

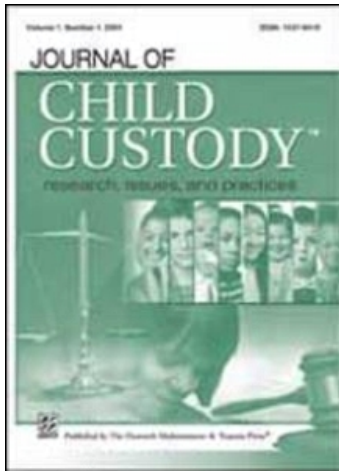
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Journal of Child Custody

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title-content=t92306888>

Conducting Child Custody Evaluations in the Context of Family Violence Allegations: Practical Techniques and Suggestions for Ethical Practice

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Online Publication Date: 01 July 2009

To cite this Article Geffner, Robert, Conradi, Lisa, Geis, Kari and Aranda, M. Brenda(2009)'Conducting Child Custody Evaluations in the Context of Family Violence Allegations: Practical Techniques and Suggestions for Ethical Practice',Journal of Child Custody,6:3,189 — 218

To link to this Article: DOI: 10.1080/15379410903084608

URL: <http://dx.doi.org/10.1080/15379410903084608>

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Conducting Child Custody Evaluations in the Context of Family Violence Allegations: Practical Techniques and Suggestions for Ethical Practice

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A review of the literature (i.e., Austin, 2001) and the daily practice of conducting child custody evaluations has revealed that there is an inadequacy assessing and incorporating family violence issues, including both partner and child abuse, into the context of a child custody evaluation when such allegations occur. The National Council of Juvenile and Family Court Judges has published attempts to address the lack of adequate assessments in family violence cases (e.g., Dalton, Drozd, & Wong, 2006), however more needs to be done. The current article discusses the existing approaches in conducting child custody evaluations when family violence is alleged and provides suggestions and practical techniques for adequately considering these issues in an evaluation. The various assessment and interview techniques that can be utilized in these complex custody evaluations are presented. The techniques discussed should aid child custody evaluators, attorneys, and judges in dealing with these complex cases, such that proper techniques can be followed to arrive at appropriate recommendations. If an evaluator conducts a child custody evaluation

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in a case where there are allegations of family violence but does not have specific training or expertise in this area, ethical concerns and questions arise.

KEYWORDS child custody, divorce disputes, family court, forensic evaluations, psychological assessment

Multiple guidelines have been set forth by the American Psychological Association (APA) for those conducting forensic evaluations pertinent to child custody cases (APA, 1994, 2009; Association of Family and Conciliation Courts, 2006; Committee on the Revision of the Specialty Guidelines for Forensic Psychology, 2006). More specifically, some guidelines have been recommended for those conducting child custody evaluations that involve family violence issues (APA, 1996; APA Ad Hoc Committee, 1996a, 1996b; Committee on Professional Practice and Standards 1995, 1999). When conducting a custody evaluation, it is vitally important to understand the complex dynamics of family violence due to the nature of such cases. Many states have passed specific statutes for these situations that specify training requirements for the custody evaluators or specific recommendations for custody or visitation if family violence has been determined to have occurred (for further descriptions of these, see Geffner, Geis, & Aranda, 2006; Stahl, 2004).

However, there has been concern that there exists a deficiency in adequately assessing and incorporating family violence issues into the context of a child custody evaluation. It appears that many evaluators are, at most, only evaluating family violence issues on a cursory level even when such allegations have been made by one or both parties. It also appears that many child custody evaluators are neither adequately trained in the specific dynamics of family violence, nor are they aware of the techniques to utilize in the assessment of relevant issues (Jaffe, Baker, & Cunningham, 2004; Jaffe, Lemon, & Poisson, 2003). Even when evaluators do know that family violence is an issue, the relevant dynamics and effects on children are often not adequately incorporated into their custody recommendations. Conducting child custody evaluations, when there are family violence allegations, without specific training in this area becomes an ethical issue of practicing outside one's area of expertise. Such practice is negligent, and the lack of training may cause the evaluator to overlook the child's welfare and psychological best interest by placing a child(ren) in potentially dangerous situations where they are vulnerable to experiencing further abuse and physical or psychological harm (APA, 2009).

The current article emphasizes the importance of assessing the complex issues of child maltreatment and intimate partner abuse throughout the process of a custody evaluation. The assessment of each family member as well as obtaining information from collateral sources will be discussed. The

various assessment and interview techniques that can be utilized are presented as well as a discussion of the conduct of an objective child custody evaluation that involves family violence dynamics. In particular, interpretation of assessment findings is discussed within the context of the custody evaluation and the larger issues of intimate partner abuse and child maltreatment. As pointed out over a decade ago and still considered paramount in current day evaluations (APA, 1996, 2009), interpreting assessment results without considering the context and nature of victimization is unethical practice.

Being aware of specific assessment techniques and measures, properly reviewing collateral sources and records, and understanding the dynamics of family violence will aid child custody evaluators, attorneys, and judges in obtaining a more complete and comprehensive picture of the dynamics of the parties involved such that the appropriate recommendations can be made. It should be pointed out and emphasized that even when issues of family violence arise, standards of acceptable practice in conducting child custody evaluations must also be followed with respect to assessment, interviews, observations, data collection, interpretation, conclusions, and recommendations. For example, if allegations of family violence are not supported by the data, it does not mean that an evaluator can then ignore the best interests of the children with respect to parenting issues, attachment, bonding, and the usual required elements of custody evaluations (APA, 2009).

Current Status of Child Custody Evaluations

With the increasing awareness of the detrimental effects of family violence on a person's physical and psychological well being, it is always important to accurately assess these complex issues within the context of a child custody evaluation. Family violence would include all aspects of domestic violence (i.e., intimate partner abuse or violence) and child maltreatment. This includes physical, sexual, verbal, and emotional abuse. It is important to note and distinguish family violence cases from *high-conflict families*, a term often used to minimize responsibility in some cases in which abuse has occurred. High-conflict couples disagree and argue while sometimes struggling with power and control issues where as domestic violence situations include one party utilizing power and control over the other in order to satisfy his or her own needs. In the latter situation, the offender usually uses coercion and intimidation and may attempt to isolate the victim and children from other family and friends, which often then produces fear and trauma in the victims.

Some child custody evaluators, attorneys, and judges may minimize the importance of emotional abuse and the effects of exposure to family violence on children. However, the research has been clear in that such

adverse childhood experiences usually lead to significant detrimental long term effects even years later (Felitti et al., 1998; Geffner, Griffin, & Lewis, 2009; Geffner, Igelman & Zellner, 2003; Geffner, Jaffe, & Sudermann, 2000). Family violence is made up of one or more of the following behaviors: physical abuse, explicit or implicit threats of violence, controlling and intimidating behaviors, extreme jealousy, degradation (name calling and verbal abuse), humiliation, stalking, isolating behavior, and coerced sexual interactions (Lemon, 2000). A victim's sense of self and reality can be severely affected if he or she experiences repeated forms of abuse over a long period. The victim may become depressed, suffer a variety of anxiety and physiological symptoms, become dependent, and/or become traumatized (APA, 1996; Lemon, 2000). Further, children growing up in abusive homes (including chronic emotional abuse where no physical abuse occurred) may be affected emotionally, cognitively, socially, and physically (O'Daugherty Wright, 2007). They often feel powerless, confused, angry, guilty, sad, afraid, and alone (Geffner et al., 2000; Geffner, Igelman, et al., 2003; Geffner et al., 2006; Holden, Geffner, & Jouriles, 1998).

Identification of Gaps in Custody Evaluations When Family Violence is Alleged

There sometimes appears to be a lack of knowledge and understanding about the complex dynamics of family violence by evaluators, which leads to several gaps in conducting custody evaluations when such issues arise. For example, it appears that evaluators who are not specifically trained in these issues are unaware of the relationship between intimate partner violence and child maltreatment. Research has demonstrated that there are common characteristics of power and control and a substantial overlap between both types of abuse in the family (Appel & Holden, 1998; Busch & Robertson, 2000; Edleson, 1999). In fact, if one of these occurs in an intimate or family relationship, there is a high likelihood that the other has occurred or may occur as well. Some of the summaries of research studies have noted that this overlap tends to be between 40% and 60%, depending upon the particular study (e.g., Edleson, 1999; Osofsky, 2003).

Many parents also believe that their children are not affected by the violence that occurs in the home. Nonetheless, 70–85% of these children are not only aware, but often negatively affected (Edleson, Mbilinyi, Beeman, & Hagemester, 2003; Geffner et al., 2000; Geffner, Igelman, et al., 2003; Geffner et al., 2009; Jaffe et al., 2004). It is important to determine the likelihood of abuse in a relationship in order to make a custody recommendation because this is a significant issue for parenting abilities (i.e., if one parent abuses the children or the other parent, that is a direct indication of poor parenting since it has significant negative effects on the child) (APA, 1996).

Common Mistakes Made by Some Evaluators

When child abuse allegations arise in child custody disputes, there are some common mistakes that seem to be made by too many evaluators. For example, a common mistake is the misinterpretation of the term *unsubstantiated* Child Protective Services (CPS; other names may be given to this agency in different states) reports to mean someone knowingly made a false allegation and there was no abuse (Brown, Frederico, Hewitt, & Scheehan, 2000; Schuman, 1999; Thoennes & Tjaden, 1990; Trocme & Bala, 2005). The use of the term *unsubstantiated* actually means that there is not sufficient evidence to confirm abuse. In many cases, this is the determination given by CPS, which may mean that abuse did not occur and someone misinterpreted behaviors, or that abuse did occur but a definitive determination was not able to be made due to lack of sufficient evidence. Evaluators as well as CPS case workers may also ignore or minimize abuse disclosures and, thus, not even evaluate the evidence because they believe that such claims are common in child custody disputes and are automatically false (Dallam & Silberg, 2006; Leadership Council on Child Abuse and Interpersonal Violence, 2006). It is important that evaluators do not discount the possibility of abuse just based on the CPS report, but rather incorporate all the data before making a conclusion that the allegations are false.

Another common mistake made by evaluators is to ignore new abuse disclosures because of previous court or evaluator findings that abuse did not occur in the past. However, the past conclusions may be due to a pre-set bias against such allegations, so each disclosure must be evaluated on its own merits, as well as in the context of the history of the case. In addition, discounting abuse disclosures because of the “normal” affect displayed by the child in the presence of the alleged abuser in a safe environment, or because the child also expresses love and wants to have contact with the alleged abuser, indicates a lack of training and knowledge of abuse dynamics by the evaluator. Children react differently to abuse. The child may show ambivalence towards the abuser and find it difficult to see good in them, or they may feel absolutely no fear and identify with them. The previous behaviors occur even when a child has been abused. Evaluators make the assumption, at times, based upon the aforementioned types of observations, that the abuse must be false, and therefore that the other parent is programming and alienating the child(ren) against the parent accused of abuse.

Another mistake made by evaluators conducting child custody evaluations is attributing children’s reports of parental abuse to Parental Alienation Syndrome. Richard Gardner (1992) coined the term *Parental Alienation Syndrome (PAS)* to describe a “disorder” that arises primarily in the context of child custody disputes when a parent is attempting to turn the child against the other parent. It is a circular argument in that its primary manifestation is the child’s rejection of a parent, a campaign that is assumed to have no

justification. It results, supposedly, from the combination of programming (brainwashing), a parent's repeated negative indoctrinations, and the child's own participation in the process (Gardner, 2002). Therefore, PAS was conceptualized within the framework of child custody cases as an effort to manufacture an abuse allegation designed to alienate the child from the other parent (usually by the mother against the father). The reliability of this supposed "syndrome" cannot be determined due to lack of empirical research (APA, 1996; Bruch, 2001; Neustein & Leshner, 2005; Waller, 2002). Therefore, this "syndrome" should not be a consideration during child custody evaluations or admissible in court. Even though the lack of empirical evidence and peer-reviewed research have been widely known now for over 10 years, the principles of PAS are still utilized in many child custody evaluations and reports, influencing recommendations and outcomes by evaluators and courts (APA, 1996; Jaffe et al., 2004; Leadership Council, 2006; Neustein & Leshner, 2005). It is important to evaluate each case as unique, review case data as well as observable behaviors, and discuss the issues directly with the child(ren) before making a determination that actual alienation attempts may have occurred.

It should be noted that many cases involve a parent saying negative comments about the other parent at times, but this does not mean a parent is attempting to alienate the children or that children are becoming alienated. These comments are not good parenting and should be eliminated, but it is not appropriate to assume that such comments automatically mean parental alienation. There is little, if any, evidence that if a parent was to repeat negative comments about the other parent it would lead to extreme rejection of the targeted parent by the child(ren). Programming children to do what a parent wants or believes is not easy to do even when a parent has the knowledge and expertise in psychology. If so, all mental health professionals would be great parents and their children would be perfectly behaved, do their chores without reminding, and always follow their parents' advice! It is interesting that many evaluators, judges, and attorneys automatically assume that it is easy to alienate and turn a child against the other parent who supposedly had a good relationship with that child and that this can be accomplished in a relatively short time merely by saying negative things about how bad that parent is or was. It is important to look more closely at various mechanisms that might better explain such attitudes and behaviors.

Distinctions Among Abuse, Alignment, Alienation, Estrangement, and Rejection

In distinguishing the concepts of abuse, alienation, alignment, estrangement, and rejection (for definitions and discussions, see Johnston, 2005; Kelly & Johnston, 2001), there are several important questions and issues to assess. For example, one should always consider whether there are problems in the child's attachment to either parent. If so, then the reason for the

dysfunction should be assessed (Drozd & Olesen, 2004). Drozd and Olesen outline several hypotheses that the evaluator must consider as reasons for this possible dysfunction. These hypotheses include normal developmental changes of the child, poor parenting (including being too relaxed or too rigid, being absent in the child's life, or alienating behaviors by the parent), familial abuse, and/or a combination of the aforementioned hypotheses. Too often, evaluators assume alienation without really investigating whether this is occurring and do not consider that a child might be rejecting one parent due to abuse issues.

Determining the Key Issues to Assess

While it is necessary to address many of the standard issues that arise during a custody dispute (child-parent relationships, strengths and weaknesses of each parent, child's developmental needs, attachment and bonding, etc.), several other issues also arise when the custody evaluation involves allegations of intimate partner violence or child abuse. For example, an evaluator should assess the impact of the abuse/violence on the victim and children and provide data from their investigation to the court. This will help the evaluator ascertain what effect the abuse may have on the parenting abilities of the victim, as well as emotional effects on the children. This aids in making better recommendations to the court so it can make the final decision on the findings of abuse. It also enables the evaluator to better understand the context for testing results and the reasons for certain behaviors that may be exhibited by the parents, such as a victim's defensive profile (i.e., guarded) associated with fear and trauma linked to the abuse. Several assessment tools, which will be detailed further in this article, can be used to evaluate the influence of abuse and violence on the involved parties. The seriousness of the abuse also helps determine the type of visitation arrangement that would be recommended to ensure safety for the children.

An evaluator would want to assess the perpetrator's level of acceptance of and responsibility for the abuse, as well as readiness to change, once abuse issues become clear. This can give the evaluator an inclination as to where the abuser is in the process of recovery and management of aggressive and controlling behavior patterns. A perpetrator who is able to take responsibility for his or her behaviors is inherently different, both psychologically and behaviorally, than an abuser who denies the influence of the abuse on the family. For example, an abuser who continues to seek custody of his or her minor children, even after admitting to incidents of domestic violence, clearly does not understand the impact of the abuse and violence on the children as well as the need for the children to be in the custody of the parent who has not been abusive. It is also important to note that the victim parent might also have some flaws as a parent and certainly needs to take responsibility for them and undergo treatment whenever necessary.

Several assessment issues also arise during a custody evaluation with allegations of child maltreatment or intimate partner abuse. For example, one would not want to confront the allegations with the perpetrator and victim (whether that is the partner or the child) in the same room. Not only could this create safety issues, but it could also lead to inaccurate assessment results. The victim could be anxious and scared, and, therefore, become guarded or further traumatized during the interview. Such re-victimization of a potentially traumatized child or adult becomes another ethical issue, and likely violates a major axiom of a mental health professional's ethics code of "first do no harm." Placing an alleged rape victim in a room with the accused perpetrator for a confrontation would not even be considered by any mental health professional or law enforcement officer, yet many evaluators conduct confrontations in this manner for alleged victims of child abuse or intimate partner abuse even with allegations of sexual abuse or assault.

Another key issue to assess in a custody evaluation involving allegations of violence and abuse is dangerousness of the perpetrator, which includes any threat of future danger. Issues that can contribute to dangerousness include psychopathy, impulsivity, inadequate conflict resolution skills, dominance or the need to control, stalking behaviors, anger or hostility, substance abuse, access to weapons, and history and severity of prior aggressive behavior. Any of these issues can be considered as indicators that the abuser may pose a serious threat for future violence or abuse. The *Dangerousness Scale—revised* (Campbell, 2003) and the *Spousal Assault Risk Assessment (SARA)* (Kropp, Hart, Webster, & Eaves, 1995) are two ways of trying to determine risk (see the text below). It should be noted that separation from the abuser does not always mean safety for the victim or the victim's children since an abuser may become even more dangerous with the loss or perceived loss of the relationship (Bancroft & Silverman, 2002; Jaffe et al., 2003).

An evaluator should also assess for effects of any exposure to abuse. This can be done by assessing a child's areas and levels of functioning, including psychological, sexual, emotional, and social development, all of which can be affected by exposure to domestic violence. This will help to ensure the child's welfare and psychological best interest (APA, 2009). For example, a child who has been exposed to sexual trauma may act out in ways that are hypersexual or inappropriate for his or her age. This may be an indication that the child has witnessed, or even been subjected to, sexual abuse.

Additional effects of exposure to family violence on the child include emotional, cognitive, and social effects. Emotional effects include: feelings of powerlessness and helplessness, low self-esteem, feelings of worthlessness, confusion and insecurity about conflicting feelings toward parents, sadness and depression, ambivalence, fears of abandonment and personal injury, anger about violence, self-blame, shame ("I caused it", or "I should have been able to stop it"), and grief for family and personal losses.

Cognitive effects include: inability to predict and make inferences, difficulty focusing on the content of language, language used to keep others at a distance rather than to convey meaning, feeling of incompetence and risk avoidance, lack of sense of consistency and predictability required for sequential ordering, encoding new information episodically or not at all, cause and effect relationships ill-defined, difficulty concentrating, and poor school functioning. Social effects include: isolation from friends and relatives, excessive social involvement to avoid home life, relationships that are frequently stormy, start intensely and end abruptly, difficulty in trusting, especially adults, poor anger management and problem-solving skills, passivity with peers or bullying towards peers, play with peers gets exceedingly rough, and engagement in exploitative relationships either as perpetrator or victim. The above should be explored in interviews and with assessment. Assessment tools that can determine various symptoms related to the existence and exposure to violence and abuse are detailed in the following text.

An evaluator would also need to assess for depression, anxiety, dissociation, trauma, anger, substance abuse, and disruptive behavior disorders. These disorders may or may not be directly linked to an abusive experience. If allegations of abuse are part of a custody evaluation, these disorders would need to be thoroughly assessed. Additionally, the evaluator should assess the conflict resolution skills of each parent. Some possible questions that may be asked in an interview with a parent include the following: Does the parent effectively communicate with his or her spouse when conflict arises? How does the parent deal with his or her children during conflict? A custody evaluator can ask a multitude of questions that can help ascertain issues of control and dominance and how decisions are made (i.e., power issues). These questions assist the evaluator in determining how well a parent is able to productively and successfully manage conflict, both with their children and with their spouse. A parent who uses power and control, is impulsive, or uses intimidation or violence as a means to resolve conflict would clearly be at risk to commit further domestic violence or child abuse. A parent who is able to use empathy, be appropriately assertive, and who is able to listen and collaborate as a means to reach a mutual agreement shows positive conflict resolution skills that can assist in parenting and is a reflection of positive parenting skills.

As with standard custody evaluations, substance use and abuse should be carefully assessed in a thorough custody evaluation involving allegations of family violence. Substance use (by perpetrator and victim) is involved in as many as 92% of reported cases of domestic violence (Brookoff, O'Brien, Cook, Thompson, & Williams, 1997). This would include alcohol use as well as both legal and illicit drug use. Drug and alcohol abuse or dependence could limit the parent's capacity to properly care for their children and could impact their judgment in negative ways. For example, with impaired

thinking, the parent may become more impulsive and resort to violence as a way to cope with frustration toward their spouse and/or child. Inhibitory controls are reduced, which may lead to verbal expressions of anger and frustration. Furthermore, they may neglect their child's everyday needs, such as not taking them to school, not helping them with daily problems, and disregarding their emotional and developmental needs.

The Necessity of Cultural Awareness

The awareness and identification of the impact of culture in child custody evaluations is an important aspect to all custody evaluations, including those that involve allegations of family violence (APA, 2009). Ignoring the influence of culture, and that family's perception of their culture, can be damaging and devastating to the parties involved in the custody evaluation. It may lead to incorrect recommendations as well as perpetuate cycles of abuse within families. For example, certain cultures and families may consider the survival of the family unit as most important, and therefore, view divorce as a last resort. The divorce may bring about embarrassment, shame, and guilt, which may influence the responses that are given during a custody evaluation. Furthermore, a victim may feel too ashamed to talk about the abuse, and therefore might minimize the perpetrator's role in the abuse or blame themselves. This person's culture may dictate that family problems are not talked about outside of the family, which again, can influence the responses given in the custody evaluation. It is important that an evaluator be aware of these cultural influences while at the same time avoiding judgment of them. Awareness of cultural misconceptions—such as the belief that there is more violence in Hispanic families—that are not supported by research is also of importance. Caution against allowing these culturally misleading assumptions should be taken.

CONDUCTING A CHILD CUSTODY EVALUATION WHEN FAMILY VIOLENCE IS ALLEGED

Information Gathering

A principal and essential step in a child custody evaluation is a thorough review of the case records, which includes working with collateral sources and psychological assessment (APA, 2009; Stahl, 1999). While the process of collecting and reviewing case records can be a lengthy and cumbersome one, it is a crucial part of a custody evaluation. During the review process, an evaluator can corroborate information that is given by the family members during the evaluation as well as gain additional information not reported during the custody evaluation. Relevant records that should be reviewed include: previous custody evaluations and reports, police records, child

welfare (i.e., abuse) records, school records, medical records, therapist records, court records, statements from collateral sources, prior divorce records, and other records that may be relevant to the case. When reviewing medical records, one should pay particular attention to whether the physician who examined the child or adult has specialized training and experience in diagnosing child abuse or domestic violence, how the physician classified his or her findings (specific or not?), and whether alternative explanations were considered for the findings. Seeking consultation when reviewing material (e.g., complicated medical findings) that is outside the assessor's areas of expertise or qualifications (when the assessor is not a trained physician) should also be done.

Along with case review and the use of collateral sources, a thorough custody evaluation includes the administration of appropriate projective and objective measures (APA, 2009). This is important for evaluating credibility, which is a crucial aspect of trying to determine the likelihood of abuse.

There are a number of domains that should be further assessed when conducting a custody evaluation within the context of family violence. Specific issues to assess include the severity and differentiation in type of violence, indicators of trauma exposure/posttraumatic stress disorder, social skills, dominance and dependency needs, control issues, parenting abilities, attachment relationships, psychopathy, self-esteem, anger or hostility, gender roles, depression, stereotypes, impulsivity, levels and type of communication abilities, fears, levels of assertiveness and empathy, conflict resolution skills, and readiness to change. Many of these can be addressed through interviews with family members and collateral sources. Additionally, there are multiple reliable and valid measures available to the child custody evaluator to help tease out some of the complexities of conducting a custody evaluation when there are allegations of family violence. Table 1 lists a sample of objective measures available for assessing children and adolescents, Table 2 lists a sample of objective measures available for assessing adults, and Table 3 lists some projective measures available for assessing both children and adults.

In general, the psychological testing that the authors recommend includes an assessment of personality, psychological functioning in general, anxiety, depression, trauma, anger, parenting stress, and attitudes. Many measures now exist for assessing these, and more are being developed and validated by testing publishers and researchers. For more discussion about psychological testing in the context of child custody evaluations, see Flens and Drozd (2005) and Gould (2005).

Assessment of Traumatic Effects in Children and Victims

Families who present for a child custody evaluation in which there are allegations of family violence may have experienced a wide range of traumatic incidents that lead to both short- and long-term difficulties. Both the children

TABLE 1 Sample Objective Child and Adolescent Measures

Measure name	Domains assessed	Informant	Ages	Type of scale	Time needed
Trauma Symptom Checklist for Children (TSCC, Briere, 1996)	Trauma symptoms	Self	8–16	Likert	15 minutes
Trauma Symptom Checklist for Young Children (TSCYC; Briere, 2005)	Trauma symptoms	Caregiver	3–12	Likert	15 minutes
Aggression Questionnaire (AQ; Buss & Warren, 2000)	Aggression	Self	8–18	Likert	15 minutes
Revised Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1985)	Anxiety	Self	6–19	Yes/no	15 minutes
Children's Depression Inventory (CDI; Kovacs, 1992)	Depression	Self	6–17	Likert	15 minutes
Child Behavior Checklist (Achenbach & Rescorla, 2001)	Behaviors	Caregiver	1 ½–5; 6–18	Likert	15 minutes
Children's Inventory of Anger (ChIA; Nelson & Finch, 2000)	Anger	Self	6–16	Likert	15 minutes
Piers-Harris Children's Self-Concept Scale (PHSCS-2; Piers & Herzberg, 2002)	Self-esteem	Self	7–18	Likert	15 minutes
Early School Personality Questionnaire (ESPQ; Coan & Cattell, 1972)	Personality traits	Self	6–8	Likert	45 minutes
Children's Personality Questionnaire (CPQ; Porter & Cattell, 1992)	Personality traits	Self	8–12	Likert	45 minutes
High School Personality Questionnaire (HSPQ; Cattell & Cattell 1984)	Personality traits	Self	11–22	Likert	45 minutes
Family Adaptability and Cohesion Evaluation Scale (FACES III; Olson, Portner & Lavee, 1994)	Family relationships	Self	12 and above	Likert	15 minutes
Child Sexual Behavior Inventory (CSBI; Friedrich, 1997)	Sexual behavior	Caretaker	2–12	Likert	15 minutes

and adult victims may have been exposed to domestic violence, sexual abuse, or other traumatic events. An appropriate assessment protocol will not only provide the evaluator with information on whether one or more

TABLE 2 Sample Objective Adult Measures

Measure Name	Domains Assessed	Reporter	Ages	Type of scale	Time needed
Coolidge Assessment Battery (CAB; 1999)	Personality functioning	Self	18 and up	Likert	40 minutes
Trauma Symptom Inventory (TSI; Briere, 1995)	General trauma symptoms	Self	18 and up	Likert	20 minutes
Detailed Assessment of Posttraumatic Stress (DAPS; Briere, 2001)	Posttraumatic stress symptoms	Self	18 and up	Likert	40 minutes
Interpersonal Behavior Survey (IBS; Mauger, Adkinson, Zoss, Firestone, & Hook, 1993)	Aggression/anger/relationship issues	Self	18 and up	Likert	45 minutes
Parenting Stress Index (PSI; Abidin, 1995)	Family stress, general symptomatology, parent-child relationship and stressful life events	Self	18 and up	Likert	25 minutes
Parent-Child Relationship Inventory (PCRI; Gerard, 1994)	Parent-child relationship	Self	18 and up	Likert	15 minutes
Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2)	Personality functioning	Self	18 and up/	True/false	1.5 hours
Michigan Alcoholism Screening Test (MAST; Selzer, 1981)	Alcohol abuse/dependence	Self	18 and up	True/false	5 minutes
Drug Abuse Screening Test (DAST; Skinner, 1983)	Drug abuse/dependence	Self	18 and up	True/false	5 minutes

traumatic incidents occurred, but will also provide key information for recommendations in the case, including mental health treatment. A thorough assessment of trauma includes a clinical interview, behavioral observations, a review of records, and use of standardized assessment measures. When conducting a custody evaluation, all of these components need to be integrated into the evaluation so that accurate conclusions can be drawn. These measures should not be used as a definitive way to determine abuse, only to see what level the alleged victim indicates abuse and its effects, and then how the information corresponds to collateral data and records of all parties involved in the evaluation.

General assessment of trauma. During clinical interviews of all involved parties, information should be gathered from multiple informants on the

TABLE 3 Sample Projective Measures

Measure name	Domains assessed	Reporter	Ages	Time needed
Thematic Apperception Test (TAT)	General personality	Self	14 and above	30 minutes
Roberts Apperception Test – Second Edition (RTC-2; Roberts, 2006)	General personality	Self	6–16	30 minutes
Prokop Divorce Adjustment Inventory (Prokop, 1986)	Adjustment to divorce; conflicts and attitudes	Self	7–16	30 minutes
Sentence Completion	General personality	Self	7 and above	20 minutes
Draw a Person	General personality	Self	6 and above	10 minutes
Kinetic Family Drawing	General personality	Self	6 and above	10 minutes
Rorschach (Exner, 1993)	General personality	Self	16 and above	45 minutes

trauma history including violent or abusive incidents, information regarding substance abuse, developmental issues, cultural issues, and a history of traumatic or abusive incidents in both the immediate family as well as within the family of origin for each parent. After years of reviewing custody evaluations with allegations of family violence and abuse, the authors note that a large number of those evaluators did not ask or report the responses by the children regarding the alleged abusive experiences and traumatic incidents. If a child makes an abuse disclosure to the other parent or to outside collateral sources, it could potentially be a sign of evaluator bias if the allegations are then referred to as “coming from the other parent.” In these cases, it is not unusual for an untrained evaluator to report that the allegations were made by the non-offending parent rather than by the child without further assessing the allegation, including its context, age of the child, and if there were any other relevant factors that should be considered in the evaluation. The focus often shifts away from the child and the allegations to the reporting parent, which distracts from the investigation. It is appropriate to use a “funnel” approach in the interviews so that more general information and explanations are obtained first during the interviews, and then to narrow down the questions to gather more specific information (Sternberg, Lamb, Davies, & Westcott, 2001).

During the clinical interview, the unspoken language conveyed may be more important than what is stated overtly by the interviewee. For this reason, behavioral observations play a key role in truly understanding how

the interviewee is experiencing the questions and may shed some light onto their comfort level in honestly answering the evaluator's inquiries. Many trauma victims and survivors are keenly aware of and tuned into nonverbal gestures and subtle hints of disbelief. This may lead them to attempt to persuade the interviewer in more intense ways about the abuse, which can become a self-fulfilling prophecy (i.e., they appear more obsessive and extreme in their views which may lead untrained evaluators to conclude that the person is fabricating or exaggerating the abusive experiences). An individual who has experienced some sort of trauma—whether it is exposure to family violence, sexual abuse, or physical abuse—may display a variety of behavioral indicators that suggest that one or more traumatic events have occurred, even if they deny it themselves. Some key behavioral indicators which may suggest a history of trauma include hypervigilance, fear of physical contact, avoidance and distancing behavior, staring in a vacant or frozen manner, extremes in behavior, repetition of trauma in play, overcompliance, oversensitivity to comments or situations, passiveness, or compulsivity (Cook, Blaustein, Spinazzola & van der Kolk, 2003). If these signs are present, it should be a hint to the evaluator to explore the case in more depth.

It is important to note that most victims of intimate partner violence also have often experienced forced or unwanted sexual interactions by the abuser (Tjaden & Thoennes, 2000). These can be the most humiliating and embarrassing of the abuse experiences as well as the most traumatic. Therefore, most victims do not voluntarily disclose such information if not delicately but specifically asked. It is important to attempt to determine in interviews in the assessment process if such behaviors have occurred and their overall impact. If such behaviors have occurred, it is very revealing about the attitudes and beliefs of the offending parent about power, control, decision-making, gender roles, and appropriate ways to treat people. These are important aspects of being a parent, child rearing, and being a role model to children.

Standardized assessment measures provide additional information on trauma symptomatology in children and youth. The *Trauma Symptom Checklist for Children* (TSCC) (Briere, 1996) evaluates acute and chronic posttraumatic symptomatology and other symptom clusters found in some children who have experienced traumatic events. It was developed as a self-report scale for youths aged 8 to 16 years old to assess distress and related symptoms after an acute or chronic trauma. It assesses a number of domains specifically as they relate to trauma symptoms including anxiety, depression, dissociation, posttraumatic stress symptoms, and sexual concerns, and it also has two validity scales. A companion measure, the *Trauma Symptom Checklist for Young Children* (TSCYC) (Briere, 2005) is a 90-item caretaker-report instrument developed for the assessment of trauma-related symptoms in children ages 3 to 12. It contains two reporter validity scales

and eight clinical scales. The scales allow a detailed evaluation of posttraumatic stress symptoms and a tentative PTSD diagnosis. It also provides information on other symptoms such as anxiety, depression, anger, and abnormal sexual behavior. It has similar scales to the TSCC, with the addition of physically aggressive behavior. Both of these measures assess general trauma symptomatology that the child is currently experiencing and are not designed to identify a particular trauma or ascertain whether an allegation of abuse is substantiated. Rather, the scales provide a starting point for evaluators to determine if the child is currently experiencing trauma symptoms. From there, the evaluator must do further assessment and interviewing to understand the context and nature of the trauma.

There are also some measures designed to assess both general and specific trauma symptoms in adults. The *Trauma Symptom Inventory* (TSI) (Briere, 1995) was developed to assess acute and chronic traumatic symptomatology in adults 18 years and older. The TSCC and TSCYC were derived from the TSI. The test consists of 100 items and is divided into 10 clinical scales and 3 validity scales. The domains assessed include the same as for children, with additional sexual concerns scales.

The *Detailed Assessment of Posttraumatic Stress* (DAPS) (Briere, 2001) is a measure designed to assess trauma exposure and posttraumatic stress in individuals who have a history of exposure to one or more events that can be considered traumatic. In the DAPS, the individual identifies a traumatic event that occurred at any time in their lives and answers 104 statements regarding his or her response to that event that an individual can mark in one of five categories: "in the last day," "more than a day ago, but in the last month," "between 1 and 3 months ago," "more than 3 months ago, but in the last year," or "a year ago or longer." The DAPS has two validity scales and 11 clinical scales. The DAPS scales include three PTSD symptom clusters (re-experiencing, avoidance, hyperarousal) and three associated features of PTSD (dissociation, substance abuse, suicidality) related to a particular trauma event. Two validity scales identify over-reporting and underreporting of psychological symptoms. The results on the DAPS generate a tentative diagnosis of posttraumatic stress disorder (PTSD) or Acute Stress Disorder (ASD) that should be verified with additional testing, interviewing, and observational data. These are just a few examples of trauma measures. Others also exist and can be used as well.

Family violence. A number of objective assessment measures have been designed to assist in determining the type of family violence that may have occurred. The *Conflict Tactics Scale* (CTS) (Straus, 1979) and the *Revised Conflict Tactics Scales* (CTS-2) (Straus, Hamby, Boney-McCoy, & Sugarman, 1996; Straus, Hamby, & Warren, 2003) were developed during the past two decades as a tool for measuring the frequency and type of family violence. Whereas the CTS-2 has not been specifically validated with child custody evaluations (so the results should be interpreted with caution), it is a helpful

measure in gathering some basic information from both parties on the frequency and type of violent acts that have occurred within the context of a relationship. The CTS-2 consists of 18 items that measure three different ways of handling conflict in intimate relationships: reasoning, verbal aggression (also known as psychological abuse), and physical violence. These items are ranked on a continuum from least to most severe, with the first 10 describing acts that are not physically violent and the last eight describing violent acts. The last five items make up the “severe violence” index and include acts such as “kicked at” and “used a knife or gun.” As mentioned previously, the *Dangerousness Scale* (Campbell, 2003) and the *SARA* (Kropp et al., 1995) can also be used to obtain some idea of potential risk. Obviously the questions in all of these reflect the victim’s perspective, and those accused of abuse usually either deny the behaviors or accuse their spouse. Collateral sources and records, and interviews of the children, tend to be crucial in trying to ascertain the likelihood that abuse occurred. The level of trauma that may be obtained in the assessment in conjunction with the other testing data would also lend support as to degree of consistency with abuse allegations.

For example, a key part of assessing for the presence of family violence in the home and a child’s subsequent exposure to abuse includes incorporating data gathered from multiple sources that may point to a pattern of domestic abuse, power, and control. In particular, it is important to assess the alleged abuser’s history of physical abuse, sexual abuse, and psychological abuse towards the children or other parent, or in prior relationships. In examining abuse issues, it is important to recognize that abusive behaviors occur on a spectrum and can range from minor boundary violations (which may or may not be indicative of abuse), coercive or manipulative control, using the child as a weapon either emotionally or physically, to psychological intimidation, stalking, and cruelty. The parties’ parenting style should also be assessed, including a history of neglectful or under-involved parenting, bonding and attachment with the children, and levels of empathy. Psychological factors of the alleged abuser that need to be assessed include his or her level of entitlement, self-centeredness, selfishness, level of refusal to accept responsibility for past abuse and his or her refusal to accept the end of the relationship, impulsivity, anger and hostility, need for dominance, gender attitudes, communication skills, and history of aggression. Finally, as previously stated, it is important to assess general substance abuse and whether either party has a history of mental health problems (Bancroft & Silverman, 2002). Much of the previously mentioned seems obvious as part of child custody evaluation; however, anecdotally, it appears that many evaluators involved in the cases reviewed by the authors have omitted these standard procedures when abuse allegations are made. More research on the prevalence of this problem is needed in addition to anecdotal evidence.

In assessing family violence, a complete assessment of the accused offender should include a number of important factors and considerations. A number of sources may be used in order to gather this information, including collateral reports from family, neighbors, and friends, police and medical reports, and reports from employers. The following key areas should be addressed:

1. Thorough assessment of violence or abusive behaviors, including issues of power and control
2. Assessment of emotional and psychological functioning
3. Assessment of substance abuse, including alcohol, amphetamines, cocaine, and other illicit drugs
4. If abusive behaviors are identified, assessment of motivation to change and acceptance of responsibility

Some factors that may be helpful in assessing the likelihood and severity of violence or abuse include:

1. Types of threats; use of weapons
2. Analysis of the frequency and severity
3. Psychological and physical impact of violence in each family member
4. Circumstances relevant to the abuse or violence (use of alcohol/drugs, discipline techniques, etc.)
5. Coping strategies
6. What happens after violent or abusive episode ends
7. Who else knows about the violence or abuse (children, family members, others)
8. Psychosocial assessment
9. Child abuse
10. History of mental illness
11. Economic stressors
12. Social support system
13. Exposure of children

It should be noted, however, that if child abuse is identified, especially the possibility of sexual abuse, specific evaluations of the alleged perpetrator are recommended to determine the possibility of sexual offending. The details of such specific evaluations and the specific expertise required are not discussed here (see Geffner, Crumpton-Franey, Geffner-Arnold, & Falconer, 2003 for further information on sex offender assessment). Alleged victims would require a specific forensic evaluation by someone with that expertise (e.g., Faller, 2003; Kuehnle & Drozd, 2005).

Children exposed to family violence. When assessing children who have been exposed to or involved in family violence, it is important to conduct

both a thorough clinical interview, as well as administer measures designed to assess for general trauma, anxiety, depression, and anger. Instruments are being developed and are in the research stages that more specifically assess the effects of such exposure to family violence. It is important for the evaluator to be aware of the long-term effects of such situations so as to not minimize them in a report (see Tables 1 and 3 for objective and projective measure that can be used with children to assess various dimensions; in addition, the Uniform Child Custody Evaluation System (Munsinger & Karlson, 1994) offers a variety of structured forms and questionnaires that are qualitatively useful in gathering information about children and parents in the context of a custody evaluation). Utilizing a structured evaluation system such as this one ensures that evaluators gather all of the relevant information and minimizes bias as they are conducting the evaluation.

Child sexual abuse. When conducting a custody evaluation, it is important to assess and understand the potential clinical presentations of children who have experienced sexual abuse since there appears to be misconceptions by some evaluators and courts. Children who have experienced sexual abuse may exhibit difficulty trusting others, fearful behavior, a detailed and age-inappropriate understanding of sexual behavior, secretive behavior, persistent and inappropriate sexual play with peers or toys with themselves, or sexually aggressive behavior with others (Faller, 2003). It is important to assess whether the child is behaving in a developmentally appropriate manner and not exhibiting regressive behavior such as wetting pants, thumb-sucking, or rocking. Possible school and peer difficulties include poor peer relationships or inability to make friends, nonparticipation in school and social activities, arriving to school early and leaving late, and sudden drop in school performance.

General symptoms of posttraumatic stress disorder should also be assessed in children who may have been victims of sexual abuse. These include sleep disturbances or nightmares, difficulty concentrating, poor memory, unexplained anger and crankiness, and fear of certain people or places. Other possible indicators of sexual abuse include low self-esteem, seductive behavior with males (for cases of male perpetrator and female victim), and a disturbed body image. While the presence of a singular symptom may not be indicative of sexual abuse, a combination of these symptoms, especially when coupled with other indicators (such as parent or collateral report and medical records, if available) may suggest that sexual abuse has occurred. Faller (2003) provides a checklist and accepted guidelines of what to assess during a clinical interview or forensic evaluation for child sexual abuse. It should be noted that most of the symptoms noted above are not exclusive to sexual abuse and are more representative of trauma. It is important to highlight that children who are involved in custody disputes, particularly high-conflict cases, may have a number of internalizing and externalizing behavior problems simply due to the custody conflict.

Therefore, when assessing for sexual abuse, the evaluator should consider and explore whether certain behaviors may be a result of sexual abuse, but should not automatically assume that child behavior problems arise simply due to sexual abuse or that they are merely due to the divorce and conflict either. It should also be noted that most verified child sexual abuse cases (over 80%) do not have medical evidence (Adams, 1992; Faller, 2003).

Objective assessment measures may aid in assessing the likelihood that sexual abuse has occurred and provide additional information regarding behavioral difficulties. For example, the *Child Sexual Behavior Inventory* (CSBI) (Friedrich, 1997) is one measure that can be used to further explore child sexual behavior problems. The CSBI is a 38-item inventory completed by a caregiver. The measure was developed to assess children who have been sexually abused or are suspected of having been sexually abused. It is one of the most widely used and validated measures of normal and abnormal sexual behaviors. It yields scores on 9 domains: 1) Boundary Problems, 2) Exhibitionism, 3) Gender Role Behavior, 4) Self-Stimulation, 5) Sexual Anxiety, 6) Sexual Interest, 7) Sexual Intrusiveness, 8) Sexual Knowledge; and 9) Voyeuristic Behavior. Specific sexual and sexualized behaviors as noted on the research for this measure are the best ways to determine the likelihood of sexual abuse since such behaviors are not likely to be caused by general trauma. Again, it is important to be specifically trained in the forensic interviewing of children for sexual abuse evaluations to do these in child custody cases. If such training has not been obtained, then ethically the evaluation should be referred to someone with such expertise (additional discussion of some of these issues can be found in Kuehnle & Drozd, 2005).

Understanding Victim Responses

When interviewing victims of family violence, it is important to recognize some of the common behaviors and experiences of family violence victims. Often, victims have adapted to the abusive environment and have begun to feel powerless in conjunction with an enduring sense of helplessness. Often, offenders' moods are unpredictable, so victims have had to adapt to an ongoing sense of unpredictability, which often leads them to question their own sense of reality while experiencing symptoms of depression. These symptoms may be manifested by dependency behaviors, emotional instability, and possible suicide attempts. These emotional and behavioral responses are typical of victimization and trauma while a victim is living within the context of family violence. However, if an evaluator is not trained in this area, he or she may misinterpret such behaviors as indicative of histrionic or borderline personality traits rather than symptoms of PTSD. An excellent source of information and suggestions about the issues and dynamics of domestic violence in the context of child custody evaluations for judges and custody

evaluators was recently published by the National Council of Juvenile and Family Court Judges (Dalton et al., 2006).

When assessing the alleged victim, some key domains include gathering a complete history of violence including: severity, frequency, and type of violence; the victim's reaction to the experience; and the victim's past efforts in response to the violence. An objective measure of general trauma and/or posttraumatic stress disorder provides useful information in understanding the experiences of a victim of family violence, as stated previously. Many of the measures described previously, such as the *TSI* (Briere, 1995) and the *DAPS* (Briere, 2001) may be used to gather information about trauma symptoms in victims. Other measures that may be used include the *Interpersonal Behavior Survey* (IBS) (Mauger & Adkinson, 1993) and the *Coolidge Assessment Battery* (CAB) (Coolidge, 1999). The CAB was designed by a clinical neuropsychologist, and has a threefold purpose: (1) to assess clinical syndromes on Axis I of the *Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV)*; (2) to assess personality disorders according to the strict criteria on Axis II of the *DSM-IV*; and (3) to evaluate neuropsychological functioning. Additional scales measure Personality Change Due to a Medical Condition, Aggressiveness, and Hostility. The CAB contains a total of 225 items and is answered on a four-point Likert scale ranging from Strongly False to Strongly True. More evaluators are also utilizing the *Personality Assessment Inventory* (PAI) (Morey, 1991) since it provides both diagnostic information and treatment implications.

While neither the PAI nor the CAB have been validated with child custody populations, they do provide important information for the evaluator to determine general areas of concern and where further assessment is warranted. As stated previously, it is important for evaluators to understand and ascertain psychological functioning of the parties (as with the MMPI that is normally used in child custody evaluations), and to determine how this might fit into the context of the child custody evaluation, the history, and other aspects of the context of the case. There seems to be a misconception by many in the child custody evaluation field that all measures must be validated specifically in child custody contexts. We strongly disagree with this assumption. The purpose of these measures is to assess personality and psychological functioning, and that is what they are validated to do. It is then up to the training and expertise of the evaluator to interpret the results in the context of the custody evaluation with respect to how the person's psychological functioning, trauma, or other results might influence their parenting, stability, and so forth.

Parenting Behavior and Issues

There are a number of potential red flags and risk factors in parents and caregivers that should be explored when a custody evaluation is being conducted

in conjunction with allegations of family violence. When a parent has been a victim of family violence, he or she may provide illogical or somewhat contradictory explanations for injuries (e.g., Walker, 2009). He or she may also delay in seeking medical treatment and have his or her own history of child abuse and neglect (Tjaden & Thoennes, 2000). While these factors are neither necessary nor sufficient, they are still related factors that should be explored during a custody evaluation. From the authors' reviews of numerous child custody evaluation reports during the past several years, it is surprising that so many evaluators do not ask children about:

1. discipline approaches in the family used by each parent;
2. what happens when each parent gets angry;
3. whether the children are aware of any fights or arguments between the parents, and to describe them;
4. whether the children have ever been afraid of either parent and under what conditions; and
5. what they like and do not like doing with each parent.

Good questions about the interactions between each parent and the child are crucial for such a custody evaluation, but are often overlooked.

Other key parenting behaviors to be examined during a custody evaluation include the parents' expectations of their children, focusing particularly on: whether these expectations are excessively high or realistic given the child's age and developmental level, whether there is concern and empathy for the child's experiences, the degree of attachment between parent and child, and the parenting style. When examining parenting styles, it is important to pay particular attention to parents who exhibit an authoritarian style that is characterized by high criticism and low warmth, and especially boundary violations (Kerig, 2005). Observations of the parent with the children are important for assessing bonding and attachment. While parental responses to abuse often vary among individuals, it seems that in many cases where there are allegations of abuse that were disclosed to a parent, untrained evaluators may automatically interpret protectiveness and concern by a parent as enmeshment or obsessiveness, rather than as an understandable response to the situation.

Some objective assessment measures have been designed in order to gather a greater understanding of the stress that may exist within a family system. The *Parenting Stress Index* (PSI) (Abidin, 1995) is a widely used measure that has been shown to be sensitive to intervention effects across a variety of studies, populations, and treatments. This measure is completed by each parent and assesses three areas of stress in the parent-child relationship: (a) child characteristics, (b) parent characteristics, and (c) stress stemming from situational or demographic conditions. High levels of stress in the parenting relationship have been associated with problems in parenting

behavior, impaired parent-child behavior, and child psychopathology (Abidin). The PSI categories may be used toward: “(a) screening for early identification, (b) assessment for individual diagnosis, (c) pre-post measurement of intervention effectiveness, and (d) research aimed at studying the effects of stress on parent-child interactions and in relation to other psychological variables” (Abidin, p. iv). The PSI has been used generally in child custody evaluations as a measure of parental stress and could be helpful in cases where abuse or domestic violence is alleged (e.g., it is not unusual for offenders to be very defensive about their parenting stress and to not be really tuned into their children’s needs).

Personality and Psychological Functioning

In order to gather a more complete picture of each parent involved in the custody evaluation and his or her general functioning and worldview, it is important to assess each family member with both projective and objective assessment personality measures. Following a general personality assessment, it is recommended that the custody evaluator conduct further assessment in areas of concern related to specific personality traits. For children, there are many objective measures of depression, anxiety, and disruptive behavior. These measures are shown in Table 1. For example, the *Children’s Personality Questionnaire* (CPQ) (Porter & Cattell, 1992) is for ages 8 to 12 and measures 14 primary personality traits useful in understanding and evaluating a pre-adolescent’s personal, social, and academic development. The measure assesses aspects of a child’s personality that contribute to, or detract from, performance in school and social adjustment inside and outside the classroom. There are also versions for younger and older children.

Some projective measures that are recommended in custody evaluations include the *Draw-A-Person* and *Kinetic Family Drawings*, the *Roberts Apperception Test – 2* (Roberts, 2006), the *Prokop Divorce Adjustment Inventory* (Prokop, 1986), and other sentence completion tasks, as well as various history and problems checklists. Projective instruments in the context of a comprehensive evaluation provide important input into the psychological functioning and attitudes of children in custody cases, as long as they are not over-interpreted. Some evaluators refuse to use any projective tasks since they argue that the validation research is not strong. However, projective measures have been a standard part of psychological evaluations for decades to assess themes and conflicts, as long as a particular task is not interpreted in isolation or used solely to diagnose a condition or disorder.

Interpretations Within the Context of the Evaluation

Once all of the assessment materials have been completed, the information needs to be gathered and analyzed. When conducting a child custody

evaluation within the context of family violence, it is important to keep the following guidelines in mind when writing the report:

1. Provide specific support for opinions that are clearly and logically derived from the evaluation procedures and results.
2. Consider and rule-out possible alternative explanations.
3. Do not rely on a syndrome or methodology that does not have specific clinical or research support, or does not meet acceptable standards of practice.
4. Conduct an examination that is thorough, fair, and free from a particular bias either in favor or against family violence allegations in custody/visitation cases.

The report should provide a clear reason for referral, indicating whether there have been allegations of domestic violence or child maltreatment. Include behavioral observations and clinical interviews as well as collateral information and records. Describe the results of tests that were administered. Be sure to highlight main points, areas of concern, and strengths that emerged within each assessment. Provide a brief description of each parent's interactions with the child or children. Describe whether the interaction and/or play was directed, structured, or unstructured, and the level of apparent comfort present in the interactions. Provide a brief description of the strengths and weaknesses of each parent under separate headers. The description should be an integration of assessment results, behavioral observations, and clinical interviews. Make sure to highlight key points and issues of safety and concern that may have arisen during the evaluation. It is important to list any concerns raised by the children and to describe the responses of children to such questions. These recommendations follow standards of practice for all child custody evaluations. If the determination of the likelihood of abuse is made based upon the data and records, then it is important to not recommend sole or joint custody to the offender and also to make sure that visitations are safe and sometimes even supervised until the offender receives specific treatment for the abusiveness by a program or person specifically trained in this area (APA, 1996; Geffner et al., 2009; Jaffe et al., 2003, 2004).

CONCLUSION

When conducting a custody evaluation, it is vitally important to understand the complex dynamics of family violence when these cases occur in family court (Geffner et al., 2006; Stahl, 2004). This article has discussed the current pitfalls and gaps in conducting child custody evaluations when family violence is alleged and provided suggestions for adequately considering these

issues in an evaluation. It emphasized the importance of assessing the complex issues of child maltreatment and family violence throughout the process of a custody evaluation for each family member and with collateral sources. The various assessment and interview techniques that can be utilized were discussed while providing a discussion about conducting bias-free child custody evaluations that involve family violence dynamics.

It is important to realize that all types of family violence impact upon parenting and child-rearing and must be considered in all recommendations for custody and visitation. Assuming that there is an epidemic of false allegations of abuse in child custody cases by parents or children is inconsistent with the research evidence and can lead an evaluator to make serious mistakes in conducting a biased evaluation. Blaming the victim for abuse, or minimizing the seriousness of emotional abuse is both ill-conceived and potentially dangerous for the long-term well-being of children. It is important to note that there is no set or given profile of a victim, nor is there one of a typical abuser. The evaluator cannot determine whether a given person is a victim or a perpetrator based solely on psychological tests, solely on an interview, or solely on observations. The tests, observations, and interviews, though, offer the evaluator important data about the approach that a parent might have to a given situation and provides key insights into their worldview and the likelihood that abuse may have occurred. Therefore, it is vital that each case is evaluated according to the merits of the data, without making assumptions in either direction.

ACKNOWLEDGEMENTS

The authors would like to thank Tonya Oliver, M.A., Monique Oglesby, M.A., and Jessica Romo, Psy.D. for their reviews and feedback on this article and the procedures described. The authors would also like to acknowledge the helpful feedback by the anonymous reviewers of the *Journal of Child Custody*.

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