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TERMINATION OF PARENTAL RIGHTS AND MENTAL HEALTH TESTIMONY

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The authors draw attention to defense testimony regarding the mentally ill/retarded in termination of parental rights (TPR) cases. While the ostensive aim of these cases is protection of children, parents accused of abuse/neglect can often be rehabilitated, a fact that can easily be overlooked by courts. The authors draw from a descriptive study of psychopathology among TPR defendants, suggesting that many—if not most—psychiatric conditions can be improved within statutory guidelines for reunification. Expert testimony often focuses excessively on the parents' deficits, which has a prejudicial impact on judges, as illustrated in four New Jersey cases. The authors suggest ways in which balanced testimony and an insistence on appropriate treatment plans may level the playing field.

APPLYING LEGAL COMPETENCY IN THE INDIAN PRACTICE OF SATI

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“Sati” (aka suttee) is the Indian practice of a widow, after the death of her husband, committing suicide on her husband's funeral pyre. This ancient tradition, although rare, has existed in India for centuries, but has been outlawed since 1829. However, in spite of this, there have been reported incidents of sati as recently as 2002. Using this act as an example, interesting forensic issues are brought forth, namely, the challenge to determine an individual's competency to commit suicide. This also forces one to consider powerful cultural factors and personal biases that may influence an evaluator striving to make an objective assessment of another individual's competency.

WHAT HAPPENS WHEN THE WHEELS FALL OFF? ELDER ABUSE COMPLAINTS AND LEGAL OUTCOMES IN RESIDENTIAL CARE FACILITIES IN CANADA

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The dynamics of both founded and unfounded complaints of residential elderly abuse were estimated by examining 21 labor appeal cases of residential workers (e.g., R.N.A.s) from 1987-1998. Content analysis of these cases resulted in 13 content categories. Of the 10 upheld cases, the 4 most substantive categories were: 1) assault/physical abuse, 3) chronically problematic worker, 2) no remorse, unique resident, and 4) new worker on the scene. The 4 more substantive categories which described the dynamics of the 11 acquitted/reduced cases were: 1) exemplary worker, 2) credibility of complaint, 3) new worker on the scene, and 4) unique resident. Although much more data are required to establish suitable reliability and validity of the categories, these preliminary findings suggest that there may be a profile of an at-risk residential worker. Histories of chronic physical and verbal abuse and of verbal and written warnings about attitude and

conduct characterized a higher risk worker. Alternatively, complaints which arose from a new worker on the scene were more likely to be reduced or dismissed when the complaint lacked credibility, whether or not the accused had an exemplary history or when the resident was uniquely difficult.