Intimate Partner Violence and Child Custody

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KEY POINTS

- Studies indicate limitations regarding ways in which some family court practitioners account for intimate partner violence (IPV) in postseparation parenting arrangements.
- Child custody and visitation arrangements that do not adequately consider IPV may have negative implications for victims and children.
- Existing research provides some indications for how to most appropriately handle child custody cases involving a history of IPV, though much additional study is needed.

INTRODUCTION

There is evidence that over 50% of couples disputing parenting issues report some level of intimate partner violence (Beck, Walsh, & Weston, 2009). Intimate partner violence (IPV) can be broadly defined as perpetration of abusive behaviors between intimate partners, including physical violence, sexual violence, psychological abuse, coercive control, threats of violence, and stalking (Centers for Disease Control [CDC], 2010). Despite the substantial number of custody cases involving IPV, and existing requirements in 48 states regarding the consideration of IPV when determining custody and visitation arrangements, studies demonstrate that family court practitioners (e.g., custody evaluators, judges, lawyers, guardian ad litems, mediators) often do not appropriately screen for IPV or determine suitable action once it has been identified when making custody and visitation recommendations and determinations (e.g., Kernic, Monary-Ennsdorff, Koepsell, & Holt, 2005; Saunders, Faller, & Tolman, 2011). Empirical investigations indicate a failure to identify the presence of IPV in custody disputes even when there is apparent evidence, such as a substantiated history of violence and abuse (e.g., Kernic et al., 2005). Findings
show that a relatively high percentage of parents who perpetrate IPV are awarded or recommended to receive joint legal or physical custody or visitation rights without appropriate safety restrictions (e.g., supervised visitation and exchanges) (Bow & Boxer, 2003; Hardesty, Hans, Haselschwerdt, Khaw, & Grossman, 2015; Kernic et al., 2005; Saunders et al., 2011).

Failing to adequately screen and account for IPV in child custody disputes may be particularly concerning given considerable data demonstrating the detrimental effects of exposure to IPV on children's cognitive (e.g., Graham-Berman, Howell, Miller, Kwek, & Lilly, 2010), emotional (e.g., Lichter & McCloskey, 2004), and behavioral development (e.g., Ehrensaft et al., 2003). Research has also pointed to the significant impact of IPV on the parenting of both victims and abusers (e.g., Levendosky, Leahy, Bogat, Davidson, & von Eye, 2006). Custody and visitation arrangements that do not appropriately manage risk may create opportunities for an abuser to continue victimizing the other parent and exposing children to violent and abusive behavior (Hardesty & Ganong, 2006).

Thus, in this chapter, we provide custody evaluators, judges, and other legal professionals with information to assist in making the important decisions involved in custody disputes with indications of IPV. First, we summarize scientific evidence regarding the effects of IPV on children and parenting. Then, we review literature pertaining to IPV typologies and the assessment of IPV within the context of child custody disputes. We outline potentially appropriate parenting plans according to various patterns of violence and abuse. Finally, we use the literature to provide a number of recommendations for custody evaluators, judges, and mediators as well as list a set of general guidelines for all family court practitioners.

EFFECTS OF INTIMATE PARTNER VIOLENCE ON CHILDREN

Many children are exposed to IPV. McDonald, Jouriles, Ramisetty-Mikler, Caetano, and Green (2006) estimated that approximately 15.5 million American children live in a household where there is partner violence, and approximately 7 million of these children live in a household with severe partner violence. Catalano, Smith, Snyder, and Rand (2009) found that 38% of households with a female victim of IPV have children younger than 12 years. Approximately 6% of children ages 0–17 years witnessed an interparental assault in the past year; 16% of children have witnessed an interparental assault in their lifetime; and among the oldest group of children (ages 14–17 years), lifetime prevalence rates are nearly 35% (Finkelhor, Ormrod, & Turner, 2009).

There is converging evidence that children exposed to their parents' IPV are at an increased risk for emotional and behavioral difficulties. Emotional difficulties (also referred to as internalizing problems) include, for example, symptoms of posttraumatic stress disorder such as sleep disturbances, eating problems, and loss of previously acquired development skills (Bogat, Dejonghe, Levendosky, Davidson, & von Eye, 2006; De Bellis & Thomas, 2003; Insana, Foley, Montgomery-Downs, Kolko, & McNeil, 2014; Levendosky, Bogat, & Martinez-Torteya, 2013), as well as depression, anxiety, and withdrawal (Lichter & McCloskey, 2004; Litrownik, Newton, Hunter, English, & Everson, 2003; McCloskey, Figueredo, & Koss, 1995; McCloskey & Lichter, 2003; Moffitt & Caspi, 2003; Vega, Osa, Granero,
Ezpeleta, 2013). Behavioral difficulties (also referred to as externalizing problems) include, for example, aggression, delinquency, and violence in the offspring’s own intimate relationships (Ehrensaft et al., 2003; Herrenkohl, Sousa, Tajima, Herrenkohl, & Moylan, 2008; Herrera & McCloskey, 2001; Lichter & McCloskey, 2004; Litrownik et al., 2003; McCloskey & Lichter, 2003; Sudermann & Jaffe, 1997). In the intervention literature, a Cohen’s D effect size of .2 and below is considered small, between .2 and .5 is considered medium, and .8 or higher is considered large (Cohen, 1992). Results from a recent meta-analysis of 60 studies examining the impact of exposure to IPV on children’s internalizing, externalizing, and trauma symptoms found moderate effects for the impact on internalizing and externalizing symptoms (Cohen’s D of .48 and .47, respectively) and a large effect for the impact on trauma symptoms (Cohen’s D of 1.54; Evans, Davies, & DiLillo, 2008).

While less thoroughly researched, preliminary research suggests negative associations between IPV and children’s cognitive and physical development. Graham-Bermann and colleagues (2010) found that children who were exposed to IPV within 2 years of an evaluation had lower verbal abilities than the national average for their age. One study using a sophisticated twin design found a dose-response relationship between IPV exposure frequency and a measure of intelligence quotient (IQ). In comparison to children not living in a home with IPV, children living in a home with a low frequency of IPV (i.e., 1–3 physically violent acts occurred in the 5 years since birth) had an average 1 point IQ reduction, children living in a home with medium IPV frequency (i.e., 4–9 physically violent acts) had an almost 5-point IQ reduction, and children living in a home with high IPV frequency (i.e., 10–40 physically violent acts) had an 8-point reduction, even when controlling for other factors such as concurrent child internalizing and externalizing symptoms (Koenen, Moffitt, Caspi, Taylor, & Purcell, 2003). Koenen et al. (2003) found that 4% of the variation in child IQ, on average, was due to exposure to IPV, independent of genetic factors. In terms of physical health, children with mothers who have a history of IPV utilize more health care services (Rivara et al., 2007), and these children are more likely to visit the school nurse’s office and be sent home because of the visit than are children whose mothers do not have this history (Kernic et al., 2002).

More research is needed to evaluate the impact of IPV exposure on children’s peer relationships. In one study that gathered the self-reports of 112 children ages 6–13 years, children exposed to IPV were no more likely to report that they engaged in relational bullying (Bauer et al., 2006) than nonexposed children. Another study that only gathered mother reports of child peer relationships found that children exposed to IPV did not differ from nonexposed children in number of friends and frequency of contact with friends, but mothers reported that children exposed to IPV were more likely to feel lonely, have conflicts with friends, and have peer problems (McCloskey & Stuewig, 2001).

Children exposed to IPV are at an increased risk to experience parental physical abuse directed toward them (Jouriles et al., 2008; Lee, Bellamy, & Guterman, 2009). Osofsky (1999) reported that children exposed to IPV are 15 times more likely to be physically abused and neglected than children not exposed to IPV. Children exposed to both IPV and child abuse tend to do worse over time than children experiencing only one such form of violence or nonexposed children (Herrenkohl et al., 2008).
In fact, a meta-analysis of four studies examining the effects of such dual exposure on children suggested that children who were both exposed to IPV and physically abused themselves were at a higher risk for internalizing and externalizing behaviors than those singly or not exposed (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Echoing this finding, a recent study found that, after controlling for risk factors (e.g., race, parental personal problems) in the family and environment, only children with double exposure to IPV and child abuse, not children exposed to only IPV or child abuse, were at an elevated risk for internalizing and externalizing in comparison to nonexposed youth (Moylan et al., 2010).

Framework Regarding the Link Between Children's Intimate Partner Violence Exposure and Negative Outcomes

While a number of frameworks attempt to explain the process by which children exposed to IPV are at elevated risk for negative consequences, such as social learning theory (Bandura, 1973) and the cognitive contextual framework (Grych & Fincham, 1990), one explanation that is steadily gaining empirical support originates from an emotional regulation conceptual framework (Cummings & Davies, 1996); this emotional insecurity theory also derives from a biopsychosocial model of children's development (El-Sheikh et al., 2009). As reviewed by Cummings, El-Sheikh, Kouros, and Buckhalt (2009), IPV is associated with increased levels of emotional insecurity and reactivity (e.g., getting angry) as well as physiological reactivity (i.e., increased heart rate, fight or flight response) in the child. This emotional insecurity and reactivity following IPV exposure may mediate the association between IPV exposure and internalizing, externalizing, and posttraumatic stress disorder (PTSD) symptoms (Cummings et al., 2009). For example, frequent threats to emotional security and frequent reactivity, both emotionally and physiologically, resulting from living in a home with severe IPV may lead the child to be unable to properly regulate his or her emotions and behaviors, increasing the child's propensity toward psychopathology (Davies et al., 2002). There is also emerging evidence that this emotional insecurity may negatively impact the child's ability to attend to his or her environment, further placing the child at risk (Davies, Woitach, Winter, & Cummings, 2008). Supporting this framework, Towe-Goodman, Stifter, Coccia, and Cox (2011) found that increased IPV when the child was an infant predicted lower attention skills when the child was a toddler, which predicted increased risk for attention-deficit/hyperactivity disorder (ADHD) and conduct problems when the child was 3 years old. Thus, based on this theory, it is the continual activation of emotional insecurity and physiological reactivity after exposure to IPV that leads to cascading negative outcomes for children.

Moderators of the Impact of Intimate Partner Violence on Children

Fortunately, not all children exposed to IPV experience negative consequences (e.g., Hughes & Luke, 1998). Martinez-Torteya, Bogat, Von Eye, and Levendosky (2009) found that approximately 54% of children exposed to IPV were resilient (i.e., did not display negative outcomes). Knowing what moderates (i.e., affects the magnitude and
direction of the association) the relation between exposure to IPV and the development of psychopathology can inform recommendations within child custody settings.

**INDIVIDUAL FACTORS**
The age and gender of the child are two factors frequently studied as potential moderators of the association between exposure to IPV and child well-being. However, the findings remain inconsistent (Cummings et al., 2009; Gerard & Buehler, 2004). Meta-analyses generally do not find that age and gender of the child affect the relation between IPV exposure and decreased well-being. Instead, children of all ages and genders are at risk (Evans et al., 2008; Kitzmann, Gaylord, Holt, & Kenny, 2003).

Having an easy temperament, as well as high IQ and self-esteem, are associated with resilience when faced with IPV exposure (Daniel & Wassell, 2002; Kashani & Allan, 1998; Kolbo, 1996; Martin, 2002; Martinez-Torteya et al., 2009). A high IQ may be particularly important considering the dose relation between frequency of IPV exposure and decreased IQ (Koenen et al., 2003). While requiring replication, these studies are consistent with the broader resilience literature.

Finally, consistent with the Cummings framework, children high in physiological reactivity are at a greater risk for developing psychopathology within the context of IPV exposure. For example, children who have better physiological regulation (e.g., vagal regulation) are at less elevated risk for externalizing and internalizing problems (El-Sheikh, Harger, & Whitson, 2001; Whitson & El-Sheikh, 2003). One study found increased sympathetic nervous system reactivity (i.e., the fight or flight response) was a risk factor for increased externalizing problems in girls within the context of parental marital conflict (e.g., El-Sheikh, 2005).

**FAMILY FACTORS**
Two commonly studied family level factors that moderate the impact of IPV on child well-being are parental mental health and effective parenting (parenting is discussed in the next section of this chapter). Researchers find that children whose mothers experience less depression and better mental health are more likely to be resilient after IPV exposure (Graham-Bermann, Gruber, Howell, & Girz, 2009; Martinez-Torteya et al., 2009; Miranda, de la Osa, Granero, & Ezpeleta, 2013). Similarly, effective maternal parenting tends to distinguish resilient from nonresilient children after IPV exposure (Levendosky & Graham-Bermann, 1998, 2001). This effective parenting includes more maternal control (Levendosky & Graham-Bermann, 2000) and parental warmth (Wyman et al., 1999). However, as reviewed next, IPV exposure, and subsequent psychological distress, is related to reduced effective parenting (e.g., Levendosky & Graham-Bermann, 2001; Levendosky et al., 2003).

Stressful life events, socioeconomic status (SES), and access to a support system all appear to moderate the impact of IPV on child well-being, as well. Mothers who report more stressful life events have children with increased behavioral problems and decreased social competence after exposure to IPV (Levendosky & Graham-Bermann, 2001). Further, Jouriles, Bourg, and Farris (1991) found a stronger relation between IPV and child problems for lower, versus higher, SES families. Having a secure attachment or supportive relationship to a nonviolent adult, like a grandparent, can reduce the negative impact of IPV on child well-being (Cox, Kotch, & Everson, 2003; Graham-Bermann, DeVoe, Mattis, Lynch, & Thomas, 2006).
Researchers have attempted to understand the effects of IPV on the parenting practices of victims and abusers, although much of this work is limited to the parenting of female victims. Research has produced mixed evidence regarding the impact of IPV victimization on the parenting capacity of women. There is some evidence that although battered women indicate significantly greater levels of parenting stress than nonbattered women (Edleson, Mbilinyi, & Shetty, 2003; Holden & Ritchie, 1991), both groups report similar parenting practices and beliefs (Holden & Ritchie, 1991; Holden, Stein, Ritchie, Harris, & Jouriles, 1998; Van Horn & Lieberman, 2002). Levendosky and Graham-Bermann (2000) attempted to address methodological limitations of previous studies (e.g., Holden et al., 1998; Holden & Ritchie, 1991), which included small sample sizes and results dependent on maternal self-report that may be biased by social desirability, by using a larger sample and observational data of mother–child interactions. Results indicated that mothers’ experience of physical abuse did not predict children’s observed antisocial and prosocial behavior. Research has also demonstrated that mothers may even try to compensate for the violence and abuse, as well as for the abuser’s poor parenting, by providing greater responsiveness and attention to the child (Levendosky, Huth-Bocks, Shapiro, & Semel, 2003). In light of these findings, family court practitioners should be aware that female victims’ perceived stress regarding childrearing may not be reflective of actual deficits in parenting capacity.

Additional studies, however, point to a diminished parenting capacity in female victims who also are experiencing difficulties in psychological functioning. There is strong empirical support demonstrating that IPV is associated with risk for a wide range of psychological symptoms among victims, including depression (Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012), posttraumatic stress disorder (Bradley, Schwartz, & Kaslow, 2005), suicidal ideation (Meadows, Kaslow, Thompson, & Jurkovic, 2005), and insomnia (Campbell, 2002). Studies examining female victims of IPV have connected such psychological sequelae to ineffective parenting practices and styles (e.g., lack of warmth and control) (Levendosky & Graham-Bermann, 2001; Levendosky et al., 2003; Margolin, Gordis, Medina, & Oliver, 2003). Moreover, IPV may be linked to increased hostility and disengagement, as well as a diminished ability to respond sensitively, in interactions between female victims and their children (Levendosky et al., 2006). These results generally support the idea that IPV-related stress and the psychological consequences of IPV are mechanisms through which poor maternal parenting practices may be connected to IPV.

Mixed findings regarding the parenting of female victims may be attributed to differences across studies in their examination of variables that help explain the link between IPV and maternal childrearing behaviors (e.g., chronicity, timing, and severity of IPV, psychological functioning). For example, Levendosky and colleagues (2006) found that IPV occurring in the past was not significantly associated with current parenting practices, while current IPV was related to poorer parenting practices. Thus, family court practitioners should consider an abused mother’s potential to engage in more effective parenting once the IPV has ceased (Hardesty, Haselschwerdt, & Johnson, 2012). The finding by Levendosky et al. (2006) demonstrates the importance of creating family arrangements post separation that
decrease opportunities for continued violence between parents. Another important factor for family court practitioners to consider is the level of social support received by abused mothers, as increased levels of social support are associated with better psychological functioning of mothers and may indirectly improve parenting capacity (Levendosky & Graham-Bermann, 2001; Levendosky et al., 2003).

Although minimal research has evaluated the parenting of male IPV perpetra­ tors, existing findings indicate that perpetration of abusive behaviors may be related to difficulties in effective parenting. For example, studies have pointed to a significant association between perpetration of IPV and child maltreatment (Tjaden & Thoennes, 2000) as well as negative parenting behaviors, including lack of warmth and rejection of children (Anderson & Cramer-Benjamin, 1999; Stover, Easton, & McMahon, 2013). Holden and Ritchie (1991) found that abused mothers, compared to nonabused mothers, reported male batterers as having decreased participation in childrearing, greater frequency of physical punishment, fewer demonstrations of affection, and more power-assertive responses toward the child. Additionally, male batterers may serve as role models for children who then can learn through observation that IPV is an acceptable behavior in family relationships (Jaffe, Johnston, Crooks, & Bala, 2008).

The previous sections highlight the importance of detecting and accounting for IPV in child custody disputes by reviewing the link between IPV and its effects on children and on the parenting of both parties. Yet, as discussed next, not all IPV is the same, requiring consideration of differing patterns of violence and abuse.

INTIMATE PARTNER VIOLENCE TYPOLOGIES

Once IPV has been alleged in a child custody dispute, it may be challenging for evaluators, judges, and other legal professionals to determine appropriate and safe parenting plans without an understanding of the varying patterns of violence and abuse between parties. A number of conceptual frameworks exist to facilitate understanding of partner dynamics and the severity, type, and frequency of abuse between parties.

Early typologies exclusively focused on male perpetrators of violence, in an attempt to understand how psychopathology and other individual characteristics, such as impulsivity, social skills deficits, and genetic influences, may be used to distinguish among batterers and predict future abuse patterns. Holtzworth-Munroe and Stuart (1994) proposed a widely used male batterer typology consisting of three subtypes. Batterers in the family-only category perpetrate the lowest levels of marital violence, criminal behavior, and violence in contexts outside of the home, and on many psychological measures, they do not differ from nonviolent men. Batterers in the borderline-dysphoric category demonstrate psychological distress and engage in moderate to severe violence with perpetration being primarily directed toward the wife; issues of dependency and jealousy, and concerns about abandonment by their partner are considered important in understanding this group’s violence. The third subgroup, generally violent-antisocial batterers, engage in moderate to severe forms of relationship violence as well as high levels of criminal behavior and extra-familial aggression; this group shares many characteristics (e.g., deviant peers, impulsivity, lack of social skills) with other antisocial groups.
Studies provide empirical support for these subgroups (e.g., Holtzworth-Munroe, Meehan, Herron, Rehman, & Stuart, 2000, 2003). Importantly, research has shown that the behavior of men in the various batterer subtypes continued to differ over a 3-year follow-up; most of the severely violent men continued to engage in IPV, while approximately half of the family-only men desisted from violence (Holtzworth-Munroe et al., 2003).

Others have considered differing violence typologies at the level of the couple or both partners. Johnson’s (1995) typology is the best known example of this approach. He argued for a major distinction between controlling forms of abuse, in what he termed coercive controlling violence (formerly referred to as intimate terrorism or patriarchal terrorism) versus situational couple violence (initially referred to as common couple violence). Coercive controlling violence is usually characterized by a male perpetrator who uses control tactics to manipulate, assert dominance (Kelly & Johnson, 2008), and restrict basic liberties of the other partner (Stark, 2007). Control tactics may include acts of physical or sexual violence, psychological abuse, blaming, economic abuse, use of children, and threats, among others, but not all of these tactics must be present to identify coercive controlling violence (Beck, Anderson, O’Hara, & Benjamin, 2013; Kelly & Johnson, 2008). Situational couple violence is not characterized by a pattern of coercive and controlling behaviors but is aggression that occurs in response to a specific event or situation and may be perpetrated by either, or both, males and females. For example, one or both partners may occasionally engage in violent behaviors as a result of an escalating argument.

Johnson (2006) found empirical support for two other IPV profiles. Violent resistant individuals were violent, but not controlling, usually in response to a violent and controlling partner. Violent resistance is conceptualized as the female victim’s reaction to coercive controlling violence, and perpetration of physical violence is often the result of self-protection from injury, although men may also demonstrate violent resistance (Hines, Brown, & Dunning, 2007). In contrast, mutual violent control is characterized by two violent and controlling partners, although this is likely a rare IPV profile (Kelly & Johnson, 2008).

While various IPV typologies have been proposed, most focus on partners in a relationship rather than on couples who have separated. The need to address child custody disputes involving IPV encouraged development of what is referred to, by Austin and Drozd (2012), as the “new consensus” IPV typology, which can be used specifically with divorcing or separating parents. This conceptual framework was outlined by Kelly and Johnson (2008) and shaped by previous theories and research. It stemmed from an interdisciplinary effort to advance current approaches for handling child custody cases as well as other family services and, in what may be considered a controversial change, moves away from a focus on male-instigated forms of IPV (Austin & Drozd, 2012). This typology is comprised of Johnson’s (2006) four original IPV subtypes (i.e., coercive controlling violence, situational couple violence, violent resistant, and mutual violent control), as described earlier, in addition to a fifth subtype termed separation-instigated violence. Separation-instigated violence reportedly occurs as a result of a separation or divorce or other traumatic events surrounding separation (e.g., discovery of infidelity). The perpetrator engages in unexpected violent behavior despite a history of little prior violence or coercive control. Separation-instigated violence is assumed to be an atypical event.
It is important to note that limited research has empirically tested the Kelly and Johnson (2008) typology (Ansara & Hindin, 2010; Beck, Anderson, et al., 2013; Frye, Manganello, Campbell, Walton-Moss, & Wilt, 2006; Graham-Kevan & Archer, 2003). A recent study by Beck, Anderson, and colleagues (2013) provides only partial support for the typology. In this study, 845 couples ordered to mediation to resolve child-related disputes reported on the other party’s perpetration of IPV. Five IPV patterns emerged, two of which resemble Kelly and Johnson’s (2008) coercive controlling violence and mutually violent control. Note that, as expected, mutually violent control couples constituted only 4% of the sample. Beck, Anderson, et al. (2013) found evidence for three IPV patterns not recognized in the “new consensus” typology, including a lower level coercive controlling violence perpetrated by the male only, a lower level coercive controlling violence perpetrated by the female only, and a mutually low abuse and violence group. However, inconsistent with Kelly and Johnson’s (2008) description of situational couple violence, nearly all individuals in this last subtype reported coercive control or psychological abuse.

The distinction between coercive controlling violence and situational couple violence proves important for child custody disputes as there is evidence that victims of these differing forms of IPV may experience different consequences. Johnson and Leone (2005) found that women experiencing coercive controlling violence, compared to women experiencing situational couple violence, reported more attacks, injuries, symptoms of PTSD, days missed from work, and a more persistent pattern of violence. Campbell and colleagues (2003) found that when comparing femicide cases to a control group consisting of women reporting nonlethal abuse, there was indication that women who separated from highly controlling partners were at greater risk for being killed by their partners. Given these findings, it is likely that children with parents reporting coercive controlling violence may require different custody and visitation arrangements to protect safety of the family than children with parents reporting situational violence.

Researchers and scholars in the field of domestic violence have encouraged the utilization of IPV typologies in child custody cases as a way to produce custody evaluations and decisions that are safer for children and victims and more conducive to better parent–child relationships. However, there is a lack of research examining which parenting arrangements are less risky and most beneficial according to each subtype of violence within any of the typology models (Hardesty et al., 2012). Given this lack of data, caution is recommended when using IPV typologies. These profiles should be viewed as guidelines for purposes of facilitating understanding of abusive behavioral patterns between the parties. Not all cases will fit neatly into a subtype. It is also possible that important IPV subtypes may still be uncovered (e.g., Austin & Drozd, 2012, propose two additional categories—substance abuse associated violence and major mental disorder associated violence). Despite these concerns, family court practitioners should not dismiss the descriptive value of using IPV typologies in their work (Austin & Drozd, 2012).

ASSESSMENT OF INTIMATE PARTNER VIOLENCE

To consider the relevance of IPV in child custody disputes, it is critical to assess parties for the presence of past and current IPV and ongoing safety concerns.
There is consensus among many scholars that screening for IPV using a specialized instrument or protocol is an imperative initial step and should be conducted routinely in all child custody disputes (e.g., Austin & Drozd, 2012; Ellis & Stuckless, 2006; Ver Steegh & Dalton, 2008). Custody decisions may not include the appropriate protections if patterns of violence or abuse have not been uncovered and considered. Unfortunately, many custody evaluations are developed in absence of an IPV screening procedure (Bow & Boxer, 2003). It is possible that this is a result of practitioners receiving little information about conducting assessments, interpreting results (Frederick, 2008), and deciding which tools to use. Saunders et al. (2011) found that in a sample of 1,108 custody evaluators, judges, attorneys, and domestic violence program workers, areas of least knowledge included an understanding of postseparation violence, screening for IPV, and risk assessment. Some practitioners may ask IPV-related questions in their proceedings. However, it is important to consider whether such questions are part of a systematic, evidence-based, and standardized screening instrument. Conclusions drawn from impressionistic evaluations and gut feelings are highly unreliable (Grove, Zald, Lebow, Snitz, & Nelson, 2000). Indeed, a meta-analysis of 136 studies indicated a general superiority of mechanical predictions over clinical judgment across various fields (e.g., mental health, medicine, education) and regardless of experience in the field (Grove et al., 2000). Within social work, studies provide evidence that statistically driven conclusions outperform clinical judgment of human services professionals when assessing for risk of child maltreatment (Shlonsky & Saini, 2008). Thus, we next present information about the assessment of past and current IPV, offering examples of recommended IPV assessment tools and protocols. We follow by providing information on risk assessment of IPV, used to predict the risk of future violence and abuse.

Intimate Partner Violence Assessment

When conducting assessment of IPV, the most thorough assessment includes questions about physical violence and other forms of abuse, such as psychological abuse, sexual violence, threats of violence, and coercive control, among others. Pence, Davis, Beardslee, and Gamache (2012) conducted a text analysis of 18 custody evaluations involving IPV and found that reports tended to focus exclusively on physical violence while disregarding other forms of abuse. Concentrating on physical violence alone may not give an accurate portrayal of a victim’s distress, risk of danger, and level of conflict. Indeed, Beck and Raghavan (2010) found that in a mediation sample of 976 women, focusing exclusively on physical violence disregarded 452 women who reported moderate to high levels of coercive control, but no physical abuse, from the other party. Compared to physical abuse, there was a greater pattern of co-occurrence between coercive control and severe relationship distress factors (i.e., physically forced sex, threats to life, escalated physical violence) (Beck & Raghavan, 2010). Thus, assessing for controlling behaviors is particularly critical for gathering a more accurate account of the abuse between parties.

IPV assessments should also be behaviorally specific, ideally using standardized measures that list various violent behaviors as well as other behaviors related to IPV, including fear, injury, and use of weapons. Studies indicate that IPV assessment tools comprised of behaviorally specific questions (i.e., Has the other partner...
hit, kicked, or slapped you?) uncover more information than general, less-specific questions (e.g., Has there been violence in the relationship?) (Aldarondo & Straus, 1994; Hamberger, Saunders, & Hovey, 1992; Rossi et al., 2015b), even when these general questions are coupled with an investigation of official records (Ballard, Holtzworth-Munroe, Applegate, & Beck, 2011).

It is important to learn about the severity, frequency, and timeframe of IPV behaviors. Questions about how often such behaviors have occurred and any changes over time are critical. Violent and abusive behaviors that occurred in the distant past may be less relevant than those occurring within the past year for child custody decisions. However, IPV that occurred in the past should not be dismissed as such incidents may reveal an existing and chronic pattern of control and abuse and may still affect patterns of interactions between the parties. Escalation over time can signal increasing risk for further violence, including lethal violence.

Professionals responsible for formulating custody decisions should consider when to assess for IPV. Austin and Drozd (2013) recommend that every case be screened for IPV, not just cases with direct evidence (e.g., protective orders) or existing allegations. It may be the case that a victim is reluctant to report on IPV victimization until asked about it or chooses to not disclose as a result of fear, intimidation, or safety concerns (Davis, Frederick, & Ver Steegh, 2015). Evaluators, judges, and other legal professionals should ask specific questions that probe for IPV instead of waiting for victims to report this information. As IPV can fluctuate or escalate over time, Davis et al. (2015) suggest that IPV screening should be conducted periodically during involvement with a case in order to capture potential fluctuations in behavior.

Few IPV screening tools are specifically written for use in child custody evaluations. Davis, Frederick, and Ver Steegh (2015) designed an Initial Domestic Abuse Screening Guide and a Domestic Abuse Interview Guide that may be used in child custody cases. The screen and interview guide consist of behaviorally specific items that help identify IPV, including coercive controlling behaviors. These instruments, however, have not been empirically tested for their reliability and validity, though their development was informed by previous research findings.

Other IPV assessment tools were developed specifically for the divorce mediation context and may potentially be adapted for use in child custody evaluations. The Mediator’s Assessment of Safety issues and Concerns (MASIC; Holtzworth-Munroe, Beck, & Applegate, 2010; Pokman et al., 2014) and the Relationship Behavior Rating Scale-Revised (RBRS-R; Beck, Menke, & Figueredo, 2013) are examples of two behaviorally specific IPV measures comprised of items that address various forms of violence and abuse. Both measures have initial empirical support demonstrating their reliability and validity. Examining the MASIC, Pokman et al. (2014) found evidence for six subscales including psychological abuse, coercive control, physical violence, threats of severe violence, stalking, and sexual violence. As evidence for the MASIC’s validity, results demonstrated that, consistent with previous literature, females reported more sexual violence and fear compared to men, reports of IPV victimization significantly predicted reports of fear and injury, and the protective orders/no contact orders and IPV-related criminal charges issued against a party were associated with reports of IPV. Beck et al. (2013) found empirical support for the RBRS-R using Item Response Theory analyses and comparing this instrument to the Revised Conflict Tactics Scale
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(CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996), a well-known and validated measure of IPV used in other nonlegal contexts (e.g., psychological research, counseling). Results of this study indicated that total scores on the RBRS-R and CTS2 were highly correlated, suggesting that the measures are assessing similar constructs. There was also evidence that the RBRS-R assesses for a general factor of IPV and four subfactors of IPV (i.e., psychological abuse, sexual abuse and violence, physical abuse, and physical injury).

A third measure for mediators, the Domestic Violence Evaluation (DOVE; Ellis, 2005), consists of less specific items about multiple types of IPV (e.g., How often were you physically assaulted by your partner?) but also assesses predictors of male IPV perpetration against female victims after separation (e.g., substance abuse). Ellis and Stuckless (2006) found preliminary evidence for the reliability and validity of the DOVE. When examining a sample of 147 male and female partners referred to divorce mediation, results demonstrated rates of IPV and predictors of postseparation violence that are similar to those reported in other studies.

A common concern among family court practitioners when using self-report IPV assessment tools is whether parties are reporting truthful information. In the legal realm, false allegations of violence or abuse may be used to gain advantage in custody determinations. Although there is little empirical support for the increased likelihood of false IPV allegations in custody disputes (Jaffe et al., 2008), Dutton, Hamel, and Aaronson (2010) suggest that to minimize the possibility of fabricated reports, information about IPV should be gathered from multiple sources rather than just relying on self-reported data. For example, information regarding injury documentation or emergency calls to the police as well as reports from eyewitnesses, family members, and friends may assist in corroborating IPV allegations.

Risk Assessment

It is also important to assess for future risk of IPV in child custody disputes. There is evidence that, in 2010, the rate of IPV victimization for separated women was 30 times greater (59.6 victimizations per 1,000 females) than the rate of IPV victimization for married women (2 victimizations per 1,000 females) (Catalano, 2012). Families with significant risk for future violence and abuse may need specialized parenting arrangements that protect the safety and well-being of children and victims. To conduct a risk assessment, evaluators should search for evidence of factors that have been empirically shown to be correlated with continued violence. For example, studies have indicated that the following risk factors demonstrate some predictive value: past physical violence, substance abuse, and presence of a mental disorder (e.g., Monohan et al., 2001; Campbell et al., 2003; Ehrensaft, Cohen, & Johnson, 2006). In addition, Austin and Drozd (2013) suggest that practitioners conducting risk assessments should gather information from each party about childhood experiences that have been linked with later adult perpetration of IPV, such as exposure of the parent to their own parents’ IPV or harsh parenting during child years and conduct problems in adolescence and childhood (Austin & Drozd, 2013; Magdol, Moffitt, Caspi, & Silva, 1998). Austin and Drozd (2013) also recommend consideration of threat factors, such as threats of harm or suicide, access to weapons, and stalking.
When concerning patterns of violence and abuse have been identified, evaluators are encouraged to assess for risk of spousal homicide (Austin & Drozd, 2013), especially given evidence that risk of femicide increases post separation or divorce (Campbell et al., 2003). The Danger Assessment (Campbell, 1986) is a well-known and validated instrument used to determine a female victim's likelihood of lethality resulting from IPV. The revised version of this instrument consists of 20 items inquiring about risk factors that have been linked to intimate partner homicide (e.g., increase in the severity and frequency of physical violence within the past year, partner possession of weapons, partner unemployment) (Campbell, Webster, & Glass, 2009). In support of its validity, Campbell et al. (2009) found that when administering this tool to a sample of females who had experienced attempted femicide versus abused controls (i.e., females who had been physically assaulted or threatened with a weapon by an intimate partner within the past two years), attempted femicide cases were much more likely to fall within the extreme danger category of the instrument than abused controls. Despite an important need for conducting risk assessments in custody evaluations, there is a lack of validated instruments specifically designed to evaluate the likelihood of future IPV in this context.

Intimate Partner Violence Assessment Frameworks for Child Custody Cases

Some scholars have formulated more integrated evaluation frameworks to be used to conceptualize IPV when conducting IPV assessments for child custody cases. One example is the “PPP” screening developed by Jaffe et al. (2008). This IPV screening protocol encourages examination of (1) the potency of violence (i.e., severity, dangerousness, and risk of lethality); (2) the pattern of violence and coercive control; and (3) indicators of the primary perpetrator. Such information may be used to determine whether custody restrictions are necessary and whether a parent can provide a safe home environment for the child. A second assessment framework is proposed by Austin and Drozd (2012). It outlines critical assessment categories for gaining a thorough description of past and current IPV, and it focuses on gathering information important for predicting future IPV. Specifically, it includes a Behavioral Grid Approach consisting of 10 behavioral dimensions that should be considered. The 10 dimensions reflect factors, all of which have been described in some form earlier (e.g., exposure of child to violence, substance abuse, level of coercive control), necessary for conducting a thorough and research-informed assessment of IPV and risk. Information from the assessment can then be used to evaluate which parenting plans protect children’s well-being and adjustment. A third example is the Domestic Abuse Planning Guide (two versions exist, one for evaluators and guardians and one for legal professionals and advocates) developed by Davis et al. (2015). In an important addition to the conceptualization of assessment with child custody cases, these authors proposed a framework that examines the impact of IPV on the parenting of abusers and victims and on children’s experiences, including factors such as providing emotional support and economic support, responding to the child’s needs, and using the child as a tool of abuse. It is important to note that none of these assessment frameworks have been empirically
tested; thus, at this time, they serve as suggestions to help frame an assessment approach rather than as validated methods to conduct such assessments.

INTIMATE PARTNER VIOLENCE AND POSTSEPARATION PARENTING PLANS

A critical, albeit difficult, decision for family court practitioners faced with making custody evaluations in cases reporting a history of IPV is determining the parenting arrangement that is in the best interest of a child. Defining the most appropriate parenting plan becomes increasingly complex when considering the potentially significant implications of IPV on children and parents. Thus, Jaffe and colleagues (2008) offer preliminary guidelines on parenting involvement and visitation restrictions most suitable according to level and type of IPV.

Specifically, Jaffe et al. (2008) describe that a parenting arrangement where both parties are actively involved in raising the child, making decisions, jointly solving problems that arise, and working together as parents (i.e., co-parenting) to be most appropriate for separated parents who are able to effectively communicate, can resolve child-related issues, and have a sense of respect and trust for one another. Such co-parenting arrangements are generally not advised for cases with a history of IPV, especially those demonstrating chronic patterns of coercive control (Jaffe et al., 2008). However, a co-parenting arrangement may be considered for low levels of separation-instigated violence or families in which the violence and abuse have ceased to occur and there is substantial evidence of successful parallel parenting (Jaffe et al., 2008).

Parallel parenting reflects an arrangement in which both parents remain involved in the child’s life but are able to do so by establishing a relationship that requires minimal contact with one another to avoid opportunities for conflict. According to Jaffe et al. (2008), parallel parenting may be suitable for families engaging in situational couple violence or separation-instigated violence, victims of abuse where IPV is no longer a threat, and abusers who have demonstrated positive changes in conduct, perhaps as a result of treatment completion.

Parenting arrangements where supervised exchanges are incorporated into the visitation schedule may be recommended to families demonstrating various patterns of violence, including conflict-instigated violence, separation-instigated violence, and violent resistance. Supervised exchanges may also be appropriate for controlling abusers who have demonstrated good progress in changing their abusive behaviors. This arrangement, however, is not advised for families where IPV remains an ongoing threat (Jaffe et al., 2008).

For parents experiencing current or recent IPV, including the presence of controlling behaviors, Jaffe and colleagues (2008) advise supervised access or visitation as a potentially suitable arrangement. Access requires supervision by a responsible third party through the duration of the visit and allows for safe contact with a parent who demonstrates some level of physical or emotional risk to the child. If there is parent refusal to abide by provisions demanding supervised contact, threats of serious injury (e.g., homicide), or continued child distress as a result of visitation, suspended contact may be necessary. Supervised access is often perceived as a temporary or transition phase, and more permanent custody solutions (e.g.,
termination of supervision or access) are based on changes demonstrated by the batterer and in child adjustment during this time period. Thus, it may be necessary to require counseling or additional interventions throughout the duration of supervised access to help batterers achieve good behavioral progress. In some cases where a parent has chronic mental health problems or intervention is ineffective, supervised access may be needed as a long-standing arrangement.

It should be noted that such recommendations are simply a set of guidelines derived from theory and clinical observations (Jaffe et al., 2008) but not yet tested. Further research is needed to determine whether these parenting plan guidelines do indeed protect the safety of children and maximize their well-being post separation. There is preliminary evidence that supervised exchange and visitation programs help provide a sense of safety to victims of IPV (Saunders, 2009). Despite some empirical studies, at this time, there is a lack of research examining which parenting plans best protect the safety and well-being of children who have been exposed to IPV.

SUMMARY AND IMPLICATIONS

Recommendations for Custody Evaluators

The importance of providing litigating parents who report a history of IPV with appropriate parenting plans that protect the safety and well-being of children and victims has encouraged researchers to place custody evaluations under scrutiny. Studies have pointed to a number of factors that may negatively impact the quality of evaluations. One contributing factor is the limited use of systematic approaches and assessment tools when screening for IPV. Bow and Boxer (2003) conducted a study in which they surveyed 115 custody evaluators from 33 states in the United States. The survey information indicated that although the majority of custody evaluators (over 95%) had some level of instruction on IPV, less than one third reported using a specialized instrument or conceptualization model when assessing for IPV.

A second issue of concern is the finding that even when IPV is detected among parties in a custody dispute, it is frequently ignored by custody evaluators when they are formulating custody recommendations. Logan, Walker, Jordan, and Horvath (2002) conducted a content analysis of 82 child custody cases in a Kentucky jurisdiction and found evidence that there were no significant differences in the evaluation process or custody and visitation recommendations of cases with indications of IPV compared to cases with no indications of IPV. Another study documented the experiences of 39 battered women and demonstrated that in 21 of the cases examined, physical custody had been granted or recommended to the male perpetrator (Silverman, Mesh, Cuthbert, Slote, & Bancroft, 2004).

A third factor potentially impacting the quality of custody evaluations is the finding that custody evaluators’ beliefs regarding IPV can influence their judgment of the credibility of IPV allegations and their recommendations (Hardesty et al., 2015; Saunders et al., 2011). Incorrect beliefs, such as the belief that IPV is not a critical factor in custody decisions, can lead custody evaluators to minimize the seriousness of IPV and its potential danger when parenting plans lack
appropriate safety restrictions (Hardesty et al., 2015; Jaffe, Lemon, & Poisson, 2003; Saunders et al., 2011). Using a vignette design that manipulated key variables (i.e., severity and type of violence, indication of IPV, counterallegation to IPV, mother’s demeanor), Hardesty and colleagues (2015) found that custody evaluators’ recommendations and belief in the credibility of the mother’s allegations were largely determined by the mother’s demeanor. Specifically, hostile mothers were less likely to receive physical custody recommendations and were deemed to be less credible in their IPV allegations. Moreover, mothers, regardless of demeanor, were judged to be more credible when indicating minor, as opposed to severe, and conflict-based, as opposed to control-based, IPV. There was also evidence in the Hardesty et al. (2015) study, as well as in Hans, Hardesty, Haselschwerdt, and Frey (2014), that visitation restrictions (e.g., supervised visitation or exchanges) were rarely recommended (7%) despite indications of IPV. Such findings suggest potential limitations in custody evaluators’ understanding of IPV. Particularly, they are suggestive of a lack of information regarding the negative consequences associated with coercive controlling violence, the effects of IPV on victims (e.g., mothers may appear hostile as a result of trauma experienced from IPV; Saunders et al., 2011), the rates of false IPV allegations among mothers and fathers (i.e., mothers are more likely than fathers to have substantiated IPV allegations; Davis, O’Sullivan, Susser, & Fields, 2010), and the increased risk of IPV engendered by unprotected parenting plans.

It is imperative to address the shortcomings in evaluations of custody disputes involving IPV allegations due to their influence on final case outcomes. Although custody determinations are not entirely contingent on recommendations proposed by custody evaluators, there is evidence of significant overlap between recommendations and court-ordered parenting plans (Davis et al., 2010). Thus, we here outline recommendations for custody evaluators provided in the literature. To improve the quality of custody evaluations in cases involving IPV, we encourage custody evaluators to accomplish the following:

- Seek training to increase knowledge of research on IPV and the impact of IPV on children, victims, and parenting capacity. Seek training on how to conduct IPV assessments and identify patterns of violent and abusive behaviors (Davis et al., 2010; Pence et al., 2012; Saunders et al., 2011). Studies have provided evidence that evaluations conducted by custody evaluators with greater knowledge of IPV were associated with increased safety restrictions in parenting arrangements (Davis et al., 2010; Saunders et al., 2011).
- Incorporate the use of IPV assessment tools, protocols, and conceptualization frameworks as part of standard practice in all custody evaluations to allow for comprehensive and informed evaluations that more appropriately address IPV (Pence et al., 2012).
- Integrate and consider all information gathered when making custody recommendations. It must be clear why and how specific recommendations were made in a custody dispute.
- Seek education about potential biases and erroneous beliefs pertaining to IPV, specifically regarding mother’s demeanor, false IPV allegations, and coercive controlling violence (Hardesty et al., 2015; Saunders et al., 2011).
Recommendations for Judges

In child custody cases with indications of IPV, judges are confronted with the challenging task of formulating parenting plans that protect safety, minimize risk, and provide positive outcomes for children. Such decisions are made more difficult given a lack of time and resources, limited availability to relevant information, and a frequent need to determine the credibility of IPV allegations. In this section, we offer recommendations aimed at assisting judges in developing informed parenting plans. The National Council of Juvenile and Family Court Judges (NCJFCJ) developed a judicial guide to assist judges in handling custody cases with IPV (Dalton, Drozd, & Wong, 2006). Judges are encouraged to do the following:

- Conduct their own assessments of IPV to form independent conclusions about the presence of a history of IPV. A study by Davis et al. (2010) indicated that custody evaluations have a significant influence on case outcomes, showing a 75% agreement rate between parenting plans recommended within custody evaluations and parent plans imposed by the court. Given evidence that custody evaluations may fail to identify (Kernic et al., 2005) or may ignore indications of IPV (Logan et al., 2002) and other important sources of information (Pence et al., 2012), judges should refrain from relying entirely on custody evaluations.

- Provide clear instructions to custody evaluators addressing the purpose and scope of the evaluations they are to conduct and the tasks or functions they are to perform (Davis et al., 2010; Pence et al., 2012). Without proper instructions, evaluators may provide custody and visitation recommendations when such determinations have not been requested by the court or conduct testing that may not be warranted (Davis et al., 2010; Pence et al., 2012). In a text analysis of 18 IPV-related custody evaluations, Pence and colleagues (2012) found that psychological testing was inappropriately used in some instances and incorrectly interpreted in others. Courts should adopt a protocol in which they specify when psychological testing may be necessary (e.g., evidence of severe and chronic patterns of IPV, significant child exposure to IPV, reports of mental distress) for custody decisions (Pence et al., 2012).

- Set standards or provide a framework to custody evaluators so that reports may be streamlined. A standard format will provide consistency and encourage evaluators to consider necessary information in IPV cases. Studies found considerable variation in the information considered by custody evaluators in IPV cases (e.g., Davis et al., 2010).

- Increase judicial scrutiny of the conclusions drawn in child custody evaluations by utilizing an existing IPV assessment framework (Austin & Drozd, 2013). The application of IPV frameworks will allow judges to determine whether critical information has been considered. Judges should seek familiarity with current IPV assessment tools and with existing and developing IPV research (Davis et al., 2010; Saunders et al., 2011).
There is converging evidence that over 50% of family mediation cases involve IPV (e.g., Ballard et al., 2011; Beck, Walsh, Mechanic, Figueredo & Chen, 2011; Beck et al., 2009; Tishler, Bartholomae, Katz, & Landry-Meyer, 2004). Yet there is debate regarding whether couples reporting IPV should be given the option of trying to settle family-related issues using mediation (Kelly & Johnson, 2008). Traditional joint mediation (both parties sit in the same room to negotiate on issues) may increase the risk of physical harm toward the victim due to both parties being in the same location or if the process or agreements made in mediation anger the perpetrator (Dalton, 1999; Milne, 2004). Joint mediation may also provide perpetrators with the opportunity to use coercion tactics to gain advantage in making family arrangements that do not adequately protect the victims’ needs and interests (Fischer, Vidmar, & Ellis, 1993; Tishler et al., 2004). Agreements that do not decrease opportunities for continued IPV victimization can put victims and their children at increased risk of danger, and often mediation agreements reached by parties reporting IPV are not found to differ much from those reached in non-violent cases (Beck et al., 2009; Rossi, Holtzworth-Munroe, & Applegate, 2015a).

On the other hand, when mediation is effective, it gives parties the ability to self-determine family-related issues (Folberg, Milne, & Salem, 2004). This concept may be useful for cases with a history of IPV as victims would be provided with opportunities to voice ideas regarding which parenting plans are best for the family (Emery, 2011). Mediation is presumed to offer several benefits over litigation, including reduced costs and greater efficiency of process (Adkins, 2010; Edwards, Baron, & Ferrick, 2008). A study comparing mediation to traditional adversarial litigation indicated that mediation helped decrease conflict between parties, but this study excluded cases with a history of IPV (Emery, Laumann-Billings, Waldron, Sbarra, & Dillon, 2001).

Proponents of mediation have offered various recommendations for protecting victims in mediation, such as conducting shuttle or videoconferencing mediation, employing staggered party arrivals and departures, and installing metal detectors (Milne, 2004; Pearson, 1997). However, whether these procedural accommodations and modified versions of mediation indeed provide safer alternatives for custody cases with IPV than traditional adversarial litigation is yet to be examined.² In fact, there is also no empirical evidence indicating whether use of the court, versus mediation, to resolve separation issues provides benefits for victims and children exposed to IPV. Instead, as highlighted in the earlier sections, studies demonstrate that the system can fail to impose parenting plans that manage IPV risk in custody disputes (Bow & Boxer, 2003; Kernic et al., 2005). Until scientific research can shed light on the best options for divorcing or separating parents reporting IPV, mediators continue to face the difficult task of determining how to handle such cases. We provide some suggestions by encouraging mediations to do the following:

- It is best practice to conduct screenings for IPV in all custody evaluations. Conduct assessment of current and past IPV using specialized screening tools designed for the mediation setting (e.g., MASIC, RBRS-R, DOVE).
Research has shown that the utilization of standardized and behaviorally specific instruments in the mediation context increases detection of cases reporting IPV (Ballard et al., 2011; Rossi et al., 2015b).

- Determine whether a case is appropriate for mediation based on information gathered in the IPV assessment. Davis et al. (2015) developed a readiness for mediation assessment guide to determine whether parents reporting IPV have the capacity to successfully mediate about custody/visitation issues. Alternatives to mediation may need to be considered when there are indications of fear, injury, and severe emotional abuse (Kelly & Johnson, 2008).
- If a case is deemed suitable for mediation, decide on any potentially appropriate procedural accommodations (e.g., shuttle mediation, staggered arrival/departure) to protect the victim.
- Seek IPV training that covers topics such as IPV assessment, IPV typologies, the impact of IPV on families, conceptually appropriate parenting plans, conducting modified versions of mediation, and managing conflict and coercive controlling behaviors during mediation (Kelly & Johnson, 2008). Studies have indicated that many families reporting IPV agree to family arrangements in mediation that lack specific safety protections that some experts have recommended for such cases (Putz, Ballard, Arany, Applegate, & Holtzworth-Munroe, 2012; Rossi et al., 2015a). Thus, mediators should be especially attentive to the parties formulating unsafe parenting plans and knowledgeable regarding how to approach such situations.

**General Guidelines for All Family Court Practitioners**

- Custody and visitation arrangements should be based on information gathered using specialized and detailed IPV assessment tools and an assessment protocol or framework.
- Custody decisions should take into consideration the scientific research regarding the implications of IPV on children and parenting capacity.
- The appropriateness of custody and visitation determinations may be dependent on the pattern of violence and abuse between parents.

While family court practitioners seek to protect the needs and best interests of children in custody disputes, research has pointed to potential limitations in the ability to achieve this goal for families with a history of IPV without future changes based on theory and research. Existing research provides some indications for how to most appropriately handle such cases, though much additional study is needed. This chapter was designed to provide assistance to those faced with this difficult task as well as to highlight important gaps in the literature. Despite the fact that there is still significant room for improvement in the management of IPV cases disputing custody issues, the field has made advances in recognizing the need for a differentiated and cautious approach with there being a need for screening of IPV to be done in all child custody cases.
NOTES

1. Other jurisdictions (e.g., Canada, United Kingdom) have moved in a similar direction by creating policies or laws that recognize the negative impact of IPV on children’s welfare and allow for child protection intervention (Black, 2009).

2. Two of the authors (Rossi; Holtzworth-Munroe), along with their colleagues, are currently conducting a randomized controlled trial in which parties considered inappropriate for joint family mediation due to high levels of IPV are randomly assigned to settle family-related disputes either through shuttle mediation, videoconferencing mediation, or traditional court-based litigation (Holtzworth-Munroe, Beck, Applegate, Hale, & Adams, 2014). This study is funded by the National Institute of Justice Award 2013-VA-CX-0044.

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