



# CPU-Net MEDICAL ALERT

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## FORENSIC PSYCHIATRY: *Why do you want to refer this child to a psychiatrist?*

There are only a handful of child psychiatrists in our country and more child protection specialists, lawyers, and judges are referring to these specialists "to help out in the psychological aspect of alleged abuse." Are you really interested in these "psychological aspects?" Or do you have specific questions about this child or her family that you want the child psychiatrist to answer in the course of the investigation?

If you are interested in the latter, this issue deals with this specific role of mental health professionals known as Forensic Psychiatry.

### *What is Forensic Psychiatry?*

Forensic psychiatry is a medical subspecialty that includes research and clinical practice in the many areas in which psychiatry is applied to address a legal issue or question.

### *What specific issues in child abuse and neglect does the Forensic Psychiatrist usually address?*

These issues include: (1) determining the history of abuse or neglect; (2) assessing the resulting harm to the child; (3) assessing a parent's current capacity to provide for a child, including offering an opinion on the termination of parental rights; and (4) predicting future risk and treatment response for children and parents; (5) consider other possible explanations for these disorders being aware of developmental issues; (6) make recommendations regarding placement or treatment. Each of these questions calls for different clinical assessment approaches and clinical expertise.

### *Can't the child's therapist be the forensic psychiatrist too?*

Preferably, the psychiatrist handling the therapy should not be the person who is conducting the forensic evaluation. However, the child's therapist should be available to share information with the independent evaluator.

The child should understand, consistent with his/her level of development that this is an evaluation and is not therapy; that this evaluation is being done at the request of a particular person or agency; and that the results will be sent to the appropriate people.

The above is especially important for the following reasons:

- **CONFIDENTIALITY**. Forensic evaluations are frequently performed on behalf of some person or agency other than the child and parents. It is important for the parent and child to know that the evaluation will not be confidential.
- **KNOWLEDGE OF THE LAW**. In performing a forensic evaluation it is important to know the legal issue involved, that is the original basis for the dispute and the evaluation. The attorney involved in the case can provide the relevant legal information.



WE WELCOME SUGGESTIONS FOR TOPICS TO COVER.  
Please e-mail us [info@cpu-net.org.ph](mailto:info@cpu-net.org.ph)

### REFERENCES:

- 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
- Principles and Practice of Forensic Psychiatry. Richarf Rosner, ed. 1994.

### ACKNOWLEDGMENT:

Dr. Norieta C. Balderrama, Child Forensic Psychiatrist

### ATTACHMENT:

(Forensic Psychiatry Referral Form)



### CHILD PROTECTION UNIT NETWORK

Phone: (632) 404-3954 Fax: (632) 404-3955

Mobile Hotline: 0917-8900445

E-mail: [info@cpu-net.org.ph](mailto:info@cpu-net.org.ph)

URL: [www.childprotection.org.ph](http://www.childprotection.org.ph)

[www.cpu-net.org.ph](http://www.cpu-net.org.ph)

### *Upcoming Events*

#### RTD:

March 24- Sarabia Manor, Iloilo

May 12 – Quezon

#### ANNUAL CONFERENCE

November 6 and 7, 2006

Traders Hotel Manila

**FORENSIC PSYCHIATRY REFERRAL FORM**

**FOR LEGAL USE ONLY**

Date referred: \_\_\_\_\_  
Form filled by: \_\_\_\_\_  
Referred by: \_\_\_\_\_  
(Printed name and signature): \_\_\_\_\_  
Contact number of referring person: \_\_\_\_\_

**UP PGH CHILD PROTECTION UNIT  
Child Forensic Psychiatry Referral Form**

Child's Name (Print): \_\_\_\_\_  
Last First MI  
Birthdate: \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_ Marital Status \_\_\_\_\_  
PGH Case Number (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_

Brief description of case filed:  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for referring to Child Forensic Psychiatry (Kindly check)  
\_\_\_ Determine effects of abuse on the child  
\_\_\_ Competence of the child (please elaborate) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_ Evaluation of parents  
\_\_\_ Child custody evaluation  
\_\_\_ Determine psychiatric illness if any. Kindly describe any observed behavioral changes:  
\_\_\_\_\_  
\_\_\_\_\_

This child forensic psychiatry referral was disclosed to the  
CHILD/ADOLESCENT \_\_\_ yes \_\_\_ no  
FAMILY \_\_\_ yes \_\_\_ no

If not disclosed, please state reason why not. \_\_\_\_\_  
\_\_\_\_\_

Expectations from the child forensic psychiatrist (kindly check and explain appropriately):  
\_\_\_ Evaluation and opinion (regarding above referral)  
\_\_\_ Written report (Please note that the written report can only be finalized after three or more sessions with the child and family. Kindly indicate how the report will be used):  
\_\_\_\_\_  
\_\_\_ Certification that child was seen (The diagnosis cannot be determined until after the 3 sessions)  
\_\_\_ Others (please specify): \_\_\_\_\_

Requirements from referring person/institution to facilitate proper forensic evaluation:  
1. Complete social case study  
2. Copy of legal proceedings pertinent to reason for referral  
3. Schedule of child/parents and individuals with child protection unit for interview

Note: If treatment is recommended, the child will be referred to another child psychiatrist other than the psychiatrist doing the forensic evaluation. IQ testing and other psychological tests should be referred to the child psychologist.