Children*  
*Child Welfare*  
*Journal of Child Sexual Abuse*  
*Journal of Family Violence*  
*Journal of Interpersonal Violence*

#### ADDITIONAL RESOURCES

American Academy of Pediatrics  
 141 Northwest Point Boulevard  
 P.O. Box 927  
 Elk Grove, IL 60009-0927  
 (800) 433-9016

National Association of Counsel for Children  
 1205 Oneida Street  
 Denver, CO 80220  
 (303) 321-3963

American Bar Association Center on Children and the Law  
 1800 M Street, NW, Suite 200  
 Washington, DC 20036  
 (202) 331-2250

National Clearinghouse on Child Abuse and Neglect Information  
 U.S. Department of Health and Human Services  
 P.O. Box 1182  
 Washington, DC 20013  
 (800) FYI-3366

American Professional Society on the Abuse of Children  
 407 South Dearborn, Suite 1300  
 Chicago, IL 60605  
 (312) 554-0166

National Committee to Prevent Child Abuse  
 332 S. Michigan Avenue, Suite 1600  
 Chicago, IL 60604-4357  
 (312) 663-3520

Child Welfare League of America  
 440 First Street, NE, Suite 310  
 Washington, DC 20001-2085  
 (202) 638-2952

National Resource Center on Child Sexual Abuse Information Service  
 2204 Whitesburg Drive, Suite 200  
 Huntsville, AL 35801  
 (800) 543-7006

Clearinghouse on Child Abuse and Neglect Information  
 P.O. Box 1182  
 Washington, DC 20013  
 (703) 385-7565

Family Violence and Sexual Assault Institute  
 1310 Clinic Drive  
 Tyler, TX 75701  
 (903) 534-5100