



Clarification Questions to a Single Expert

A practical resource for clarifying single expert reports in matters involving parent-child rejection and alignment, child voice reliability, assessment methodology and post-report evidence.



Prepared as general psychoeducation. It is not legal advice and does not replace advice about court orders, filing obligations, deadlines, evidence, safety or litigation strategy. See disclaimer page 3.

EMMM Psychoeducation Resource

A rule 7.26 clarification resource informed by rule 7.22 expert report requirements.

For families, lawyers and practitioners seeking clearer, method-based questions before rule 7.26 deadlines.

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Purpose of this resource

In parent-child rejection matters, clarification questions can help bring a single expert report back to methodology. The purpose is not to argue with the expert or attack the practitioner, but to clarify what was reviewed, what was assumed, what was not tested, what alternative explanations were considered, and whether later information affects the strength or currency of the opinion.

This resource is written for cases where a child has resisted, avoided, accused or rejected a parent, while the other parent says they support the relationship. It uses ordinary language so the questions can be understood by families, lawyers, judges and practitioners without requiring everyone to accept specialised terminology before the assessment issues are identified.

Use with legal advice

Rule 7.26 questions have strict limits. They must clarify the report, be put once only, be in writing, be copied to each other party, and must not be vexatious, oppressive, or require unreasonable work. **The relevant deadline is usually 7 days after a rule 7.25 conference, or 21 days after receiving the report if no conference occurred.** Always check the current rules, orders and legal advice before sending questions.

The current Federal Circuit and Family Court of Australia (Family Law) Rules require expert reports to state reasons, methodology, material relied upon, relevant facts, assumptions, investigations and any qualification where an opinion is incomplete or not concluded because further data is required. The rules also provide that an expert's duty is to the Court and includes considering material facts that may detract from the expert's opinion.

Source links

- [Federal Register of Legislation: Rule 7.26 – Questions to single expert witness](#)
- [Federal Register of Legislation: Rule 7.22 – Contents of expert's report](#)
- [FCFCOA: Expert witnesses in family law, including family consultants, private family reports and treating practitioner reports](#)

Rule 7.26 does not set a numerical cap on questions. The practical limit is whether the questions are for clarification, put once only, and not vexatious, oppressive or requiring unreasonable work to answer. This booklet is therefore a question bank for selection, not a suggested full set to send.

Why the child's current position is not enough

A child's stated refusal to see a parent should be taken seriously, but it should not be treated as self-explanatory. The assessment task is to examine how the child arrived at that position, what has maintained it, what the child directly experienced, what the child may have inferred, and what the child may have absorbed from adults, siblings, professionals, documents, therapy or litigation material.

A report can become unsafe when it reasons backwards from the child's current rejection and treats the end result as evidence of the cause. If the child now says Parent B is unsafe, unstable or emotionally harmful, the report still needs to clarify what evidence supports that description, whether allegations were tested, whether the relationship deteriorated after reduced contact, and whether Parent A's claimed support was assessed against conduct rather than intention.

For this reason, the strongest clarification questions usually focus on chronology, relationship history, active facilitation, source testing of the child's views, collateral information, therapy history, Parent A's involvement in intervention, and whether post-report material affects the opinion.

Plain language terms used in this booklet

Some terminology in this area can be misunderstood or dismissed if it is not translated into observable behaviour. The questions in this booklet therefore use plain language first, and clinical language only where it assists formulation.

Term	Plain language meaning
Pressure-shaped views	The child's views may have been shaped by pressure, fear of consequences, loyalty demands, repeated negative messaging, reduced contact, or the need to remain in good standing with Parent A.
Attachment deactivation	The child may have learned to shut down, hide, deny or avoid positive feelings toward Parent B because expressing those feelings may feel unsafe, disloyal, or likely to create consequences.
Avoidance reinforcement	Repeated missed contact may make future contact harder because avoidance reduces anxiety, conflict, adult pressure or expected consequences.
Therapeutic reinforcement	Counselling or therapy may unintentionally strengthen the child's refusal if the child's current view is treated as determinative without examining how it developed and what maintains it.
Survival-based rejection	A child's rejection of Parent B may function as an adaptive response to relational pressure, fear of consequences, loyalty demands, adult influence, reduced permission to love both parents, and the need to manage emotional safety within the family system.

Disclaimer

This resource is provided for general psychoeducation and information only. It is not legal advice, clinical advice, forensic advice, or a substitute for advice from a qualified lawyer, psychologist, family consultant, family report writer, safety professional, or other appropriately qualified practitioner.

The clarification questions in this resource are examples only. They should not be copied into a court matter without careful adaptation to the facts, evidence, orders, report content, deadlines, and procedural requirements of the individual case. Rule 7.26 questions must be used for clarification, not argument, cross-examination, personal criticism, or to overwhelm a single expert.

Nothing in this resource determines whether a report is flawed, whether a practitioner has acted improperly, whether a parent has engaged in harmful conduct, or whether a child's views are reliable or unreliable. Those issues require proper assessment, evidence, legal advice, and, where relevant, determination by the Court.

Families should obtain independent legal advice before sending clarification questions, filing material, relying on post-report evidence, responding to recommendations, or making decisions that may affect parenting orders, safety, contact, therapy, or litigation strategy.

Citation

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How to use the question bank

This is a question bank, not a script to be sent in full. Most matters will require a selected set of questions that match the report's actual gaps. A shorter, precise set is usually stronger than a long list that appears repetitive or argumentative.

1. Select questions that respond directly to the report, its assumptions and its omissions.
2. Adapt each question to the child's name, the relevant dates, the contact history, the therapeutic history and the language used in the report.
3. Remove questions that do not arise on the facts of the matter.
4. Avoid rhetorical questions, personal attacks, lengthy background speeches and claims that belong in submissions rather than clarification questions.
5. Where possible, link the question to methodology, evidence, chronology, collateral material, limitations or whether the expert's opinion remains current.

Suggested selection range

In many matters, a careful selection of 12 to 25 questions will be more effective than using the entire bank. The full bank is included so families and lawyers can select the questions that fit the report's actual deficiencies.

Understanding Report Limitations

Limitations are the features of an assessment that affect how much confidence can safely be placed on the expert's opinions. They do not automatically make a report unreliable, but they do identify where caution is required. A report based on brief interviews, limited documents, no direct observation, no chronology, no collateral contact, disputed facts, or incomplete records may still offer useful information, but its conclusions should not be treated as stronger than the assessment process allows.

In parent-child rejection cases, limitations require particular attention because the child's current refusal may appear clear while the pathway into that refusal remains untested. A child may say they do not want to see Parent B, describe Parent B as unsafe, or appear firm in their position, yet the report may not have examined whether those views developed through direct experience, reduced contact, adult influence, loyalty pressure, fear of consequences, therapeutic reinforcement, repeated avoidance, or the child's need to stay emotionally aligned with Parent A.

Common limitations include the absence of recent parent-child observation, limited review of school, police, child protection or therapy records, no contact with relevant professionals, reliance on one parent's account, lack of testing of Parent A's claimed facilitation, failure to examine prior relationship history, or significant information emerging after the assessment closed. These limitations matter because they may affect whether the expert's opinion is a concluded opinion, a provisional opinion, or an opinion that requires further information before it can safely support serious recommendations.

Clarification questions can help identify the practical effect of those limitations. They can ask the expert what was not reviewed, what could not be tested, what assumptions were made, whether alternative explanations were considered, and whether further information or post-report material may affect the strength, currency or reliability of the opinion.

Question bank

For clarity, Parent A means the parent with whom the child is currently aligned, primarily living, or whose account appears to have been substantially accepted in the report. Parent B means the parent who has been rejected, resisted, avoided, accused, or displaced from the child's relational world. Child means [insert child's name].

A. Chronology, pathway and causation

1. Given that [child] previously had a functional relationship with Parent B, and that contact later reduced from [regular / overnight / unsupervised] time to [minimal / supervised / no] contact, what is your clinical formulation of the pathway by which that deterioration occurred, and what evidence supports that formulation?
2. Did you prepare or rely upon a chronology when assessing the cause of [child]'s rejection of Parent B? If so, which events did you consider most significant in explaining the shift from [prior relationship pattern] to [current rejection / refusal / allegations]?
3. If no chronology was prepared, how did you assess causation without mapping the sequence between [allegations / stopped overnight time / missed changeovers / police involvement / child protection reports / therapy / school involvement / litigation events] and the escalation of [child]'s rejection of Parent B?
4. Given that endpoint reasoning can mistake a child's current rejection for evidence of its cause, how did you distinguish between [child]'s present position and the process by which that position developed over time?
5. What evidence supports your formulation of the cause of [child]'s rejection of Parent B, and what evidence did you identify that may detract from or qualify that formulation?
6. Did you consider whether more than one pathway may be operating, including relationship strain, reduced contact, adult influence, anxiety, family violence allegations, loyalty pressure, avoidance reinforcement, therapeutic reinforcement, or attachment deactivation?

B. Reduced contact, non-facilitation and avoidance

7. Given the history of [reduced contact / missed time / alleged non-compliance with orders / failed changeovers / long-term therapy / repeated reliance on "[child] does not wish to attend"], what evidence supports attributing [child]'s refusal to Parent B's parenting capacity or emotional availability rather than to reduced contact, non-facilitation, therapeutic reinforcement, loyalty pressure, conditioned fear, attachment deactivation, avoidance reinforcement, or consequence-based learning?
8. In circumstances where Parent A repeatedly reports that [child] "does not wish to attend," what specific conduct by Parent A did you identify as active facilitation of [child]'s relationship with Parent B after [insert key date or event]?
9. When assessing Parent A's claim that they encourage [child]'s relationship with Parent B, did you test that claim against communication records, changeover history, compliance with orders, missed time, blocked contact, language used about Parent B, and whether [child] has practical and emotional permission to express affection or positive memories about Parent B?
10. Did you distinguish between Parent A not physically forcing [child] to attend and Parent A actively facilitating the relationship through preparation, reassurance, expectation-setting, emotional permission, correction of distorted beliefs, and compliance with orders?
11. What evidence did you identify that Parent A has actively supported contact, communication, relational repair, and the child's freedom to experience Parent B as safe, familiar and emotionally available?
12. What evidence did you identify that Parent A may have deferred to [child]'s refusal, reinforced avoidance, failed to comply with orders, or allowed [child]'s stated position to determine whether contact occurred?

C. Parent A's conduct, boundaries and psychoeducation

13. Did you assess whether Parent A engaged in conduct that may have contributed to [child]'s rejection of Parent B, including denigration, negative meaning-making, adultifying the child, parentifying the child, discussing litigation, sharing adult material, withholding information, blocking communication, or failing to correct distorted beliefs?
14. Did you assess whether Parent A understands the difference between validating [child]'s feelings and reinforcing avoidance, fear, rejection, or unsupported allegations against Parent B?
15. Did you assess whether Parent A has given [child] clear emotional permission to love, miss, enjoy, contact, speak positively about, and maintain a relationship with Parent B?
16. Did you assess whether Parent A has received or requires psychoeducation about parent-child boundaries, age-appropriate communication, not burdening the child with adult matters, supporting dual attachment, and protecting the child from loyalty pressure?
17. Did you assess whether Parent A has received or requires intervention addressing communication boundaries, court-related discussions, gatekeeping, facilitation of contact, repair after missed time, and the child's right to maintain safe relationships with both parents?
18. If Parent A had not engaged in psychoeducation, parenting intervention, family systems work, or behaviour change regarding these issues, how did you account for that omission when assessing Parent A's facilitation and the likely effectiveness of any recommendation?

D. Collateral sources and independent data

19. What collateral sources did you contact to test Parent A's account, Parent B's account, and [child]'s stated position, including school staff, treating practitioners, supervisors, changeover witnesses, family members, police, child protection, previous counsellors, or family therapists?
20. If collateral sources were not contacted, how did you account for the limitations of relying primarily on interviews, self-report, and [child]'s current presentation when forming opinions about causation, risk, facilitation, therapeutic need, and the reliability of [child]'s expressed views?
21. Did you review independent records, including school records, therapy records, police records, child protection records, attendance records, changeover records, text messages, emails, parenting app records, or subpoena material? If not, does the absence of that material limit the strength of your conclusions?
22. What material did you rely upon to test whether Parent A's account, Parent B's account, and [child]'s account were consistent with the broader record?
23. Did you identify any evidence that detracted from your conclusions about Parent B's alleged risk, Parent A's facilitation, or the reliability of [child]'s stated views? If so, how was that evidence weighed?

E. Child's stated views, source testing and emotional permission

24. When assessing [child]'s stated refusal, did you distinguish between what [child] directly experienced with Parent B, what [child] inferred, and what [child] may have been told, exposed to, or had reinforced by Parent A, siblings, professionals, documents, adult conversations, therapy, or litigation material?
25. What methodology did you use to assess whether [child]'s statements about Parent B were independently formed, rehearsed, borrowed, loyalty-bound, fear-shaped, reinforced, or influenced by adult narratives?
26. Did you assess whether [child]'s language, certainty-like position, lack of ordinary ambivalence, disproportionate rejection, or absence of empathy toward Parent B was consistent with direct experience, adult influence, loyalty pressure, fear of consequence, avoidance reinforcement, or attachment deactivation?
27. Given that [child] used phrases such as [unsafe / toxic / abusive / unstable / narcissistic / boundaries / emotionally unsafe / I need space], did you assess whether those phrases reflected direct experience, therapeutic language, adult language, litigation language, or repeated exposure to Parent A's narrative?
28. Did you ask [child] about positive memories, mixed feelings, sadness, longing, curiosity, regret, or any wish to have a relationship with Parent B if adult conflict, pressure, or disapproval were removed?
29. Did you assess whether [child] has practical and emotional permission from Parent A to express affection, grief, longing, enjoyment, or curiosity about Parent B?
30. Did you assess whether [child] may have learned to hide, deny, shut down or avoid positive feelings toward Parent B because expressing those feelings may have felt unsafe, disloyal, or likely to create consequences?

F. Allegations about Parent B

31. Given that [child] describes Parent B as [unsafe / abusive / unstable / frightening / controlling / emotionally harmful], what specific evidence supports that description, and how did you distinguish established risk from allegation, inference, belief, repetition, adult influence, therapeutic language, or avoidance reinforcement?
32. Did you identify specific behaviours by Parent B that support any conclusion that Parent B is [unsafe / abusive / unstable / emotionally unavailable], or was that conclusion based primarily on [child]'s current stated view, Parent A's account, or the absence of recent relationship evidence caused by reduced contact?
33. Where allegations against Parent B were disputed or uncorroborated, what process was used to test timing, source, consistency, plausibility, corroboration, and whether the allegation may have been shaped or reinforced by adult narratives?
34. Did you distinguish between [child] feeling distressed about contact and evidence that Parent B caused the distress through harmful conduct?

G. Therapy or counselling already attempted

35. What therapy, counselling, family therapy, reunification work, parent-child intervention, psychoeducation, or other therapeutic process had been attempted before your report, and for each intervention, what was the type of intervention, number of sessions, participants, stated goals, practitioner role, and outcome?
36. In relation to any prior therapy involving [child], what information did you obtain about treatment goals, sources of information, parental involvement, whether Parent B was included or excluded, and whether therapy supported relational repair with Parent B or reinforced avoidance of Parent B?
37. Did you review records or obtain information from [child]'s treating practitioner about whether the therapy addressed contact, relationship repair, parental narratives, loyalty pressure, avoidance, or the child's relationship with Parent B?
38. If therapy records or information from prior treating practitioners were not reviewed, how did you assess whether therapy had supported relational repair, reinforced avoidance, or treated [child]'s stated refusal as determinative?
39. Did you consider whether any prior counselling or therapeutic process may have unintentionally reinforced [child]'s fear, avoidance, grievance narrative, alignment with Parent A, or refusal to engage with Parent B?

H. Recommended therapy, intervention design and safeguards

40. What type of therapy or intervention are you recommending, and is it intended to provide assessment, psychoeducation, parenting intervention, relational repair, family therapy, reunification work, risk management, or general counselling?
41. What specific goals should the recommended intervention address, including Parent A's facilitation, [child]'s avoidance, communication boundaries, emotional permission, Parent B's relationship repair tasks, and restoration of safe contact where appropriate?
42. What qualifications, experience or specialist knowledge should the practitioner have to work with parent-child rejection, child voice reliability, family violence allegations, attachment disruption, and post-separation contact refusal?
43. What safeguards are clinically necessary to ensure that any recommended therapy, contact or intervention cannot be avoided, undermined, delayed, or rendered ineffective by Parent A or [child] saying "[child] does not wish to attend"?
44. Should Parent A be required to participate in psychoeducation or intervention before or alongside child-focused or family therapy, particularly regarding parent-child boundaries, communication about adult matters, emotional permission, and active facilitation of Parent B's relationship with [child]?
45. If Parent A does not participate in intervention addressing facilitation, relational permission, communication boundaries and the child's exposure to adult narratives, what is the likely effect on any therapy recommended for [child] or Parent B?

I. Plain-language formulation of survival-based rejection

46. Did you consider whether [child]'s rejection of Parent B may function as a way of coping with pressure, fear of consequences, loyalty demands, adult influence, reduced contact, or limited emotional permission to maintain a relationship with both parents?
47. Did you consider alternative explanations for [child]'s rejection, including realistic estrangement, protective resistance, anxiety, trauma response, reduced contact, adult influence, loyalty pressure, therapeutic reinforcement, avoidance reinforcement, and consequence-based learning?
48. What evidence supported accepting or excluding each competing explanation?
49. Is your opinion about the cause of [child]'s rejection a concluded opinion, or is it provisional because of limited interviews, lack of collateral review, absence of direct observation, lack of chronology, disputed facts, or post-report material?

J. Post-report data and currency of opinion

50. Please confirm the date on which your assessment effectively closed for the purpose of forming your opinions.
51. Given that significant material has arisen after the report was issued, including [insert categories: missed time, failed changeovers, further allegations, communications, school records, police records, child protection records, therapy records, evidence of non-compliance], would you require further review before confirming whether your opinions and recommendations remain current?
52. Did you consider material arising after the assessment closed, including [missed time / failed changeovers / further allegations / communications / school records / police records / child protection records / therapy records / evidence of non-compliance]? If not, could that material affect the currency or reliability of your opinions?
53. If post-report material shows ongoing non-facilitation, missed time, escalation in allegations, increased refusal, therapeutic reinforcement, or further reduction in contact, would that affect your opinion about the cause and maintenance of [child]'s rejection of Parent B?
54. If post-report material shows that Parent B has continued to seek contact, provide reassurance, comply with orders, participate in recommended processes, or support [child]'s wellbeing, would that affect your opinion about Parent B's parenting capacity, emotional availability or the recommendations made?

K. Opinion-change questions

- 55.If the Court were to find that Parent A did not actively facilitate [child]'s relationship with Parent B, would any of your opinions, risk formulation, therapeutic recommendations, or parenting recommendations change?
- 56.If the Court were to find that [child]'s views were shaped by reduced contact, non-facilitation, therapeutic reinforcement, loyalty pressure, conditioned fear, attachment deactivation, avoidance reinforcement, or consequence-based learning, would any of your opinions, risk formulation, therapeutic recommendations, or parenting recommendations change?
- 57.If the Court were to find that allegations against Parent B were not established, would any of your opinions about Parent B's parenting capacity, emotional availability, risk, or the child's stated refusal change?
- 58.If the Court were to find that Parent A's stated support for the relationship was inconsistent with Parent A's conduct, would that affect your formulation of the family dynamics or recommendations?
- 59.If the Court were to find that prior therapy reinforced avoidance rather than supported relational repair, would that affect your opinion about the child's presentation, the intervention required, or the safeguards necessary for future therapy?

Selecting and combining questions

The questions in this resource are a question bank, not a checklist to be sent in full. Parties should select the questions that are directly relevant to the report and adapt them to the facts, chronology and evidence in their matter. Where several questions address the same issue, they can often be combined into one carefully drafted clarification question.

For example, questions about chronology, reduced contact, missed changeovers, therapy and escalation in the child's refusal may be combined into a single question about the pathway by which the child's relationship with Parent B deteriorated and what evidence supports the expert's formulation. Questions about Parent A's claimed support, compliance with orders, communication, and emotional permission may also be combined into one question about how the expert tested whether Parent A actively facilitated the relationship in practice.

This approach keeps the request focused, reduces repetition, and assists the expert to answer the real issue. The purpose is not to send as many questions as possible. The purpose is to clarify the reasoning, methodology, assumptions, limitations and evidentiary basis of the report.

Example of a consolidated question

Instead of asking several separate questions about chronology, reduced contact, missed time and the child's escalating refusal, these issues may be combined into one question:

Given that [child] previously had a functional relationship with Parent B, and that contact later reduced from [regular / overnight / unsupervised] time to [minimal / supervised / no] contact, what chronology did you rely upon to formulate the pathway by which that deterioration occurred, what events did you consider most significant, and what evidence supports attributing the deterioration to Parent B's parenting capacity rather than to reduced contact, missed time, non-facilitation, therapy, loyalty pressure, fear of consequences, repeated avoidance, or the child's need to remain aligned with Parent A? (Questions 1, 2, 3, 5 and 7)

Information That Emerges After the Report

A single expert report reflects the information available to the expert at the time the assessment was conducted and the report was finalised. In many parent-child rejection matters, important information may emerge after that point, including missed time, failed changeovers, further allegations, new communications, school concerns, therapy records, child protection material, police material, or further evidence about whether Parent A has actively supported or obstructed the child's relationship with Parent B.

This later information does not automatically make the report wrong. Its relevance depends on whether it affects the assumptions, reasoning, recommendations, or factual foundation of the report. For example, later material may be relevant if it shows that contact has continued to deteriorate, that orders have not been followed, that the child's language or allegations have changed, that therapy has reinforced avoidance, that Parent A has not facilitated contact, or that Parent B has continued to seek safe and appropriate relationship repair.

The purpose of organising later information is not to overwhelm the expert or the Court. It is to identify whether the report remains current, whether any opinion should be qualified, and whether the expert would require further review before confirming their conclusions or recommendations.

A simple summary is usually clearer than a long index. The summary should identify:

- when the assessment appeared to close;
- when the report was issued;
- what important information emerged after that date;
- why that information may affect the report's reasoning or recommendations;
- whether the expert had access to that information before finalising the report.

Example wording

Since the report was issued, further information has emerged concerning [missed time / failed changeovers / further allegations / communications / school concerns / therapy records / child protection material / police material / compliance with orders / Parent A's facilitation / Parent B's efforts to repair the relationship]. This information may be relevant to the report's conclusions about [the child's stated views / the cause of the child's rejection / Parent A's facilitation / Parent B's alleged risk / therapy recommendations / the currency of the report]. Clarification may be required as to whether the expert would need to review this later information before confirming whether the opinions and recommendations remain current.

Organising post-report data

Post-report material should be organised, not dumped. The aim is to show whether later information affects the assumptions, reasoning, therapeutic recommendations or risk formulation in the report. A concise data summary can also show the volume of information that did not exist, or was not reviewed, when the expert formed their opinion.

Suggested wording

Since the report was issued, there are [insert number] further documents across [insert categories], including [missed changeovers / communications / school records / police material / child protection material / therapy records / evidence of non-compliance]. This material appears relevant to [Parent A's facilitation / the child's stated views / allegations against Parent B / contact deterioration / therapeutic reinforcement / compliance with orders].

Post-report data summary

Item	Details
Date assessment appeared to close	[insert]
Date report issued	[insert]
Date range covered by later material	[insert]
Approximate number of later documents	[insert]
Approximate number of pages or records	[insert]
Main categories of later material	[communications / missed time / school / police / child protection / therapy / compliance / other]
Main issues potentially affected	[facilitation / child views / allegations / contact / therapy / risk / recommendations]

Post-report data index

This table is not intended to include every communication or every document. It should be used to identify important information that emerged after the assessment closed or after the report was issued, particularly where that information may affect the expert's assumptions, reasoning, conclusions or recommendations.

Date or period	Where the information came from	Kind of information	Brief neutral description	Part of the report it may affect	Was it available to the expert?
[insert]	[parenting app / email / text message / school / police / child protection / therapist / court material / other]	[missed time / failed changeover / allegation / communication / therapy note / school concern / compliance issue / other]	[brief factual description without argument]	[child's stated views / Parent A's facilitation / Parent B's alleged risk / contact deterioration / therapy recommendation / currency of the report]	[yes / no / unsure]
[insert]	[insert]	[insert]	[insert]	[insert]	[insert]
[insert]	[insert]	[insert]	[insert]	[insert]	[insert]
[insert]	[insert]	[insert]	[insert]	[insert]	[insert]
[insert]	[insert]	[insert]	[insert]	[insert]	[insert]
[insert]	[insert]	[insert]	[insert]	[insert]	[insert]

Professional standard statement

In parent-child rejection and alignment cases, careful evidence-informed assessment is required because a child's current refusal to see a parent does not, on its own, explain how that refusal developed. The assessment task is to examine the pathway into the child's position, including what the child directly experienced, what the child may have inferred, what the child may have absorbed from adults or professionals, and whether the child has genuine emotional permission to hold a relationship with both parents where it is safe to do so.

Practitioners working in this area carry significant responsibility because the conclusions drawn from these reports can shape a child's relationship with a parent, siblings, grandparents and extended family for years. A brief interview, a surface reading of the child's stated views, or an untested acceptance of one parent's account is not enough in complex parent-child rejection matters. These cases require chronology, collateral information where appropriate, assessment of relationship history, testing of allegations, consideration of competing explanations, and careful analysis of the family processes that may have shaped the child's current position.

When a report does not explain its methodology, examine how the child's views developed, test whether a parent's claimed support is reflected in their conduct, or identify the purpose, structure and safeguards of recommended therapy, the conclusions may appear more certain than the evidence allows. In practice, that can mean a child's refusal is treated as determinative before the causes and maintaining factors have been properly assessed.

Clarification questions can bring the assessment back to method by requiring the practitioner to explain what was reviewed, what was assumed, what was not tested, what alternatives were considered, and whether later information changes the strength or currency of the opinion. The purpose is not to attack practitioners. It is to lift the standard of assessment in cases where a child's relationship with a parent may be permanently altered by poorly tested assumptions.

A report grounded in clear chronology, balanced evidence, transparent methodology and careful formulation should be able to withstand proper questioning. Where those foundations are missing, the questions may reveal gaps that should have been addressed before serious recommendations were made.

*Advancing education, strengthening understanding,
and supporting families to ask better questions
when children's relationships are at risk.*

Source notes

Federal Circuit and Family Court of Australia (Family Law) Rules 2021, compilation F2025C00594, compilation date 10 June 2025, rr 7.18, 7.21, 7.22, 7.24 to 7.27.

Federal Circuit and Family Court of Australia, Expert witnesses in family law, fact sheet.

Federal Circuit and Family Court of Australia, Experts conference prescribed brochure, guidelines for expert witnesses and those instructing them.

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