

Assessing Allegations of Domestic Violence in Child Custody Evaluations

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There has been an increased focus on child custody evaluations involving domestic violence allegations with much criticism of evaluators' training, practices, and procedures. A national survey of 115 child custody evaluators (doctoral and master's level) was conducted to explore these criticisms. Findings revealed adequate training, multiple sources of data collection, and practices/procedures that closely adhere to child custody guidelines. However, robust, specialized domestic violence instruments, tests, and questionnaires were underutilized. Respondents indicated that findings supporting domestic violence allegations had a substantial impact on their subsequent recommendations. Results are discussed in terms of the importance of assessing domestic violence when conducting custody evaluations and the need for developing practice standards in this domain. Generally, results did not support common criticisms of custody evaluation practice.

Keywords: *domestic violence; family violence; child custody; interparental violence; forensic evaluations*

Because of the complexity of custody disputes, the court is increasingly relying on expert testimony in child custody cases. Child custody evaluators are faced with a complicated task (Bow & Quinnell, 2001). This task can be made even more difficult when allegations of domestic violence by one or both parents are involved. Domestic violence in the context of child custody evaluation has been receiving increased attention in recent years, most likely because of certain legislative initiatives, judicial decision making, and enhanced public awareness. As a result, child custody evaluators are con-

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1394

ducting an increased number of evaluations involving this issue. Custody evaluations involving allegations of domestic violence hold special challenges for evaluators because of the alleged secrecy of the parties and the frequent lack of adequate investigation and documentation to support or refute the allegations. Variations in the empirical research base of domestic violence coupled with varying legal statutes (Lemon, 2000) and definitions lend an additional level of complexity to these evaluations.

A child custody evaluator's opinion about alleged domestic violence can have a profound impact on the ultimate custody decision. Thus, it is important to quantify and clarify the procedures followed by custody evaluators in constructing such an opinion. As prior studies of custody evaluation practices have indicated, such evaluations are typically quite comprehensive in nature, even without any special attention called to allegations of domestic violence (Bow & Quinnell, 2001, 2002). The current study was designed to examine the ways in which custody evaluators handle the critical issue of domestic violence allegations.

Domestic Violence: The Veil of Secrecy

In custody disputes, the legal system often becomes a symbolic background for the continuation of the domestic violence. Child support, visitation, and custody all become major issues of control for the perpetrator. This is particularly true, as more than two thirds of states have passed laws authorizing joint custody (Pagelow, 1993) unless evidence indicates otherwise. Perpetrators often use intimidation and harassment, and children become pawns in the legal process. Allegations and counterallegations are common. Perpetrators of domestic violence are masters at denying, minimizing, and blaming the victim. They are also good at projecting a nonabusive image (Bancroft & Silverman, 2002), meaning they can present to the court and evaluator as calm, loving, and sensitive. The absence of a single psychological profile of the perpetrator or victim of domestic violence (American Psychological Association [APA], 1996; Guyer, 2000), along with the lack of adequate documentation of domestic violence in most cases, makes it difficult for the evaluator to ascertain the veracity of the allegation.

It can thus be quite problematic for custody evaluators to confirm the status of perpetrators. Recent improvements in documentation by law enforcement agencies, along with arrests, should assist in substantiating incidents of domestic violence. Prior to the 1980s, police departments wrote policies discouraging arrests in these cases (Lemon, 1999) as well as requiring the official documentation of police contacts. Currently, at least 24 states have mandatory arrest statutes when police are called for domestic violence (Austin,

2001). These steps have assisted in verifying incidents of domestic violence reported to the police. Even so, only a very small percentage of domestic violence incidents are ever reported (Harway & Hansen, 1994). Therefore, in most cases, direct verification is lacking, which complicates the assessment process for the child custody evaluator.

Current Status of the Empirical Research on Domestic Violence

The overall prevalence rate of marital violence between partners is about 12% (Austin, 2000). However, in high-conflict and/or entrenched custody cases, the rate is significantly higher with estimates in the 72% to 80% range (Johnston & Roseby, 1997; Newmark, Hartell, & Salem, 1995). There is also an increased risk around the time of the marital separation (APA, 1996; Pagelow, 1993).

Domestic violence in marital situations (i.e., marital or family violence) involves many dimensions including physical, sexual, property, and/or psychological violence, which range on a continuum in severity from mild to severe. It is important to note that no single definition of family violence is established or agreed upon by researchers (APA, 1996). Furthermore, much research has focused on samples drawn from clinical and domestic violence shelter samples. Generalizing from these samples is ill advised (Straus, 1990), although it is often done. In child custody cases, domestic violence research has been performed primarily by Hanks (1992), Johnston and her colleagues (Johnston & Campbell, 1993; Johnston & Roseby, 1997), and Newmark et al. (1995). In particular, Johnston and colleagues have provided the most comprehensive typology of interparental violence and its detrimental impact on children.

Domestic violence affects families in a variety of ways. First, it creates serious concerns about the safety and welfare of the victim and children. Second, children who witness domestic violence are at high risk for emotional and behavioral problems (Dalton, 1999; Holden, Geffner, & Jouriles, 1998; Johnston & Roseby, 1997). Third, children in such situations are at high risk for child abuse (Dalton, 1999; Lemon, 1999). Fourth, a history of domestic violence predicts a poor prognosis for parenting cooperation (Austin, 2000). Therefore, a thorough and accurate assessment of this area is critical, even if it is not alleged or identified as an initial concern.

Another critical issue for child custody evaluators is the possibility of interactive (e.g., bidirectional) or female-initiated violence. The vast majority of research in the past has focused on male-initiated violence. However, some research using community samples indicates the presence of wife-to-

husband assaults at roughly the same rate as husband-to-wife assaults (Straus, 1990; Straus & Gelles, 1988). Then again, the injury rate for wives is about six times greater than that for husbands (Straus, 1993) because of the greater physical size and strength of men. As a result, there is a greater chance that injuries to wives will be documented. Johnston and Campbell's (1993) typology of interparental violence in contested custody cases included interactive and female-initiated categories. Furthermore, 16% of the arrests for domestic violence in California in 1998 were women (Clifford's report as cited by Austin, 2001). Consequently, interactive or female-initiated violence cannot be dismissed and must be considered in the assessment process.

Domestic Violence in the Legal Arena

Recent concerns about domestic violence and its detrimental impact on the family have resulted in legislative action. The overwhelming majority of states currently have statutes that require the court to consider domestic violence in all custody determinations, and 14 states have adopted statutes creating a presumption against awarding custody to a perpetrator of domestic violence (Lemon, 2000). Professional associations such as the American Bar Association and the APA have taken strong positions against granting custody to perpetrators (APA, 1996). Consequently, a finding of domestic violence has a substantial impact on custody determination.

Given the high stakes, some parents might use false allegations of domestic violence to a strategic advantage in custody disputes. Stahl (1994) noted a rapid rise in such allegations in the late 1980s and early 1990s. Domestic violence allegations can be a powerful weapon to limit or deny custody and/or visitation in a vindictive manner. Custody evaluators should thus be aware of this possibility. This is especially important because judges tend to award primary physical custody to the parent who made the allegation of spousal abuse, even if the other parent's actions were not substantiated (Sorensen et al., 1995).

Determining Practice Standards

Child custody evaluations involving allegations of domestic violence are clearly challenging and complex with many factors that need to be investigated. Bancroft and Silverman (2002), Dalton (1999), Jaffe and Geffner (1998), and Walker and Edwall (1987) have harshly criticized such evaluations. Criticism of child custody evaluators has focused on the following: (a) lack of basic knowledge about the domestic violence field, (b) failure to use

collateral sources and record review, (c) overreliance on psychological testing, (d) failure to consider domestic violence as a major issue in custody determination by assuming that the allegations are exaggerated or fabricated, and (e) evaluators having a severe bias in favor of male perpetrators. Bancroft and Silverman (2002) claimed there is an urgent need to establish oversight and review of child custody evaluators. However, formal research on the practices and procedures for child custody evaluations involving domestic violence is lacking. Nevertheless, one state—California—requires custody evaluators to take training in domestic violence issues for court appointment.

The APA (1994) and the Association for Family and Conciliation Courts (AFCC) (1994) have developed child custody guidelines that outline preparatory and procedural steps to follow. Although not mandatory, the guidelines set parameters for professional practice in the custody evaluation field. Both guidelines mention that evaluators should have expertise in the specific area assessed (e.g., domestic violence); otherwise, additional supervision, consultation, and/or specialized knowledge or training should be sought. Neither set of guidelines offer specific procedural steps for assessing domestic violence. Also, only a few authors have specifically addressed procedures to use in assessing domestic violence allegations in custody evaluations (Austin, 2000, 2001; Stahl, 1999; Walker & Edwall, 1987).

Austin (2000, 2001) discussed a risk assessment approach within a clinical-forensic-scientific paradigm. His approach shows great promise and is comprehensive in nature. He also outlined a 6-factor test of credibility, which includes objective verification, pattern of abuse complaints, corroboration by credible others, absence of disconfirming verbal reports by credible third parties, psychological profile and past history of abusive behavior by the alleged perpetrator of marital violence, and psychological status of the alleged victimized spouse. Still, there are currently no studies documenting the actual practices of evaluators involved in child custody evaluations with domestic violence allegations.

The purpose of the present study was to assess the status of child custody evaluations involving allegations of domestic violence. Four major areas were addressed: (a) training in the domestic violence area, (b) the nature and types of abuse referred for such evaluations, (c) practices and procedures utilized, and (d) types of custody/visitation arrangements and interventions recommended by evaluators. It is hoped that this information will inform practice and help mental health professionals better meet the needs of children, parents, and the judicial system.

METHOD

Identification of Participants

Names of doctoral-level psychologists were obtained through public-access forensic referral lists, Internet searches of clinical and forensic psychologists who specialize in child custody work, and Friend of the Court (FOC) nominations. A list of master's-level child custody evaluators was obtained from the Association of Family, Court, and Community Professionals. Overall, 348 potential participants were identified.

Instrument

A comprehensive, six-page survey was developed after a thorough review of the child custody and domestic violence literature. The following areas were assessed: demographic information of the evaluator, specific training in the area of domestic violence, nature and types of domestic violence cases referred for child custody evaluations, practices and procedures used in such cases, victim characteristics that support domestic violence, importance of different risk factors in the assessment of the perpetrator, and types of interventions and recommendations typically used. A copy of the survey may be obtained by contacting the first author.

Procedure

Each potential participant was sent a packet of information including a letter outlining the purpose of the study, an informed-consent sheet, a blank survey form, a request form for results, and a stamped return envelope. The blank survey forms for doctoral- and master's-level child custody evaluators were almost identical except the doctoral-level form asked for additional credentialing information and the master's-level form inquired about tests requested or given. The latter was necessary because some of the master's-level evaluators were social workers that do not administer tests but might request testing. Potential participants were informed that all data would be coded, analyzed, and reported on a group basis to protect individual confidentiality. Potential participants were requested to complete anonymously and return the survey. If they no longer performed child custody evaluations or evaluations involving domestic violence, they were asked to return the blank survey indicating so. Results of the study were promised to those who returned an enclosed request form or e-mailed the first author requesting

such information. Approximately 1 month later, reminder letters were mailed.

A total of 148 surveys were returned (43%). Of these, 115 were usable surveys, that is, completed by master's- or doctoral-level professionals currently performing child custody evaluations involving domestic violence allegations. Twenty-four blank surveys were returned indicating that recipients no longer performed custody work or declined custody evaluations involving domestic violence; 1 survey was incomplete and 8 were undeliverable.

Demographics of Participants

The gender of respondents was almost equal, with 52% female and 48% male. Almost all were Caucasian (97%), with 3% Hispanic. Sixty-eight percent were doctoral-level psychologists, 16% were master's-level psychologists or counselors, and 16% were master's-level social workers. One person from each of the latter two groups was also an attorney. The overwhelming majority worked in private practice (80%) followed by court clinics (11%). The remaining worked in other settings such as universities or community mental-health clinics. Forty-eight percent practiced in an urban area and 44% in a suburban setting, with only 8% working in rural areas. Respondents were represented from 33 states, including Washington, D.C., with the following regional distribution: 31% West, 19% South, 27% Midwest, and 23% East.

Professional experience averaged 22.09 years in the clinical area ($SD = 7.74$) and 13.84 years in the child custody area ($SD = 7.48$). The median number of evaluations completed by respondents in their career was 150.

It is important to note that this sample was a highly experienced group of child custody evaluators working mostly in private practice in an urban area. Therefore, the findings may not represent the full spectrum of custody evaluators.

RESULTS

Training in Domestic Violence

The majority of respondents (68.2%) reported taking no graduate courses addressing domestic violence. The primary method for learning about domestic violence was through seminars (median = 4 seminars) and reading books and articles (median = 18 articles/books), although there was much variability ($M = 7.38$ seminars, $SD = 10.25$; $M = 43.28$ articles/books, $SD =$

TABLE 1: Specific Types and Frequency of Domestic Violence Allegations

Type	Frequency Ratings					M	SD
	1	2	3	4	5		
Emotional/verbal abuse	0	3.5	9.6	19.3	67.5	4.51	0.82
Physical aggression	0	9.6	18.4	43.0	28.9	3.91	0.93
Coercion/threats	1.0	7.1	27.4	31.0	33.6	3.89	0.99
Controlling finances ^a	1.0	17.0	25.9	45.5	10.7	3.48	0.93
Destruction of property	2.6	21.1	33.3	35.1	7.9	3.25	0.96
Isolation	7.1	29.2	18.6	31.0	14.2	3.16	1.20
Stalking	6.3	62.5	17.9	10.7	2.7	2.41	0.87
Forced sex	9.6	57.0	21.1	10.5	1.8	2.38	0.87
Kidnapping children	23.5	66.1	4.3	4.3	1.7	1.95	0.78

NOTE: Value was rated on a Likert-type scale from 1 (*never*) to 5 (*almost always*). Numbers in frequency rating categories indicate the percentage of respondents indicating that value.

a. Refers to the overcontrol of finances or economic abuse as described by Harway and Hansen (1994).

78.20). Only 4.5% of respondents did not attend any seminars, and only 2.7% read fewer than 3 articles/books on the topic. Some respondents also indicated that they taught courses/seminars and/or had written articles on domestic violence.

Type and Nature of Referrals

Respondents reported that almost all child custody referrals were court-ordered (93.24%). On average, they reported that 37% of their child custody referrals involved allegations of domestic violence. Forty-six percent of the cases involved domestic violence related to the separation, whereas 29% were episodic (i.e., occurring intermittently during the marriage) and 24% were enduring and chronic in nature. In terms of the alleged perpetrator, the following pattern was reported: 51% male instigator; 17% bidirectional, mostly male; 14% bidirectional, mutual; 11% female instigator; and 7% bidirectional, mostly female. Table 1 shows the specific types and frequency of domestic violence allegations. Emotional/verbal abuse, physical aggression, and coercion/threats were most common. In terms of physical aggression, respondents were asked to rate the severity. Fifty-one percent rated it as mild (e.g., threw something, pushed, or grabbed), 33% as moderate (e.g., slapped, bit, or kicked), and 16% as severe (e.g., hit with fist, choked, or threatened with a weapon).

TABLE 2: Average Usage Rate, Time Allotted, and Decision-Making Value of Procedures Used in Child Custody Evaluations Involving Domestic Violence Allegations

<i>Specific Procedure</i>	<i>% Using Procedure</i>	<i>M Hours</i>	<i>SD</i>	<i>M Weight in Decision Making</i>	<i>SD</i>
Interview/history with mother	100	3.49	1.72	4.46	1.06
Interview with each child	100	1.95	1.08	4.60	1.02
Interview/history with father	99.0	3.49	1.72	4.61	1.08
Mother-child observation	98.2	1.54	1.06	4.43	1.11
Father-child observation	98.2	1.56	1.06	4.46	1.07
Review of police documents	97.3	1.26	0.80	4.40	1.07
Review of medical documents	95.5	1.54	0.95	4.25	1.13
Collateral contact with therapist	94.6	1.35	0.88	4.22	1.14
Collateral contact with physician	83.0	0.90	0.54	3.91	1.21
Collateral contact with neighbors and friends	77.5	1.68	1.41	3.35	1.10
Psychological testing of father	75.9	3.25	1.93	3.98	1.15
Psychological testing of mother	75.0	3.25	1.95	3.93	1.18
Psychological testing of children	49.1	1.95	1.25	3.65	1.25
Conjoint session with both parents	25.0	2.10	1.20	3.71	1.46

NOTE: Weight in decision making was rated on a Likert-type scale from 1 (*none*) to 6 (*great*) for those that used the procedure.

Practices and Procedures Used

Table 2 displays the frequency of procedures typically used by respondents in these evaluations along with the average time allotted and value of each in the decision-making process. Multiple methods of data collection were indicated with almost all respondents using the following procedures: history gathering with each parent, interview with each child, parent-child observations, review of police and medical documents, and collateral contact with therapist(s). Psychological testing was used by three quarters of the respondents. It is important to note that a portion of the sample involved social workers that did not administer or request testing. Conjoint sessions were infrequently used. As expected, the most time-intensive procedure was the interview with each parent. Much time was also spent reviewing police and medical documents. In terms of decision making, the greatest value was placed on the interview with the father and interview with the child along with the father-child observation. Next was the interview with the mother and mother-child observation. Police and medical documents were also seen as

having high value. Interestingly, psychological testing of the parents and child was in the lower tier for value in decision making.

Only 30% of respondents indicated that they administered specialized questionnaires, instruments, or tests pertaining to domestic violence. Twenty-nine percent of these respondents indicated they developed their own questionnaires, 20% used the Spousal Assault Risk Assessment Guide (SARA), 15% used the Psychopathy Checklist-Revised, 11% gave the HCR-20: Assessing Risk of Violence, 9% gave the Conflict Tactics Scale, and 9% used the Child Abuse Potential Inventory.

Respondents were asked to list the top three signs, symptoms, or characteristics that support the contention of domestic violence during the assessment of the victim. Sixty percent of the respondents listed classic battered traits/signs such as shame and guilt, fear of perpetrator, low self-esteem, financial vulnerability, or inability to leave the relationship. Thirty-seven percent identified physical injuries or medical problems; 31% reported independent confirmation of domestic violence by eyewitness report, records, photos, or conviction; 28% identified the creditability and consistency of the report; and 21% listed Axis I symptoms such as depression, anxiety, or Posttraumatic Stress Disorder.

Respondents rated on a 6-point Likert-type scale (1 = *none* to 6 = *great*) the value of different risk factors in the evaluation of the alleged perpetrator and importance in the decision-making process (see Table 3). All factors, except for IQ, received a mean rating above 4. Drug usage, past use of weapons, ability to accept responsibility, power and control issues/attitudes, access to weapons, and past history of criminal behavior received the highest ratings.

Impact of Domestic Violence and Interventions/Recommendations

Of those respondents that offered an opinion on the veracity of the allegation (90%), a contention of domestic violence was supported in an average of 57% of the cases. In these cases, 76% of respondents claimed it greatly or extremely affected their recommendations. For a single perpetrator, respondents recommended sole legal/physical custody with the victim in 50% of cases and joint legal custody with primary physical custody with the victim in 39% of cases.

In cases involving bidirectional (mutual) domestic violence, there was much greater variability in custody/visitation recommendations. On average, respondents recommended joint legal custody with primary custody with the mother in 29% of the cases, joint legal and physical custody (50/50) in 18%

TABLE 3: The Value of Risk Factors in the Evaluation of the Alleged Perpetrator and Decision-Making Process in Child Custody Cases Involving Domestic Violence

<i>Factor</i>	M	SD
Drug and alcohol usage	5.46	0.71
Past use of weapon	5.35	0.83
Ability to accept responsibility	5.23	0.85
Access to weapon	5.12	1.03
Power and control issues/attitude	5.11	0.98
Past history of criminal behavior	5.10	1.00
Reaction to anger	5.01	1.00
Antisocial traits	4.97	1.00
Mood stability	4.96	0.92
Possessiveness and jealousy	4.89	0.92
Degree of self-control	4.82	1.10
Coping ability	4.82	0.92
Personality functioning	4.69	1.01
Remorse and guilt	4.46	1.28
Success of past treatment	4.45	1.07
Amenability	4.39	1.16
View of gender roles	4.25	1.16
Openness	4.22	1.22
Interpersonal skills	4.20	1.16
History of being physically abused	4.02	1.31
Cognitive skills (IQ)	3.61	0.99

NOTE: Value was rated on a Likert-type scale from 1 (*none*) to 6 (*great*).

of the cases, sole legal/physical custody with the mother in 16% of the cases, joint legal custody with primary custody with the father in 14% of the cases, third-party custody in 10% of the cases, and sole legal/physical custody with the father in 8% of the cases.

When parenting time was recommended for the perpetrator, on average, respondents reported that 40% of the cases involved supervised visits, 24% involved limited visitation, and 5% involved no visitation. The remaining 31% of cases involved regular visitations with no restrictions. When supervised visitation was proposed, respondents recommended a visitation center 40% of the time. The next most common places were a neutral party's place (15%), relative of the perpetrator (13%), and relative of the victim (12%).

Respondents also rated the frequency of recommended interventions on a Likert-type scale from 1 (*never*) to 5 (*almost always*). Individual therapy for parties and children, domestic violence groups for the perpetrator, and

parenting classes were most recommended (means > 4.0). Therapy for the perpetrator received the highest frequency rating ($M = 4.63$, $SD = 0.69$). Family therapy and the involvement of special masters or Guardians Ad Litem were less often recommended (means < 3.0), and mediation received the lowest rating ($M = 2.28$, $SD = 1.19$).

On average, respondents claimed that custody evaluations involving domestic violence took 23.9 hours to complete plus 11.5 hours for the report with a timeframe of 9.9 weeks. Respondents also reported, on average, that 25% of these cases required testimony in court.

DISCUSSION

Even in the absence of a custody dispute, domestic violence can have a serious negative influence on the physical and psychological well-being of children and adolescents exposed to it. Thus, it is critical for custody evaluators to assess the presence and impact of domestic violence regardless of whether it was raised as a specific issue at referral. Child custody evaluators have been harshly criticized in the past for their assessment of domestic violence allegations (Bancroft & Silverman, 2002; Dalton, 1999; Jaffe & Geffner, 1998). This criticism raises a concern that needs to be further explored, because domestic violence is an increasingly common allegation in child custody disputes. This study was conducted to assess the status of practice in this area.

In terms of training in domestic violence, only a minority of respondents had taken graduate courses addressing this topic. However, this is expected considering that the vast majority of respondents attended graduate school more than 20 years ago when there was less focus, awareness, and research on domestic violence. In the present study, seminars and reading articles and books were the most common training methods, but there was wide variability among the respondents in the number of seminars attended and articles and books read. Only a small number of respondents (< 5%) had done neither. The vast majority had attended numerous seminars and read many articles and/or books. Therefore, as a group, they had basic exposure to the topic and were far from uninformed, contrary to common criticism.

Respondents reported using multiple methods of data collection in evaluating domestic violence allegations in child custody cases such as interviews with each parent, interviews with each child, parent-child observations, documentation review, collateral contacts, and psychological testing as stressed in child custody guidelines (APA, 1994; AFCC, 1994). All procedures

involved as much time or more time than in typical custody evaluations as found by Bow and Quinnell (2001). Furthermore, the total time involved (procedures plus report = 35.4 hrs) was significantly more than the time spent on the typical child custody evaluation (24.5 to 28.5 hours; Bow & Quinnell, 2001). Therefore, child custody evaluations involving domestic violence appear to be more time intensive than the typical child custody evaluation.

Parent-child observations were almost universally used by all evaluators. It is important to note that there is no empirical support that an observation of a child and parent will help accurately differentiate a perpetrator from a nonperpetrator, although it may provide information about attachment, parenting style, and comfort level.

Bancroft and Silverman's (2002) criticism that child custody evaluators fail to use collateral sources and record review was not supported. Respondents almost universally reported utilizing these procedures. They also reported spending considerable time contacting collateral sources and reviewing police and medical reports. Further, they rated the latter two in the upper tier in the decision-making process.

Psychological tests were administered or requested by the majority of respondents. The types of tests utilized compared favorably with typical child custody evaluations as found by Quinnell and Bow (2001). However, the average weight of psychological testing in the decision-making process was rated relatively low. Consequently, there is no indication that respondents are overvaluing or overrelying on psychological tests. One pertinent criticism might be that they are underutilizing specialized instruments for assessing domestic violence. Less than one third acknowledged using specialized questionnaires, instruments, or tests. Of this group, 29% of respondents developed their own, which may not be legally defensible. The latter issue is also applicable for published instruments and tests that lack adequate validity and reliability. Useful, empirically derived instruments, such as the SARA (Kropp, Hart, Webster, & Eaves, 1999) and Conflict Tactics Scales (Straus, 1979; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) need to be utilized more in these cases.

Although respondents indicated much value in assessing risk factors for alleged perpetrators, few actually used risk management inventories. However, this might reflect appropriate caution given that many of these inventories (e.g., Psychopathy Checklist) were normed on criminal or institutional populations that may not represent the perpetrator.

Only a few respondents reported using a comprehensive domestic violence model in the assessment process such as Austin's (2001) violence risk assessment. This model incorporates different components such as interview

data, psychological testing, collateral information, special domestic violence instruments such as the SARA, and evaluation of static (resistant to change over time) and dynamic (situational and changeable over time) factors. This integrative model may have much applicability, but it requires empirical validation.

Respondents in this study reported that 37% of their child custody referrals involved allegations of domestic violence, which is higher than the prevalence rate of marital violence (12%; Austin, 2000) but significantly lower than researchers have found in high-conflict and/or entrenched custody disputes (72% to 80%; Johnston & Roseby, 1997; Newmark et al., 1995). In regard to the alleged perpetrator, 51% were reported to be male, 38% were bidirectional, and 11% were female. The latter two figures affirm that bidirectional and female-instigated complaints are made and need to be appropriately investigated.

In 57% of the cases, respondents supported the contention of domestic violence. In those cases, 76% of respondents claimed it greatly or extremely affected their recommendation. This finding supports previous research that found child custody evaluators rated domestic violence as one of the top factors in custody decision making (Bow & Quinnell, 2001).

In cases involving a single perpetrator, 89% of respondents reported recommending physical custody to the victim thereby supporting the trend that preference should be given to the nonviolent parent whenever possible. Further, it was recommended by the respondents that the perpetrator's visitation be supervised, limited, or terminated in 69% of cases. Last, the most commonly recommended intervention was therapy for the perpetrator. These findings are fervently contrary to the contention that child evaluators do not take this issue seriously in custody determination. Also, there is no evidence of an evaluator bias in favor of the perpetrator.

In terms of interventions, as expected, family therapy and mediation were seldom recommended. Both interventions are intimidating for victims of domestic violence along with being unsafe. Most professionals argue against mediation in these cases (Hart, 1990; Jaffe & Geffner, 1998; Pagelow, 1993). Regardless, many states mandate mediation in contested custody and visitation disputes. Guyer (2000) also noted that family therapy is not the treatment of choice because of safety concerns and lack of attribution of responsibility to the perpetrator. A recommendation that was seldom used, but may have great utility, is a special master and/or case manager. This person, appointed by the court, acts as a go-between and assists in coordinating the parenting plan to hopefully help parents to resolve conflictive issues.

CONCLUSION

Although child custody evaluators are often criticized for their work in the domestic violence area, the findings of this study fail to support such an assertion. In general, evaluators reported adequate training in the field. Their custody procedures closely adhered to child custody guidelines, and the amount of time delegated for many procedures exceeded the typical child custody evaluation. A review of documents (e.g., police and medical reports) and collateral contacts were seen as valuable components in the evaluation process. Psychological testing was used, but respondents did not overvalue it in the decision-making process. However, the vast majority of respondents underutilized valid and reliable domestic violence instruments and questionnaires. Such instruments and questionnaires might be an asset in the evaluation process. In those cases that respondents supported a contention of domestic violence, it significantly affected custody recommendations.

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