

## ***Children Exposed to Family Violence: The Relationship Among Trauma, Abuse, Attachment, ADHD and The Brain – Part 1***

**Robert Geffner, Ph.D., ABN, ABPP**

Licensed Psychologist and Licensed Marriage & Family Therapist

Diplomate Clinical Neuropsychology and Family Psychology

President, Family Violence & Sexual Assault Institute

President, Institute on Violence, Abuse and Trauma

Clinical Research Professor of Psychology, CSPP

Alliant International University, San Diego

10065 Old Grove Rd., San Diego, CA 92131

(858) 527-1860 x 4050

Fax (858) 527-1743

email: bgeffner@pacbell.net

1

## **Presentation Outline:**

- Effects of Family Violence on Children
- Post Traumatic Stress Disorder
- Attachment: An Old Idea That is Back
- The Brain: How It All Fits Together
- ADHD: How Does that Fit Here?
- Impact of Adverse Childhood Experiences
- Aggressive, Impulsive, & Bullying Behavior
- Implications for Practice

2

Recent research has shown a connection between brain development, childhood maltreatment, family violence and trauma. Our understanding of the effects of these types of adverse childhood experiences on the brain has expanded. This presentation will discuss brain development and the various types of multiple victimization experienced by children that often leads to later aggressive behavior and impulsivity, due to the interaction of the brain and psychosocial factors. The influence of trauma on the brain makes it much more difficult to focus on just one issue when assessing or treating these children.

4

## **It is Estimated...**

- In about 40-60% of the homes where a parent is being maltreated, the child is also a victim of abuse.
- Between 3 and 10 million American children are exposed to violence between their parents each year.

5

## INTIMATE PARTNER VIOLENCE (IPV) AND ITS POTENTIAL EFFECT ON CHILDREN

It is normal for a child growing up in a home with domestic violence to manifest a multitude of symptoms. These include emotional, cognitive, social, and physical effects of exposure to IPV, and possible externalizing or internalizing behaviors.

6

## ISSUES FOR CHILDREN IN VIOLENT HOMES

### *THE CHILDREN FEEL*

<b>Powerless</b>	because they can't stop the violence;
<b>Confused</b>	because it doesn't make sense;
<b>Angry</b>	because it shouldn't be happening;
<b>Guilty</b>	because they think they've done something wrong;
<b>Sad</b>	because it's a loss;
<b>Afraid</b>	because they may be hurt, they may lose someone they love, others may find out;
<b>Alone</b>	because they think it's only happening to them.

7

## Children are Affected

### *Emotional Effects*

- Feelings of helplessness, worthlessness
- Constant fear of: abandonment, expressing emotions, the unknown, and personal injury
- Shame - "I caused it", or "I should have been able to stop it"
- Grief for family and personal losses
- Lack of good attachment bonds

## Children are Affected

### *Cognitive Effects*

- Lack of sense of consistency and predictability;
- Feeling of incompetence;
- Difficulty encoding new information;
- Cause and effect relationships ill-defined;
- Difficulty concentrating;
- Poor school functioning.

## Children are Affected

### *Social Effects*

- Isolation from friends and relatives
- 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

## Children are Affected

### *Behavioral Effects*

- Stress disorders and psychosomatic complaints
- Increased social isolation and withdrawal
- Aggressiveness and/or poor impulse control
- School problems (refusal to go, truancy, poor performance) or perfectionism and overachievement

15

## Attachment Types

Secure

Fearful/Anxious-Avoidant/, Detached

Anger, Rage, Depression

Dismissing/Anxious-Ambivalent, Preoccupied

Disorganized, Poor Social Skills, Power and Control

Rejection and Need for Control leads to BPO or Antisocial

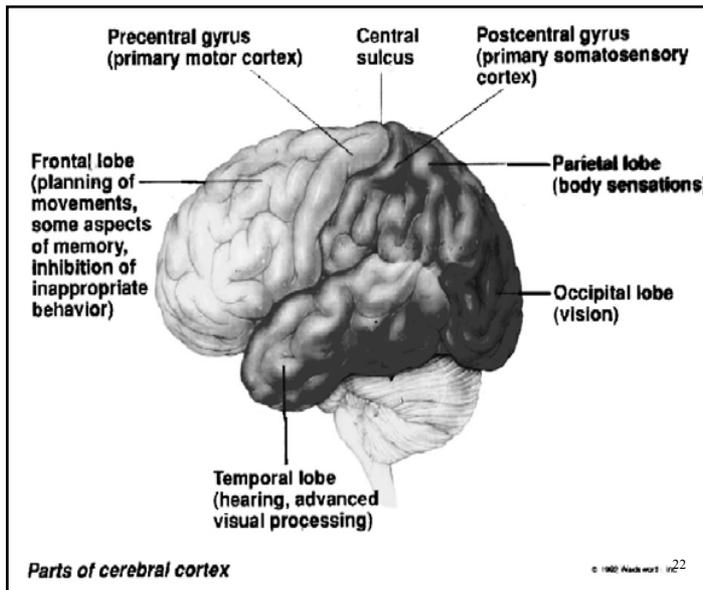
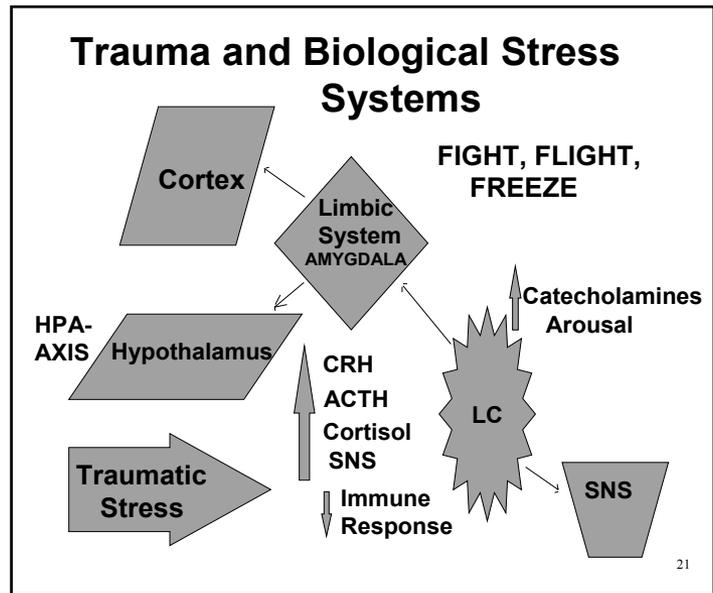
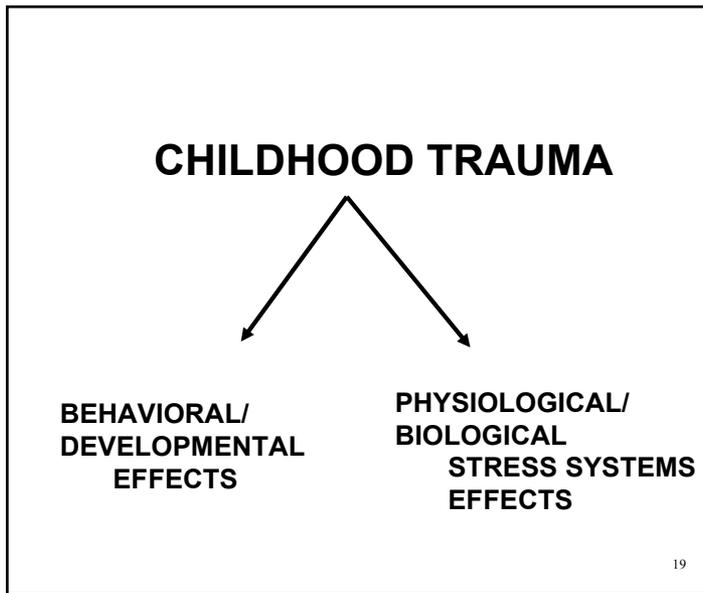
Bowlby, Ainsworth, Bartholomew

17

## Erikson's 8 Stages of Psychosocial Development

Birth – 1 yr .....Basic Trust v Distrust  
2 – 3 yrs .....Autonomy v Shame/Doubt  
4 – 5 yrs .....Initiative v Guilt  
6 – 11 yrs .....Industry v Inferiority  
12 -18 yrs .....Identity v Role Confusion  
Young Adulthood .....Intimacy v Isolation  
Adulthood .....Generativity v Stagnation  
Maturity .....Integrity v Despair

18



## Shifting Developmental Activity Across Brain Regions

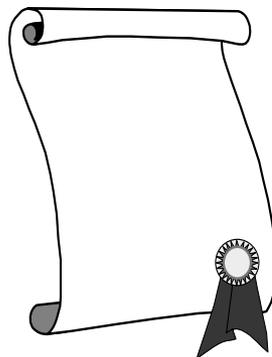
<u>Brain Region</u>	<u>Age of Greatest Developmental Activity</u>	<u>Age of Functional Maturity</u>	<u>Key Functions</u>
<i>Neocortex</i>	Childhood	Adult	Reasoning, problem solving, abstraction, secondary sensory integration
<i>Limbic</i>	Early Childhood	Puberty	Memory, emotional regulation, attachment, affect regulation, primary sensory integration
<i>Diencephalon</i>	Infancy	Childhood	Motor control, secondary sensory processing
<i>Brainstem</i>	In utero	Infancy	Core physiological state regulation, primary sensory processing

*From Perry, 2001*

23

## Executive Function

- General organization and planning
- Ability to solve problems
- Regulation of activity



26

## Common Principles Linking Children Exposed to Family Violence or Other Traumas

- Affect and impulse dysregulation – Aggression
- High levels of anxiety
- Rapid shifts in psychological state
- Disturbances in sense of self: low self-esteem, body image distortion, identity diffusion/fragmentation, attachment issues
- Self-destructive behaviors
- Attention, concentration, and memory problems

28

## ADHD

### *What is the Disorder?*

- Psychoneurological Disorder
  - Affects the Central Nervous System
  - Affects Self-Regulatory Center
  - Affects Attention Center

32

## ADHD

### *Impairment In Attention Center*

- Impairment in Selective Attention
- Focus on Too Much Information
- Focus on Irrelevant Information

34

# ADHD

## *Impairment in Self Regulatory Center*

- Impairment of Organizational Skills
- Impairment in Self Control
- Impulsive Behaviors
  - ❖ *Difficulty Delaying Gratification, Poor Listening Ability*
  - ❖ *Hyperactivity - Unproductive Activity*

35

## Categories of Adverse Childhood (ACE) Experiences V. J. Felitti, M.D., & R. F. Anda, M.D., 2003 – CDC & Kaiser Study

Category  
Prevalence (%)

Abuse, by Category	
Psychological (by parents)	11%
Physical (by parents)	11%
Sexual (anyone)	22%
Household Dysfunction, by Category	
Substance Abuse	26%
Mental Illness	19%
Mother Treated Violently	13%
Imprisoned Household Member	3% <sup>42</sup>

## Adverse Childhood Experiences Score

Number of categories of adverse childhood experiences

ACE score	Prevalence
0	48%
1	25%
2	13%
3	7%
4 or more	7%

- More than *half* have at least one ACE

43

**Evidence from ACE Study Suggests:**

**Adverse childhood experiences are the most basic cause of health risk behaviors, morbidity, disability, mortality, and healthcare costs.**

50

**Jane E. Brody**

## Breaking bullying habit is crucial

**S**tudies of younger bullies have repeatedly shown that bullying can have disastrous effects not only on the victims but also on the bullies themselves, who often grow increasingly violent and antisocial.

The rash of school shootings in recent years, including the massacre at Columbine, has renewed attention to the extent and potential consequences of bullying for both bully and victim.

In a videotape, the young gunman attributed his acts to retaliation for years of taunting that they said friends and relatives had inflicted on them because of an unwillingness to dress and act as others wanted.

ried weapons to school, 38.7 percent fought frequently, and 45.7 percent reported being injured in fights. The comparable statistics for boys who had never bullied others in school were 13.4 percent, 7.9 percent, 8.3 percent and 16.2 percent.

The greatest risk for engaging in violence-related acts was found among boys who bullied others when they were away from school: 70.2 percent of them had carried weapons.

Nor were girls exempt from potentially violent behavior. About 30 percent of girls who had bullied others in school at least once a week reported carrying weapons.

names, refusing to invite particular classmates to birthday parties or excluding certain children from games.

In a study published in November in the journal *Child Development*, Dr. James Snyder of Wichita State University and colleagues reported that many kindergarten children found themselves verbally and physically abused by their playground peers. By the time the children reached first grade, an increasing amount of harassment had focused on a smaller group of perpetual victims.

61

## In Summary .....

- Abused children need to be carefully diagnosed to R/O disorders such as PTSD.
- Abuse and maltreatment, even without PTSD, may be associated with chemical and structural brain changes in children.
- While these changes are still under investigation, they appear to have real-life consequences for affect regulation, etc.
- Assessment can assist with diagnosis, prognosis, and educational recommendations.

Beers, S. R., & De Bellis, M. D. (2002). Neuropsychological function in children with maltreatment-related Posttraumatic Stress Disorder. *American Journal of Psychiatry*, 159, 483-486.

66

## Practice Applications

- Integrate Approaches
  - ❖ Child and spouse/partner maltreatment
  - ❖ Mental health, social services, criminal justice/law enforcement, advocacy, health care - - multidisciplinary
- Broader Definition of Intervention
- Assessment of All Family Members (Multimodal)
- Systematic Approach
- Follow Over Time and Monitor/Re-Evaluate

68

## Children Exposed to Family Violence

- WORK TOGETHER
  - BEGIN EARLIER
  - THINK DEVELOPMENTALLY
  - MAKE MOTHERS SAFE TO KEEP CHILDREN SAFE
  - ENFORCE THE LAW
  - MAKE ADEQUATE RESOURCES AVAILABLE
  - WORK FROM A SOUND KNOWLEDGE BASE
  - CREATE A CULTURE OF NONVIOLENCE
- Blueprint for Action, NIJ, OCJP, 2000

## **Child Custody Evaluations: Forensic Issues & Techniques When There are Domestic Violence & Child Abuse Allegations - Part 2**

**Robert Geffner, Ph.D., ABN, ABPP**

Licensed Psychologist; Licensed Marriage & Family  
Therapist

Diplomate, Clinical Neuropsychology & Family  
Psychology

President, Family Violence & Sexual Assault Institute

President, Institute on Violence, Abuse and Trauma

Clinical Research Professor of Psychology, CSPP

Alliant International University, San Diego

(858) 527-1860 x 4050 Fax (858) 527-1743

email: bgeffner@pacbell.net

## **Presentation Outline:**

- **Issues for Child Custody Evaluators**
- **Myth of “Parental Alienation Syndrome”**
- **Qualification and Roles of Evaluators**
- **Evaluation Procedures**
- **Avoiding Bias – 10 Biggest Mistakes**
- **Custody and Visitation  
Recommendations with Allegations of  
DV or Child Abuse**

## **High Conflict Vs. Abuse**

**Note how easy it might be to mischaracterize a mother convinced that her children are being abused with a high conflict personality litigant. Evaluators, attorneys, and judges often make this mistake, since a mother seeking assistance in a skeptical legal system will often:**

Repeatedly get into interpersonal conflicts with the professionals and others who refuse to believe or help her.

Constantly identify self as a victim (and it's accurate here).

Be unable to reflect on own behavior, or unwilling to, as her behavior is not what is relevant to the issue of abuse, but many professionals will focus attention on whether she is “alienating” children from accused abuser.

Not absorb behavior change feedback, especially when ordered to an evaluation or deprogramming therapy for her belief in abuse as a condition of visitation with the children she seeks to protect.

## **Definitions**

### **Distinction between Abuse and Aggression:**

**Abuse = a pattern of behavior where one partner gets his/her needs met at the expense of the other through the use of power and control; usually has elements of intimidation, and often produces trauma.**

**Aggression = usually physical but can be verbal or sexual, where one person commits an assaultive behavior on the other person.**

**Thus, can have abuse without physical aggression, or aggression without abuse. Mutual Abuse would be where both partners are fighting with each other for power and control (not common – 10-15% of cases).**

## Common Mistakes For Failure to Recognize Domestic Violence

- Looking for police and medical records
- Limiting issue to physical violence
- Skepticism of new or delayed abuse allegations

Goldstein, Bancroft, Jaffe, Geffner, Silberg, et al.

80

## Common Mistakes For Failure to Recognize Domestic Violence

- Aggressive or “Inappropriate” behavior by victims
  - Victim Challenging Abuser and Court
  - Victim as Litigant
  - Victim upset and Angry

81

### **Are “Good Enough” Parents Losing Custody to Abusive Ex-Partners?**

**The Leadership Council on Child Abuse & Interpersonal Violence**

**High conflict families are disproportionately represented among the population of those contesting custody and visitation. These cases commonly involve domestic violence, child abuse, and substance abuse. Research indicates that custody litigation can become a vehicle whereby batterers and child abusers attempt to extend and maintain their control and authority over their victims after separation.**

**Joan Meier surveyed the 2001 case law and identified 38 appellate state court decisions concerning custody and domestic violence. She found that 36 of the 38 trial courts had awarded joint or sole custody to the alleged and adjudicated batterers. Two-thirds of these decisions were reversed on appeal.**

Meier, J. (2003), *Domestic Violence, Child Custody, and Child Protection: Understanding Judicial Resistance and Imagining the Solutions*. AUJ Gender, Soc. Pol. & the Law, 11:2 675-731.

**In fact, when there were allegations of violence perpetrated by the father, he was twice as likely to seek sole physical and legal custody of the children and just as likely to win. Thus, “violence did not appear to make a difference in how courts determined custody. Fathers who were alleged to be violent were no less likely to win custody than fathers with no allegations of violence.”**

Suchanek, J., & Stahly, G.B. (2001, April). *The relationship between domestic violence and paternal custody in divorce*. (April 1991). Paper presented at the annual meeting of the Western Psychological Association, San Francisco.

**“Studies show that batterers have been able to convince authorities that the victim is unfit or undeserving of sole custody in approximately 70% of challenged cases.”**

*Domestic Violence & the Courtroom Understanding the Problem... Knowing the Victim.* Booklet of the American Judges Association, Lenore Walker, Ed.D., Judge Robert Lee Price, Diane Wilk, Susan Rogers. 1996 (also see NCJFCJ booklets, 2003, 2008)

**“Child custody and visitation disputes appear to occur more frequently when there is a history of domestic violence. Family courts often do not consider the history of violence between the parents in making custody and visitation decisions. In this context, the non-violent parent may be at a disadvantage, and behavior that would seem reasonable as a protection from abuse may be misinterpreted as a sign of instability.”**

*Violence and the Family: Report of the American Psychological Association Presidential Task Force on Violence and the Family*, p. 100 (1996).

### **What Should Judges Want to Know in Family Violence or High Conflict Cases?**

- \* What are the safety, risk, and lethality potential for each family member?
- \* What is the history of abuse, neglect or violence in this family that this child or others have disclosed? How is this affecting the child and each family member?
- \* What is the child's current development as compared to normal children, and why? How did parenting, poverty, the environment, abuse, and other factors contribute to the child's functioning?
- \* What are the child's present developmental needs?
- \* Does the child have any particular syndrome, such as: Failure to Thrive; Fetal Alcohol Syndrome; Battered Child Syndrome; etc.?
- \* How does the family pattern compare to typically dysfunctional, violent families?

- \* What is the behavioral and psychological functioning of each of the parents of the child; how does this compare to violent family members in general?
- \* What are the strengths and weaknesses of each parent?
- \* How will the child's developmental needs be met; what resources are available; is each parent a reasonable resource?
- \* What is the emotional relationship among the siblings in the home? What is the child's general relationship to each parental member?
- \* Is either parent capable of having empathy for the other as well as for the child?
- \* What resources are available to offer to the parents for rehabilitation or treatment; how long should it take; and under what conditions?

Adapted & Modified from Pam Langelier, Ph.D., 1992, by Robert Geffner, 1999

## **WHAT MENTAL HEALTH AND SOCIAL WORK EXPERTS CAN DETERMINE**

- \* **Children's normal development (early, middle, and late childhood and adolescence) in the areas of psychological, cognitive, sexual, social, language, emotional, and intellectual development. An effective child forensic psychologist is able to describe, with reasonable probability, developmental patterns in infants, young children, children, and adolescents who are raised in healthy environments. Failed development can be explained with reasonable information, and can be attributed to either organic or non-organic causes, and to abusive or non-abusive home environments.**

- \* **A child's behavioral profile and symptoms that are consistent with one form of abuse (sexual, physical, emotional, neglect) and secondary effects on the psychological functioning.**
- \* **Diagnosis of the child's emotional status, such as Post Traumatic Stress Disorder, and the attributed trauma.**
- \* **The quality of the attachment and bonding (or the lack of it) between the child and caretakers, as well as siblings.**
- \* **Patterns in the dysfunctional, abusive or high conflict family home and/or the cycle of abuse, as well as needed recommendations for change.**

- **Specific psychological functioning of each person in the family: Abused victims; those who abuse; the abused child; the neglected infant; those suffering from high conflict and trauma.**
- \* **The dynamics and social history of the families.**
- \* **The social history of the parents, as red flags for family violence vs high conflict.**
- \* **The strengths and weaknesses of each parent, their home environment, potential for risk and harm, their parenting ability, the appropriateness for treatment and the types, and the child's best interests psychologically.**

Adapted & Modified From Pam Langelier, Ph.D., 1990, by Robert Geffner, 2003

## **Emotional/Psychological Maltreatment in Spouse Abuse**

A pattern of acts or omissions, such as violent acts that may not cause observable injury, that adversely affects the psychological well-being of the victim. Arguments alone are not sufficient to substantiate emotional maltreatment.

Psychological violence is a pattern of behavior involving one or more of the following behaviors: explicit or implicit threats of violence, extremely controlling types of behavior, extreme jealousy, mental degradation (name calling, etc.), and isolating behavior.

Property violence by one spouse may constitute emotional abuse if intended as a means to intimidate the other spouse. Property violence includes, but is not limited to: damaging or destroying the other spouse's property, hitting/kicking a door or wall, throwing food, breaking dishes, and intentionally or recklessly damaging automobiles. Threatening injury to or injuring children, threatening or actually kidnapping the children, and threatening or actually injuring pets, are all included in this category.

## **POSSIBLE CONSEQUENCES TO VICTIM**

- **Powerlessness/learned helplessness**
- **Unpredictable consequences of actions**
- **Questions sense of reality**
- **Nervous breakdown, depression**
- **Dependency**
- **Emotional instability**
- **Suicide or attempts**

## **Abused Women with PTSD**

### **Assess:**

- **Safety concerns**
- **Coping strategies**
- **Social support  
(real & perceived)**
- **Stressors**
- **Need for referrals**

### **Children who have been traumatized may demonstrate impairments in the following developmental areas:**

- **Attachment: social isolation and difficulty relating to and empathizing with others**
- **Biology: impairments in movement and sensation, hypersensitivity to physical contact, problems with coordination, balance, and body tone, unexplained physical symptoms, and increased medical problems**
- **Mood Regulation: difficulty regulating emotions, trouble knowing and describing feelings and internal states, communication difficulties**
- **Dissociation: experiencing feelings of detachment or depersonalization, withdrawal of attention to outside world, demonstrate amnesia-like state**

- **Behavioral Control: poor impulse control, self-destructive behavior, aggression against others, sleep disturbances, and eating disorders**
- **Cognition: problems focusing on and completing tasks in school, difficulty planning and anticipating, difficulty understand own contribution to what happens to them, learning difficulties, and problems with language development**
- **Self-Concept: lack a continuous, predictable sense of self, suffer from disturbances of body image, low self-esteem, shame, and guilt**

## **Allegations Of Child Abuse**

**CONFIRMED, FOUNDED,  
SUBSTANTIATED (30-52%)**

**PROBABLY TRUE**

**UNSUBSTANTIATED, UNCONFIRMED,  
NOT ABLE TO BE PROVEN (30-45%)**

**PROBABLY NOT TRUE**

**UNFOUNDED (2-12%) - -**

**[Misperceived (6-10%),  
False (2-5%)]**

## **Important Questions**

- 1. Are allegations of abuse rampant in divorce?**
- 2. Are most allegations of abuse in divorce false?**
- 3. Are false allegations of abuse being made by vindictive women trying to obtain sole custody?**
- 4. How do abusive men typically react to being left?**
- 5. What happens to parents who make allegations of abuse in divorce?**
- 6. What happens to the accused father?**
- 7. What happens to the children?**

## **Thoennes & Tjaden (1990)**

**Examined 9,000 families in these areas had custody or visitation disputes.**

**Of these 9,000 disputes, less than 2% involved allegations of sexual abuse.**

- ◆ 50% likely**
- ◆ 33% unlikely**
- ◆ 17% uncertain**

**Thoennes, N., & Tjaden, P.G. (1990). The extent, nature, and validity of sexual abuse allegations in custody and visitation disputes. *Child Abuse & Neglect, 14(2)*, 151-163.**

## **Thoennes & Tjaden (1990)**

**Mothers accused biological fathers in 48% of the cases.**

**Allegations by mothers were no more likely to be determined false than those by fathers.**

**Brown, Frederico, Hewitt, & Sheehan,  
2000 (Australia)**

**Found that 5% of custody disputes involved  
allegations of CSA**

**70% involved severe physical and/or sexual  
abuse**

**False allegations = 9% - same rate as child  
abuse registry**

**Similar findings in an Australian study by  
Hume (1997) of a different court**

**Bala & Schuman, 1999 (Canada)**

**Reviewed 196 Canadian cases with written  
judicial opinions (1990-98)**

**Sources of allegations:**

- ◆ 71% by mothers
- ◆ 17% by fathers
- ◆ 9% - child prime instigator

**Findings**

- ◆ 23% judicial finding of abuse
- ◆ 35% evidence of abuse but no finding
- ◆ 45% judicial finding of no abuse
- ◆ 30% believed to be false

**How do abusers typically react  
to being left?**

- **At least half of men who abuse their  
female partners also abuse their  
children.**
- **Fathers who batter mothers are twice as  
likely to seek sole custody of their  
children than non-violent fathers.**
- **Violence and threats of violence tend to  
increase after separation.**

**Bancroft & Silverman. (2002). *The batterer as parent*.  
Sage.**

**Although research has not found a  
higher incidence of false allegations of  
child abuse and domestic violence in  
the context of custody/visitation,  
officers of the court tend to be  
unreasonably suspicious of such  
claims. Too often, custody decisions  
are based on bad science,  
misinterpretation of fact, and evaluator  
bias. As a result, many abused victims  
and their children find themselves re-  
victimized through the abuser's misuse  
of the justice system after separation.**

**Gothard, 2006; Leadership Council, 2006**

## NOT a Syndrome!

- Attorney John Myers (1993) argued that there was no empirical evidence to show that the eight characteristics of PAS were a syndrome.
- No empirical work to determine whether the 8 characteristics predict alienating behaviors.
- Without empirical research, courts cannot determine the reliability of the diagnostic criteria as predictors of the syndrome

## Parental Alienation Syndrome and Parental Alienation: Getting It Wrong in Child Custody Cases

CAROL S. BRUCH

*Family Law Quarterly* 35, 527 (2001)

## The Parental Alienation Syndrome: A Dangerous Aura of Reliability

Cheri L. Wood *LOYOLA OF LOS ANGELES LAW REVIEW* 29: 1367-1415 (1994)

## Alienation And Alignment Of Children

Philip M. Stahl, Ph.D. This article is excerpted from Chapter 1 of Philip Stahl's book, *Complex Issues in Child Custody Evaluations*. Sage Publications, 1999.

## Distinguishing “Alienation” from Abuse: Behaviors Are the Key

- Is there trouble in the child's attachment relationship with either parent?
- If yes, what is the cause for the dysfunction/disruption?

Drozdz, L. M., & Olesen, N. W. (2005). “Is it abuse, alienation, and/or estrangement from the perspective of the child.” *Journal of Child Custody*.

## SOURCES OF RISK TO CHILDREN FROM UNSUPERVISED CONTACT WITH BATTERERS

1. Risk of Continued or Intensified Undermining of the Mother's Authority and of Mother-Child Relationships
2. Risk of Rigid, Authoritarian Parenting
3. Risk of Neglectful or Irresponsible Parenting
4. Risk of Exposure to New Threats or Acts of Violence Toward Their Mother
5. Risk of Psychological Abuse and Manipulation
6. Risk of Physical or Sexual Abuse of the Child by the Batterer
7. Risk of Inconsistency
8. Risk of Child Learning Attitudes That Lead to DV
9. Risk of Abduction
10. Risk of Exposure to Violence in Their Father's New Relationships

From Bancroft & Silverman, 2002

**SPECIAL ISSUES IN VISITATION DISPUTES WITH ALLEGATIONS OF DOMESTIC VIOLENCE**

Jaffe & Geffner, 1998

**ISSUES**

**VISITATION DISPUTE WHEN ALLEGATIONS OF**

**ABUSE**

Central Issue	Safety for mother and children
Focus of Court Hearing	Assessing lethality risk and level of violence; protection
Assessment Issues	Impact of violence on mother and children; developmental needs Father's level of acceptance of responsibility Safety plan for mother and children Parenting abilities
Planning for Future	Consider no, suspended or supervised visitation
Resources Required	Specialized services and assessment with knowledge and training about domestic violence Supervised visitation center Coordination of court and community services

**➤ QUESTIONS FOR CHOOSING EVALUATOR**

- Willingness/attitude regarding phone interview prior to appointment to case?
- How many years of experience?
- Provide a vitae quickly?
- Past & current personal training in DV, child abuse, & custody issues?
- Non-court required conferences, related field seminars, etc. attended?
- What publications written, lectures given?
- Which well-known professionals associated with/or admire their accomplishments?
- Beliefs of what situations might warrant a switch of physical custody?
- Beliefs for DV cases (joint legal/physical custody, co-parenting interactions, goals)?
- Beliefs & education of alienating behaviors?
- PAS/syndromes used in custody cases? Attitude toward Richard Gardner's work?
- Procedure to use for evaluation/"re-assessment"?
- Plans of who to interview and how?
- Testing used and by whom?
- Estimates of time frame for assessment period, availability, & completion date
- Cost of evaluation/"re-assessment"?

**EVALUATION OF CREDENTIALS OF DV/CA THERAPISTS, FACILITATORS, EXPERT WITNESSES, EVALUATORS & CONSULTANTS**

**Credentials/Vita:**

- Licensure/Certification
- Education, Degrees, Training, Conferences, Workshops (When?)
- Areas of Specialization
- Clinical and/or Professional Experience  
(Setting, # Clients Seen, Time Spent)
- Teaching or Training of Others
- Publications or Presentations
- Research Experience
- Grants Received
- Memberships and Involvement in Organizations or Committees
- Editorial Board Member
- Types of Experiences with DV Clients
- Specific Techniques Used

**How Keep Abreast of Field: Journals and Books Read**

*(e.g., Journal of Family Violence; Journal of Child Sexual Abuse; Violence & Victims; Journal of Interpersonal Violence; Child Abuse & Neglect; Child Maltreatment; Sexual Abuse: A Professional Journal; Journal of Offender Rehabilitation; Violence Against Women; Journal of Aggression, Maltreatment, & Trauma; Journal of Child Custody; Journal of Forensic Psychology; Victims and Offenders; Journal of Child & Adolescent Trauma; Psychological Trauma).*

**In Family Violence Evaluations or Interventions, Poor Procedures or an Unqualified Mental Health Professional Can Do More Harm Than Good, and Dangerous Situations, Including Re-Victimization Can Occur.**

**Expert Witnesses, Evaluators, or Consultants Must Have Specific Expertise and Training in DV, Not Just Mental Health or Social Service, and not just on-the-job experience.**

Robert Geffner, Ph.D. - Rev. 9/08

## Issues to Assess for Each Family Member

Violence/Abuse/Intimidation	Trauma/PTSD
Psychological Functioning	Social Skills
Substance Abuse/Dependence	Dominance/Need to Control
Attachment	Psychopathy
Attitudes - Power & Control	Self-Esteem
Parenting Skills - Attachment	Anger/Hostility
Gender Role	Depression
Stereotypes	Impulsivity
Communication	Fears
Assertiveness	Empathy
Conflict Resolution Skills	Readiness to Change

## What to Pay Attention To

- Many perpetrators will act remorseful and say they will never do it again
- Careful to pay attention to and assess the level of defense mechanisms and cognitive distortions of minimization, denial, and blame even within the apologies
- Are they really ready to accept responsibility for their actions if they are seeking joint or sole custody?

## Assessment of Alleged Domestic Violence Victims

- Interpreting testing results without considering the context and nature of victimization is unethical practice — seems simple, but doesn't always happen
- Evaluators should assess the impact of the abuse/violence on the alleged victim--this will help the evaluator ascertain what effect the abuse may have on the parenting abilities, psychological health of the victim, etc.

## Understanding Victim Responses

- Often, victims have adapted to the abusive environment and have begun to feel powerless in conjunction with an enduring sense of helplessness
- Offenders' moods can be unpredictable, so victims have had to adapt to an ongoing sense of unpredictability, which often leads them to question their own sense of reality
- Reactions to DV 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
- If an evaluator is not trained in this area, s/he may misinterpret such behaviors as indicative of histrionic or borderline personality traits rather than symptoms of PTSD

## **A GUIDE TO ASSESSING RISK TO CHILDREN FROM BATTERERS**

1. The Abuser's History of Physical Abuse Toward the Children
2. The Abuser's History of Neglectful or Underinvolved Parenting
3. The Abuser's History of Sexual Abuse or Boundary Violations With the Children
4. The Batterer's Level of Physical Danger to the Partner or Former Partner
5. The Batterer's Level of Psychological Cruelty Toward Partner or Former Partner and Toward the Children
6. The Batterer's History of Using the Children as Weapons and of Undermining Mother-Child Relationships

## **A GUIDE TO ASSESSING RISK TO CHILDREN FROM BATTERERS (Cont'd)**

7. The Level of Coercive or Manipulative Control That the Abuser Has Exercised Over His Partner During the Relationship
8. The Abuser's Level of Entitlement, Self-Centeredness, or Selfishness
9. The Batterer's Substance Abuse History
10. The Batterer's Refusal to Accept the End of the Relationship or to Accept His Former Partner's Decision to Begin a New Relationship
11. The Batterer's Level of Risk to Abduct the Children
12. The Abuser's Level of Refusal to Accept Responsibility for Past Violent or Abusive Actions
13. The Batterer's Mental Health History

From Bancroft and Silverman, 2002

## **Questions to Ask**

- **Conflict Resolution:** Does the parent effectively communicate with his/her spouse when conflict arises, How does the parent deal with his/her children during conflict
- **Issues of Control and Dominance:** A parent who uses power and control, is impulsive, or violent is clearly at risk for future violence and those who use empathy, are appropriately assertive, and who are able to listen or collaborate as a means to reach a mutual agreement shows positive conflict resolution skills

## **From Bancroft & Silverman**

- “Those families who have the greatest degree of psychological health among mothers and children appear to be among those most vulnerable to being labeled as having “parental alienation.”
- Those are the ones that have the secure attachment to the protective parent and tend to reject outright the abusive behavior of the batterer upon separation.

**Factors associated with Good Case Outcomes, Neustein & Goetting, 1999**

- Judges trained in child abuse and IPV
- Competency of GAL's if appointed
- Sophistication and thoroughness of CPS methodology
- Quality and expertise of court appointed experts
- Protection for children viewed as goal

**General Incorrect Assumptions Often Made by Child Custody Evaluators**

- IPV has no correlation with child abuse and unfit parenting
- What happens between the parents does not affect the children
- A woman must facilitate access to their children's father regardless of danger
- Maximum contact with both parents is essential and beneficial to all children

**POSSIBLE SOURCES OF BIAS IN CHILD CUSTODY EVALUATIONS**

Geraldine Stahly, 2000; adapted by R. Geffner, 2004

1. **IMBALANCE IN TIME AND ATTENTION GIVEN TO FATHER AND MOTHER.**
2. **FAILURE TO REVIEW AND/OR INCORPORATE RELEVANT COLLATERAL INFORMATION.**
3. **EVALUATOR BIAS EVIDENT IN WORD CHOICES, FOCUS OF REPORT, ETC.**
4. **EVALUATOR IGNORES OR MINIMIZES EVIDENCE NOT CONSISTENT WITH APPARENT BIAS.**

5. **FAILURE TO OBSERVE PARENT/CHILD INTERACTIONS, OR OBSERVATION CONDUCTED UNDER BIASING CIRCUMSTANCES.**
6. **IGNORING "RED FLAGS" REGARDING VIOLENCE, SUBSTANCE ABUSE, ETC.**
7. **NO FOCUS, OR SELECTIVE FOCUS, ON PARENTING.**
8. **RACE, CLASS OR GENDER BIAS.**
9. **NEGATIVE INFERENCES WITHOUT OBJECTIVE SUPPORT**
10. **INAPPROPRIATE SELECTION OF TESTS (E.G., PROJECTIVE INSTRUMENTS ONLY, NO PARENTING SKILLS ASSESSMENTS, ETC.)**
11. **SELECTIVE EMPHASIS ON TEST RESULTS, DIFFERENT INTERPRETATION OF SIMILAR TEST SCORES.**

## **TOP TEN MISTAKES MADE BY COURTS/ EVALUATORS WHEN ABUSE ALLEGATIONS**

### **ARISE IN CHILD CUSTODY DISPUTES**

Joy Silberg, PhD, adapted by Robert Geffner, Ph.D. (2003)

- 1) MISINTERPRETING UNSUBSTANTIATED CHILD PROTECTIVE SERVICES (CPS) REPORTS OR EVALUATIONS TO MEAN SOMEONE WAS LYING OR MADE A KNOWINGLY FALSE ALLEGATION (I.E., LACK OF CONFIRMATION DOES NOT MEAN THERE WAS NO ABUSE).
- 2) MISUNDERSTANDING THE MANIPULATIVE ANGER, DENIALS, AND PROTESTS OF A BATTERER/ABUSIVE SPOUSE AS RIGHTEOUS INDIGNATION FROM BEING ACCUSED OF "FALSE ALLEGATIONS"
- 3) USING LABELS TO BLAME SOMEONE, MOST OFTEN GIVEN TO WORRIED OR ABUSED MOTHERS, SUCH AS "PARENTAL ALIENATION SYNDROME" (PAS), MUNCHAUSEN BY PROXY, ORDERLINE OR HYSTERICAL PERSONALITY DISORDERS, OR ENMESHED PARENT

- 4) IGNORING OR MINIMIZING ABUSE DISCLOSURES OR NOT EVEN EVALUATING ANY EVIDENCE BECAUSE SUCH CLAIMS ARE SUPPOSEDLY COMMON IN CHILD CUSTODY DISPUTES, AND THEREFORE AUTOMATICALLY FALSE
- 5) IGNORING NEW ABUSE DISCLOSURES BECAUSE OF PREVIOUS COURT OR CHILD CUSTODY EVALUATOR FINDINGS, OR HAVING A PRE-SET BIAS AGAINST SUCH ALLEGATIONS
- 6) SETTING UP "SOLUTIONS" OR MAKING RECOMMENDATIONS THAT PRECLUDE THE FACTS FROM EVER BEING DISCOVERED, SUCH AS REMOVING CHILD CUSTODY AND EVEN CONTACT FROM THE PERSON MAKING THE ALLEGATIONS AND PLACING THE CHILD WITH THE ALLEGED ABUSER

- 7) CONFUSING A CRIMINAL STANDARD OF GUILT BEYOND A REASONABLE DOUBT, WITH THE BEST INTERESTS STANDARD NECESSARY TO PROTECT CHILDREN IN FAMILY COURTS
- 8) DISCOUNTING ABUSE DISCLOSURES BECAUSE OF THE AFFECT OF THE CHILD, OR THAT THE CHILD(REN) ALSO EXPRESSES LOVE AND WANTS TO HAVE CONTACT WITH THE ALLEGED ABUSER
- 9) OVERWEIGHTING OR RELYING ON RECANTATIONS AS THE "TRUTH" WHILE IGNORING ACTUAL EVIDENCE OR THAT MOST CHILDREN DO RECANT UNDER STRESS OR PRESSURE
- 10) OVERVALUING PAID EXPERTS, COURT EVALUATORS, OR AD LITEM ATTORNEYS WITH NO OR LITTLE CLINICAL BACKGROUND, TRAINING, OR EXPERTISE IN DOMESTIC VIOLENCE OR CHILD ABUSE

## **Suggestions**

- If a determination of the likelihood of abuse is made, it is important not to recommend sole or joint custody to the offender and to make sure visitations are safe and supervised until the offender receives specific treatment for the abusiveness by a program or person specifically trained in this area
- Joint custody is contra-indicated in the context of family violence due to family disorganization, control issues, parents' inability to agree on childrearing, and message/modeling for children
- Do not be afraid to utilize supervised visitation in the context of family violence until effective treatment has been received and changes have been witnessed