ALLEGATIONS OF CHILD SEXUAL ABUSE IN CHILD CUSTODY CASES

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CSA Defined

- Child sexual abuse (CSA) generally refers to sexual acts, sexual exploitation, or sexually motivated behaviors involving children. It includes both touching offenses, such as fondling or sexual intercourse, and non-touching offenses, such as exposing a child to pornographic materials. It can also involve varying degrees of violence and emotional trauma.

Child and Family Services Review Information Portal:
https://www.cfsrportal.acf.hhs.gov/

Report Sources of Child Abuse/Neglect Cases- 2017

- 19.4% Educational Personnel
- 18.3% Legal and Law Enforcement
- 11.7% Social Services Personnel
- 6.3% Parents
- 6.4% Other Relatives
- 4.1% Friends and Neighbors

Child and Family Services Review Information Portal:
https://www.cfsrportal.acf.hhs.gov/

False Allegations of Child Sexual Abuse in the Context of a Divorce/Custody Case

With regard to false allegations of sexual abuse within the context of divorce and custody/visitation disputes, it appears that these allegations may be more likely to be false than allegations in other situations.

Further, **most false allegations come from adults rather than from children.**

(Bula, 2001; Berliner, 1988; Faller 1988; Faller & DeVoe, 1995; Jones & McGraw, 1987).

False Allegations of Child Sexual Abuse in the Context of a Divorce/Custody Case

Studies tend to conclude that the percentage of false allegations of sexual abuse within the context of divorce and visitation disputes ranges from 2% to 20%.

Braunstein, *Red Flag or Red Herring, Allegations of Sexual Abuse in Divorce, Custody and Visitation Cases*, The Matrimonial Strategist (2004)

False Allegations of Child Sexual Abuse in the Context of a Divorce/Custody Case

The varying results and methodological problems of the studies reviewed do not allow a precise statement to be made about the rates of false allegations of sexual abuse.

False Allegations of Child Sexual Abuse in the Context of a Divorce/Custody Case

However, two broad claims seem to be supported…

(a) Most allegations of CSA are true

(b) False allegations do occur at a negligible rate (usually in the 2-5% range)

O'Donohue, Cummings, Willis, The Frequency of False Allegations of Child Sexual Abuse: A Critical Review, *Journal of Child Sexual Abuse*, 2018, Vol. 27, No. 5, 459-475

Canadian Study on "Malicious False Allegations" of Child Maltreatment

- 7,600 cases across Canada in 1998
- Found 4% maliciously false allegations overall;12% in context of custody dispute
- Fathers more likely to make intentionally false allegations than mothers/children
- Judgements of "intentionally false" reports were made by caseworker
- Not all false allegations are intentional

Trocme, N & Bala, N. False Allegations of Abuse and Neglect When Parents Separate, *Child Abuse and Neglect 29 (2005) 1333-1345*

Disclosures & Allegations

- A child may say something, e.g., “Daddy hurt my pee-pee.”
- Child may display concerning behavior: e.g., sexualized behavior, regression, withdrawal, etc.
- Combination of above
- Contextual variables: triggering event, school performance/attendance, somatic symptoms, resisting contact with a parent, etc.
- CSA suspected

Who Raises the Allegation?

- Parent
- Teacher
- Therapist
- Sibling
- Peer
- Extended family member
- Trusted adult
- Forensic Interviewer
- Mandated reporter

What happens next?

- Child may witness distressed reactions to his/her disclosure/statement
- Child is likely to be questioned
- Child's body may be inspected, examined
- Child may be questioned by others
- A forensic child sexual abuse interview may be conducted

State and County Child Abuse Protocols

The **purpose of the state protocol** is to ensure coordination and cooperation between all agencies involved in a child abuse case so as to increase the efficiency of all agencies handling such cases, to minimize the stress created for the allegedly abused child by the legal and investigatory process, and to ensure that more effective treatment is provided including counseling. O.C.G.A.§19-15-2 (f).

https://oca.georgia.gov/protocols-resources/statewide-model-child-abuse-protocol

Roles When Abuse is Reported

- Mandated reporters responsible for identifying and reporting suspected child abuse.
- Law enforcement responsible for investigating whether a crime has been committed; identifying and apprehending the offender(s); and filing appropriate criminal charges.
- DFCS is primarily responsible for responding to reports of abuse to determine if maltreatment occurred; assessing safety and risk; ensuring the safety of the alleged victim and any other children in the home; and ensuring the family has access to appropriate services.

https://oca.georgia.gov/protocols-resources/statewide-model-child-abuse-protocol

Roles Con't

- Child advocacy centers (CACs) conduct forensic interviews to inform the investigations conducted by law enforcement and DFCS.
- Medical personnel, mental health organizations and counselors, child advocacy centers, and sexual assault centers provide exams, diagnoses, and treatment.
- Superior Courts maintain jurisdiction for felony criminal matters related to child abuse. State Courts handle misdemeanor trials (domestic violence cases).
- Juvenile Courts maintain jurisdiction for dependency matters related to child abuse.

https://oca.georgia.gov/protocols-resources/statewide-model-child-abuse-protocol

Physical Examinations in Sexual Abuse Cases: 95% are Normal

- 96.3% total had **normal** medical exams
- 95.6% reporting abuse were **normal**
- 99.8% w/behavior changes were **normal**
- 92% w/medical conditions were **normal**

Heger, Ticson, Velasquez, Bernier, 2002. Children Referred for Possible Sexual Abuse: Medical Finding in 2,384 Children. *Child Abuse & Neglect*. June, 26 (6-7), 645-59.

Physical Examinations in Sexual Abuse Cases

Most sexually abused children will not have signs of genital or anal injury, especially when examined non-acutely. A 2016 study reported that only 2.2% (26 of 1160) of sexually abused girls examined nonacutely had diagnostic findings, whereas among those examined acutely, the prevalence of injuries was 21.4% (73 of 340).

Gallion, Milam, Littrel, Genital Findings in Cases of Child Sexual Abuse: Genital vs. Vaginal Penetration; *Journal of Pediatric Adolescent Gynecology* 2016: 29:604.

DFCS Findings

Substantiated - allegations of abuse is supported by a preponderance of the evidence - the greater the weight of the evidence makes it more probable than not that child abuse occurred.

A substantiation determination also means harm to the child is severe enough to constitute maltreatment and there is sufficient evidence to support child maltreatment.

Policy and Manuel Management System, Child Welfare Services-Investigations, Chapter 5
https://pamms.dhs.ga.gov/dfcs/cws/06-08/

DFCS Findings

Unsubstantiated - allegations of child abuse are not supported by a preponderance of the evidence. Harm to the child is not severe enough to constitute maltreatment and/or there is not sufficient evidence.

Though unsubstantiated, documentation may show a pattern of behavior that may be useful in decision-making.

Policy and Manuel Management System, Child Welfare Services-Investigations, Chapter 5
https://pamms.dhs.ga.gov/dfcs/cws/06-08/

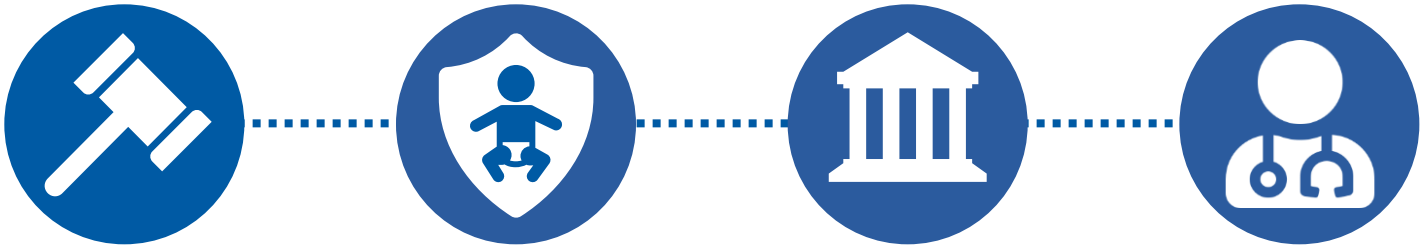
The Trifecta

- Allegations of child sexual abuse can be litigated in:

- Criminal Court
- Juvenile Court
- Family Court

all at the same time.

One family, four systems



Family court
Parenting time and custody

Child protection
Safety plans and substantiation

Criminal court
Charges and bail conditions

Therapy
Treatment, records and reports

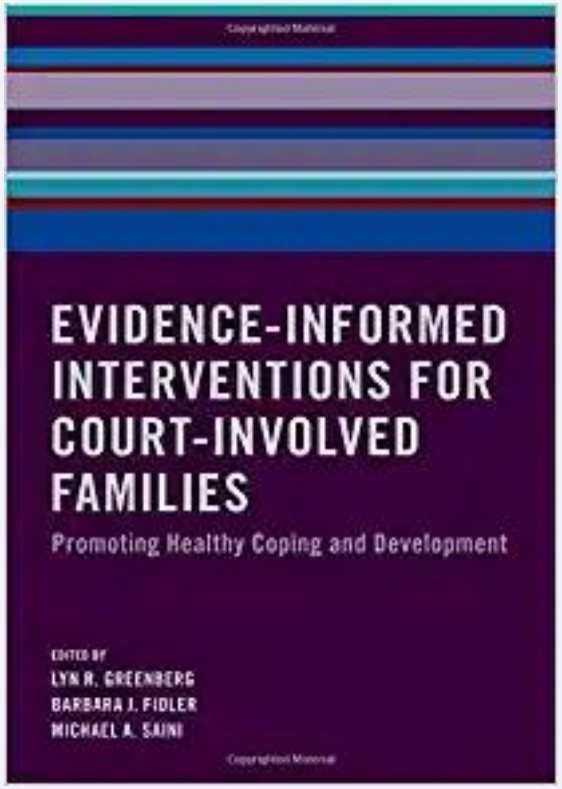
Child May Be Referred to Therapy

To minimize iatrogenic outcomes for the child:

- Professional role boundaries need to be established and maintained
- Role as therapist, not investigator needs to be delineated
- Avoidance of therapist bias & advocacy
- Use of evidence-based therapy approaches
- Alleviating distress and enhancing resiliency

See: AFCC Guidelines for Court-Involved Therapy (2012) Kuehnle, K. & Connell, M. (2010). Child Sexual Abuse Suspicions: Treatment Considerations during Investigation, *Journal of Child Sexual Abuse*, 19:5, 554-571.

Good Resource



Factors That May Affect Disclosure

- Age and gender of child
- Relation to alleged offender
- Type of abuse
- Child's reaction to the abuse
- Response of the non-abusive parent
- Admonitions about telling
- Fear of not being believed

- Delayed disclosures are common

(Alaggia, 2010; Lyon, 2007; McElvaney, 2013))

Factors That May Affect Disclosure

Memory and Understanding

- ❑Preschoolers: limited attention span, significant cognitive/linguistic limitations
- ❑Middle childhood: cognitive/linguistic skills improve, immaturity persists; vulnerable to false suggestions
- ❑Adolescents: able to keep secrets, lie, intentionally distort information; often wish to appear competent, may be unwilling to admit to not understanding/knowing

Allegations of Child Sexual Abuse in Parenting Plan Evaluations: Assessing Children's Memory and Behavior, *Parenting Plan Evaluations: Applied Research for the Family Court (2nd Ed.)* Drozd, Saini, Olesen.

No "Defining" Symptom of CSA

Reactions of child victims vary widely:

- Personality and coping abilities
- Family stability and support
- Parent's response to child's disclosures
- Co-occurring events and conditions
- 1/4-1/3 of sexually abused children show no signs or symptoms
- Each child is unique

Kuehnle, K. & Connell, M. (2008). The Evaluation of Child Sexual Abuse Allegations: A Comprehensive Guide to Assessment and Testimony. Wiley.

We Are All Sexual Beings (kids too)

A broad range of sexual behaviors are exhibited by non-abused children. Most frequently:

- Self-stimulating behaviors
- Exhibitionism
- Behaviors related to personal boundaries

Less frequently:

- Intrusive, coercive sexual behavior

William N. Friedrich,et al (1998). Normative Sexual Behavior in Children: A Contemporary Sample. *Pediatrics*. April, Vol. 101 (4), and other studies
Also see: Poole, D. & Wolfe, M.A. (2009)

Normal Behavior Misinterpreted

- Normative sexual behavior can be misinterpreted by anxious parents
- Symptoms of stress can be misinterpreted as signs of abuse
- Aberrant sexual statements and behaviors may not be due to abuse

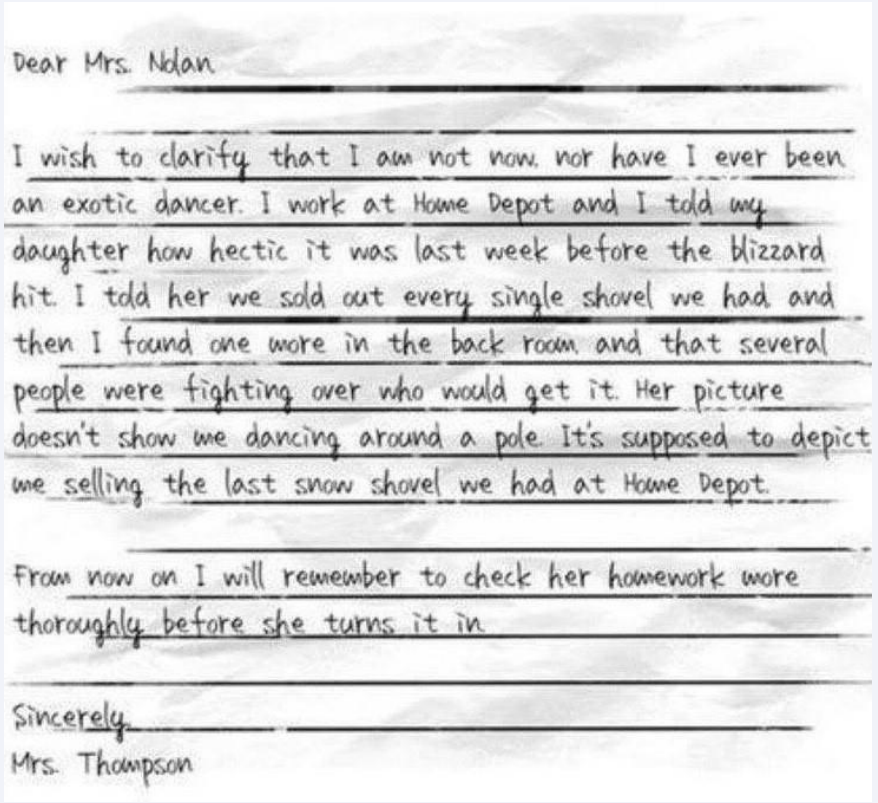
Discriminating Variables

- Base rates of children's behavior
- Circumstantial evidence
- Child's statements may or may not be reliable
- Parent's descriptions may or may not be reliable

Keep an open mind during the evaluation



All is not always what it appears to be



Dear Mrs. Nolan

I wish to clarify that I am not now, nor have I ever been an exotic dancer. I work at Home Depot and I told my daughter how hectic it was last week before the blizzard hit. I told her we sold out every single shovel we had and then I found one more in the back room and that several people were fighting over who would get it. Her picture doesn't show me dancing around a pole. It's supposed to depict me selling the last snow shovel we had at Home Depot.

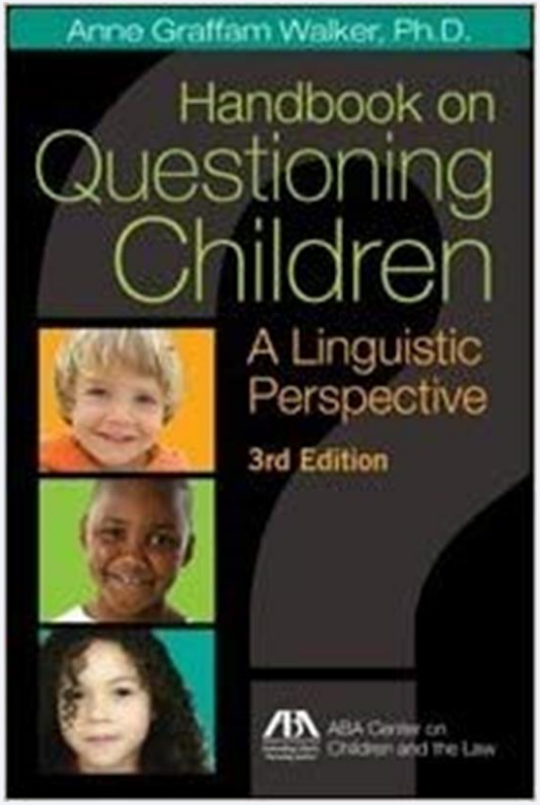
From now on I will remember to check her homework more thoroughly before she turns it in.

Sincerely,

Mrs. Thompson


When I Grow up...
I want to be like mommy!

Talking to Kids




WARNING

Who Should Speak to and Interview the Child?

- Mom/Dad/Grandma/Grandpa?
- Teacher or School Counselor?
- Daycare Worker or Coach?
- Therapist?
- Law Enforcement?
- Child Advocacy Center?
- DFCS Worker
- Attorney for Parent?
- GAL?
- Parent Coordinator?
- Parenting Plan Evaluator?
- Judge?

Talking to Kids



Talking to Kids

- Forensic interviewing vs regular talking
- Kids are prone to guessing
- What's my dog's name?
- Kids offer answers to be cooperative, appear competent
- Language confusion- fragile language skills or misunderstandings
- Memory intrusions: memories are far from static
- Fear of getting in trouble

Talking to Kids, cont.

- Fear of getting loved ones into trouble
- Fear of being blamed for the abuse
- Fear of complicit behavior being discovered
- Inhibited temperaments

D. Poole. Interviewing Children: The Science of Conversation in Forensic Contexts. 2016. APA, Washington DC.

Forensic Interview- Defined

"A forensic interview of a child is a developmentally sensitive and legally sound method of gathering factual information regarding allegations of abuse or exposure to violence. The interview is conducted by a competently trained, neutral professional utilizing research and practice-informed techniques as part of a larger investigative process."

OJJDP Juvenile Justice Bulletin, Child Forensic Interviewing: Best Practice, September 2015, p 3

Child Forensic Interview Guidelines and Protocols

APSAC-American Professional Society on the Abuse of Children Practice Guidelines: Forensic Interviewing in cases of suspected child abuse (2023).

NCAC- National Children's Advocacy Center Child Forensic Interview Structure (2019).

APA- American Psychological Association Guidelines for Psychological Evaluations in Child Protection Matters (2013)

Guidelines and Protocols, cont.

AACAP- American Academy of Child and Adolescent Psychiatry Practice Parameters for the Forensic Evaluation of Children and Adolescents Who May Have Been Physically or Sexually Abused (1997)

Numerous forensic interview protocols exist: all emphasize the importance of free recall techniques

Commonalities Among Guidelines:

- Conduct child forensic interview at a CAC or other child friendly setting
- Videotape the interview(s)
- Single interviewer
- Offer snacks, breaks
- Use a forensically sound protocol
- Use of drawings, dolls, media with caution and specificity, if at all
- No support person (parent) in the room

Reduce unnecessary repetition—no absolute on only one interview

- **COORDINATE THE PROCESS**
  Reduce duplicative questioning caused by agencies working separately.
- **AVOID A RIGID ONE-INTERVIEW RULE**
  NCAC's May 2026 guidance challenges treating "one interview" as an absolute best-practice requirement.
- **RESPOND TO THE CHILD'S NEEDS**
  Some children need more time to build rapport. Research supports carefully planned additional sessions using supportive, nonsuggestive methods—not repeated pressure to disclose.

The goal is a coordinated, child-responsive process—not always a fixed interview count.

Steele, Wells, & NCAC (2026).

The Child Advocacy Center

Minimizes the number of interviews

All Multidisciplinary Team members are present

Additional questions can be asked in response to the child's statements

CAC/Extended Interviews vs Forensic Evaluation

- **CAC interview/Extended Interview**:
  - Focuses only on the child
  - Primarily used for criminal cases
- **Forensic Evaluation**:
  - Focuses on child, non-offending parent and alleged perpetrator, siblings, and review of documentation
  - Used for Family Court cases

Child Custody Evaluation Protocols

American Psychological Association (APA) Ethical Principles for Psychologists and Code of Conduct (2010, 2016)

APA Specialty Guidelines for Forensic Psychology (2013)

APA Guidelines for Child Custody Evaluation in Legal Proceedings (2022)

AFCC Guidelines for Parenting Plan Evaluations in Family Law Cases (2022)

American Academy of Adolescent and Child Psychiatry Summary of Practice Parameters for Child Custody Evaluation (1997)

Evaluator Competency

The forensic evaluation of child sexual abuse allegations requires specialized training and should not be undertaken by mental health professionals without adequate preparation

- American Psychological Association, 1994, 2020
- Association of Family and Conciliation Courts, 2020
- Committee on Ethical Guidelines for Forensic Psychologists, American Psychology-Law Society and Division 41 of the APA, 1991

Divorce and CSA Allegations

CSA allegations may arise due to:

- A child's statement
- Child's physical or behavioral symptoms
- Parent's attempts to gain custody
- Parent's attempts to restrict other parent's access
- Parent's unrealistic fears
- Parent's misinterpretation of child behavior, including resistance to spending time with other parent

Assessing CSA within a CCE

Most often:

- The allegation has been investigated by DFCS with findings made.
- DFCS case may be open or closed.

More rarely:

- CSA allegation arises during the CCE
  - Evaluators must report
  - CCE stops pending investigation, CCE informs the Court and awaits direction

Evaluator Competency

Child sexual abuse evaluations are particularly vulnerable to the incorporation of misinformation created by uninformed interview techniques or interviewer bias.

Kuehnle and Kirkpatrick (2005). Conducting complex custody evaluations with allegations of child sexual abuse. Journal of Child Custody, 2, 3-39

Evaluator Competency Musts

Forensic evaluators must:

- Rely on objective data and empirically based methods
- Recognize that only a court of law can determine if child abuse has occurred
- Understand that their role is to assist the court
- Make mandated reports of suspicions of child abuse

Evaluator Competency Decisions

1. Conduct the custody evaluation after the allegations of sexual abuse have been evaluated by another expert
2. Conduct the custody evaluation and evaluate the allegations of sexual abuse, with or without consultation
3. Conduct the custody evaluation and an assessment of the alleged child victim, with another expert consulting or conducting the assessment of the alleged sexual offender

Evaluator Competency Decisions

4. Conduct the custody evaluation and an assessment of the alleged sexual offender, with another expert consulting or conducting the assessment of the alleged child victim

5. The evaluator may decline to take the case altogether

Kathryn Kuehnle PhD & H. D. Kirkpatrick PhD and ABPP (2005) Evaluating Allegations of Child Sexual Abuse Within Complex Child Custody Cases, Journal of Child Custody, 2:3, 3-39, DOI: 10.1300/J190v02n03_02

CSA Allegations within a CCE

Questions:

- Who is doing what to whom?
- What is the overall quality of parenting?
- Safety concerns?
- What has prompted the allegation?
- Protective or restrictive gatekeeping?
- Over-anxious accusing parent?
- Is the child estranged from the accused parent?
- If so, is the estrangement justified?
- Is the accusation an alienation tactic?

Is it Abuse or Alienation?

- Abuse allegations are often countered by alienation allegations
- Careful assessment of both is required
- Gatekeeping- is it protective/adaptive or restrictive/maladaptive?

See: Drozd and Oleson Decision Tree (2004)

Alienating Behavior of a Parent?

Parental Alienation

Parental Alienation is generally used to describe the behavior of a child or children who are enmeshed in the middle of their parents' highly contentious divorce and custody litigation and placed in that position by one of the parents.

Understanding Refuse/Resist Dynamics

Parent–child contact problems may arise in the **context** of high conflict separation/divorce dynamics between parents.

And

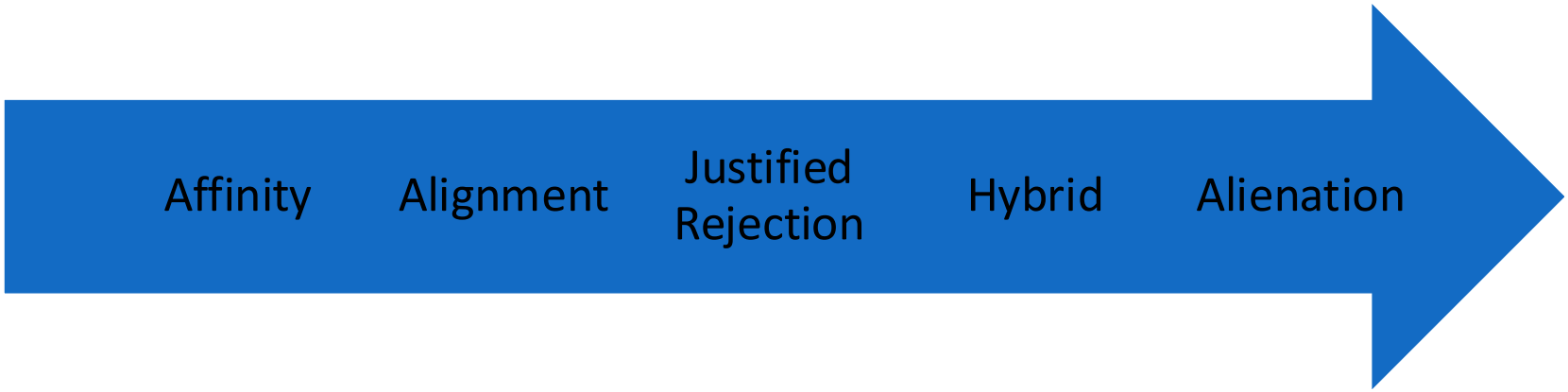
In cases where there are parent–child contact problems and children resist or refuse contact with one of their parents, there may also be incidents of child maltreatment, intimate partner violence, **and/or** compromised parenting that can be experienced by a parent or child as traumatic.

Alienating Behaviors?

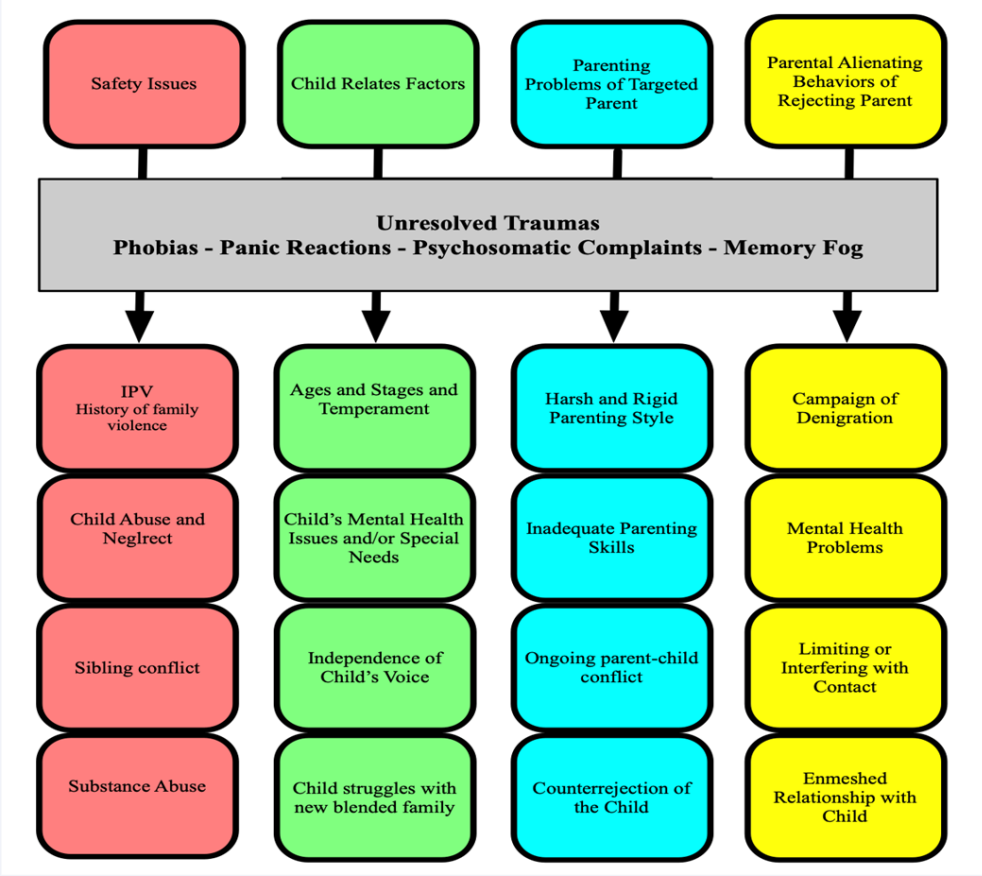
Parental Alienation

- Child shares preferred parent's negative behaviors and attitudes and expresses unreasonable aversion to the parent with whom they previously had a good enough relationship
- On a continuum,
  - Preferred parent may passively endorse this unreasonable aversion through support of child's feelings with some expression of their negative opinions
  - Preferred parent may endorse child's feelings and actively express their own anger, fear, and opinions
  - Extreme alienating behavior includes a deliberate effort to hurt rejected parent through denigration

Continuum of Parent Child Contact Problems from Low to High Conflict



Multi-Factorial Approach to Understanding the Problem



Parental Alienation

A claim of parental alienation is too often made without careful evaluation of allegations of child maltreatment, intimate partner violence, and other parental bad acts, especially in custody disputes.

See APSAC Position Paper on Allegations of Child Maltreatment and Intimate Partner Violence in Divorce/Relationship Dissolution, 2016.

Recantations in Child Sexual Abuse Cases

- How is recantation defined
- How does it come about
- External v internal pressure
- True retractions versus false retractions
- How to distinguish it from a false allegation (Malloy et al, 2007)
- The Child Sexual Abuse Accommodation "Syndrome" (Summit, 1983)

Recantation

Child Sexual Abuse Accommodation Syndrome

5 Phases:

1. Secrecy
2. Helplessness
3. Entrapment and Accommodation
4. Delayed, unconvincing disclosure
5. Retraction

Roland Summitt, M.D., *Child Abuse and Neglect*, Vol. 7, pp 171-193 (1983)

Risk Factors for Recantation

Predictors for recantation:

Unsupportive caregiver

Children's vulnerability to adult familial influences

Age of victim (younger victims more vulnerable)

Perpetrator in the household

Child removed from the home after the disclosure

Risk Factors for Recantation

The reaction of the involved caregiver directly impacts:

The child's willingness to disclose

Timing of disclosure

Concerns of recantation

Risk Factors for Recantation

Children more likely to recant when:

Family members (other than involved caregiver) disbelieve them
When subjected to contact with alleged perpetrator after their disclosure

Caregivers are less likely to support the child when the alleged perpetrator is a family member or romantic partner

Recantation: Research Studies

- Lovett, B.B. (2004)
- Malloy and Lyon (2006)
- Malloy, Lyon and Quas (2007)
- Malloy, Mugno, Rivard, Lyon and Quas (2016)

The Importance of Multiple Hypotheses

Kathryn's Kuehnle's nine hypotheses:

1. The child is a victim of sexual abuse and is credible.
2. The child is a victim of sexual abuse, but due to age or cognitive deficits, does not have the verbal skills to provide a credible description of his/her abuse.
3. The child is a victim of sexual abuse, but due to fear or misguided loyalty, will not disclose his/her abuse to authorities

The Importance of Multiple Hypotheses

4. The child **is not** a victim of sexual abuse, but a sincere hyper-vigilant parent inaccurately believes her/his child is the victim of sexual abuse.

5. The child **is not** a victim of sexual abuse and has a contaminated memory that makes the child appear credible.

6. The child **is not** a victim of sexual abuse and is credible, but is estranged from the identified parent perpetrator and has misperceived an innocent or ambiguous interaction

The Importance of Multiple Hypotheses

7. The child **is not** a victim of sexual abuse, but is estranged from the parent who the child has falsely alleged perpetrated sexual abuse.

8. The child **is not** a victim of sexual abuse but a parent is using the allegation of sexual abuse to manipulate the court system during litigation.

9. The child **is not** a victim of sexual abuse but is alienated and aligned with the alienating parent.

Kuehnle, K. *Assessing Allegations of Child Sexual Abuse*. Professional Resource Exchange. 2011.

No "Defining" Symptom of CSA

Reactions of child victims vary widely:

- Personality and coping abilities
- Family stability and support
- Parent's response to child's disclosures
- Co-occurring events and conditions
- 1/4-1/3 of sexually abused children show no signs or symptoms
- Each child is unique

Kuehnle, K. & Connell, M. (2008). The Evaluation of Child Sexual Abuse Allegations: A Comprehensive Guide to Assessment and Testimony. Wiley.

What Should You Focus on?

What are the allegations?

Are the allegations plausible?

Look at the timing of the disclosure

Look at the details of the alleged abuse

Look for details of the location of the alleged abuse

Is the child lying or mistaken?

What Should You Focus on?

Parent's Intrusive Behavior:

- Photographing child upon return from other parent
- Inspecting child's genitals upon return
- Questioning the child upon return
- Recording child's statements
- Repeated pediatric exams by parent

Investigation Tips

<u>Get the child(ren)'s school record</u>

If the child abused, their behavior and performance in school may be affected.

<u>Police Records and Forensic Interview</u>

<u>Psychological and Psychiatric Records</u>

<u>Ask the Court to Permit an *In Camera* Review of the DFCS File</u>

This will require an Order which most Court's routinely grant in domestic relations cases to GALs. (Included in your materials)

Use of Anatomical Dolls

The **selective** use of anatomical dolls, as communication aids, when interviewing children who may be reluctant or unable to describe sexual abuse is warranted.

Kathleen Coulborn Faller, Anatomical Dolls: Their Use in Assessment of Children Who May Have Been Sexually Abused, *Journal of Child Sexual Abuse* Vol. 14(3) 2005

Use of Anatomical Dolls

Issues:

- Children under age 3 lack the capacity to use an object representationally.
- Use can result in distortions and inaccuracies
- The dolls may engender play or fantasy
- Children may become upset because the dolls have private parts

Use of Anatomical Dolls and Diagrams

"My personal view is that they [dolls and diagrams] should be used only as a last resort and avoided altogether with children under 4 years of age. After one has worked through the disclosure questions that are provided by the NICHD protocol, then direct questions about genital touch could be used with caution and only when a subsequent interview is not practical (or when delay may endanger the child."

Thomas D. Lyon, JD, PhD, Twenty-five Years of Interviewing Research and Practice: Dolls, Diagrams, and the Dynamics of Abuse Disclosure, *APSAC Advisor*, Winter/Spring 2012

Disclosures/ Statements of the Child

- Are the statements strange?
- Are they supported by physical evidence?
  e.g. knife, butt, band aid
- What kind of detail is provided?
  e.g. Yankee Stadium and sensory detail
- What is the nature of the language used?
  e.g. Black Toast Intolerick

Rules of Evidence (FRE 702) and Parallels to APA Ethics Code

Competence: 2.01 (a) Psychologists provide services, teach, and conduct research with populations and in areas only with the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

Rules of Evidence (FRE 703) and Parallels to APA Ethics Code

9.01 (a) Bases for Assessments

Psychologists **base the opinions** contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, **on information and techniques sufficient to substantiate their findings** (emphasis added)

Mental Health Experts

Mental health experts can provide valuable, useful information to judges and jurors to allow them to reach an accurate determination of the truth.

They can also provide misleading, out dated, incomplete and down right phony information which corrupts the entire process.

Let's Be Careful Out There

Psychologists who participate as forensic evaluators in custody and visitation cases involving allegations of child sexual abuse must possess advanced assessment skills and a thorough knowledge of child development, child sexual abuse, and child interviewing techniques.

Let's Be Careful Out There

Problems are inevitable when psychologists violate the boundaries of their role as an independent evaluator and fail to uphold their ethical obligation to be knowledgeable and competent in the area in which they profess expertise.

Kathryn Kuehnle, Ethics and the Forensic Expert: A Case Study of Child Custody Involving Allegations of Child Sexual Abuse, *Ethics and Behavior*, 8 (1), 1-18 (1998)


Thank you for what you do

Feel free to contact us with any questions

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