

## Therapy with Clients Accused of Domestic Violence in Disputed Child Custody Cases

Prepublication, unedited version of chapter from J. Hamel & T. Nicholls (Eds.) *Family Approaches to Domestic Violence: A Guide to Gender-Inclusive Research and Treatment*, published by Springer Publishing, 2006.

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Within the family court system, there appears to have been an increase in the number of domestic violence allegations by one parent toward the other. Several factors may be contributing to this phenomenon, the most significant of which is the paradigm shift from the “tender years” doctrine (children should spend more significant time with the ‘nurturing’ mother), toward the “best interests of the child” standard (children benefit most from full inclusion of both parents in their lives). Mothers can no longer assume that the father’s custody time will be limited to occasional visits, or every other weekend. Because of legislation in most states limiting a parent’s custodial time in cases when there is a history of domestic violence (Jaffe & Geffner, 1998), litigants of both genders are motivated to employ more aggressive strategies in pursuit of custody.

While it is encouraging that gender is playing less of a role in custody decisions, this also encourages both parties to fight harder for their perceived custody rights. These court battles are often referred to qualified custody evaluators that employ a complex system of clinical interview, psych evaluations, and collateral interviews (Austin, 2001; Gould, 1998). In the initial interviews parties are often asked about their perceptions of the other parent and their parenting skills, time spent with the children and other factors that could affect percentage of custody granted. Three major conditions that can affect a parent’s custody share in these cases are mental instability, substance abuse, and family abuse (intimate partner as well as child abuse or neglect). There are many methods available to assess for mental instability and drug use, however, family abuse accusations are much harder to assess for and often get caught up in ‘he said/she said’ allegations.

The family court mediator is often the first to grapple with such accusations. Because of the prevailing patriarchal research paradigm (Dutton, 2005), most of the domestic violence training these mediators receive, whether from the local women’s shelter or someone who has worked with DV victims, tends to focus on women as victims, and minimizes their role as perpetrators. The abuse that shelter workers and victim advocates see is quite real and frightening; however, it cannot be extrapolated to the general population. It is understandable; given this that many family court mediators react by limiting time with the accused for the safety of the children. This leaves the accused the burden of proof to clear him/her of the accusations. Unfortunately, once the accusation is made, true or not, a cloud of suspicion remains throughout the whole process. As I heard one judge say “where there is smoke, there is fire.” Knowing this, many litigants are tempted to produce some smoke to create the illusion of fire. Mediators and judges usually do not have the resources to fully investigate the accusations, and consequently choose to “err on the side of the children’s safety.” Given the above, it is easy to see how parents in child custody disputes might be motivated to exaggerate or minimize the abuse history.

When interviewing a client for a domestic violence group or co-parenting mediation, I often hear such statements as: “I have never had problems like this with anyone else, ever in my life.” Because of the particular dynamics involved, such as the pairing of individuals with highly incompatible attachment styles (Roberts & Noller, 1998), the conflict in one relationship may more readily escalate, and abuse may be limited to that couple. In addition, it can be difficult for mediators and judges to separate a parent’s difficulty in managing conflict with their spouse from their ability to adequately parent away from the couple dyad. So this begs the question of “does couple conflict or violence necessarily indicate a reduced ability to adequately parent?” In most states, the current assumption is that it does. The problem is that domestic abuse is more complex than that. In high conflict families partner abuse may or may not be accompanied by child abuse, and physical assaults may be perpetrated by a number of family members, including the children (Davies, this volume; Potter-Efron, 2005). As mental health clinicians, we must be prepared to work with a variety of situations – those involving unfounded allegations; those involving exaggerated but somewhat substantiated allegations; and those in which there is serious violence which threatens the physical and emotional well-being of parents and children.

### One Size Doesn’t Fit All

It is important to get away from the ‘one size fits all’ type of categorization of an accused perpetrator. As discussed elsewhere in this book (e.g., Dutton, this volume), the notion that all male perpetrators commit their crime because of a learned patriarchal sense of entitlement has not been supported by research. Rather, we are more likely to better treat this problem by looking at it honestly and openly, without the prejudice that comes from political dogma. There are different types and reasons for domestic abuse, which may be broken down broadly according to the following categories:

- **Psychopathology**

Includes Anti-social, Borderline, Narcissistic and Histrionic personality disorders, as well as Bipolar and other mood disorders. Causes of violence are often due to a person’s inability to regulate personal emotional states. Although these make up a smaller percentage of overall domestic abuse cases, they usually involve the most violence, so these are the ones that become newsworthy. Without proper training in assessment and differential diagnosis of family violence, family court professionals may mistakenly assume that such highly-visible cases are more representative than they actually are.

- **Substance abuse**

Substance abuse is involved in a large number of domestic violence cases. Many arguing for the “patriarchy is the cause’ approach state that the violence would occur whether or not the man was under the influence because he thinks he has a right to engage in this behavior. While few would disagree with the idea that one should be held accountable for one’s actions, even under the influence of mind altering substances, anyone who has had a substance abuse problem will tell you that they have done things under the influence that they would never have done sober. To not include substance abuse as a possible contributing factor in domestic abuse is irresponsible and potentially contributes to further abuse (Potter-Efron, this volume).

- **Ongoing couple conflict**

Couples conflict is not necessarily pathological; in the absence of abuse and contempt, it may be of relatively minor concern (Gottman, 1999). The danger, of course, is that it may quickly escalate, and many couples have difficulty in breaking free from their conflict dynamics. One couple told me they kept a spare supply of telephones and bedroom doors in the garage because either of them would break one on the average of once a week. Both had acknowledged being equally responsible for the ongoing violence.

- Situational abuse

Abuse may happen only once, or may have been a rare event throughout the course of a relationship. A major study by Johnston and Campbell (1993) found that in nearly half of the cases of disputed child custody involving domestic violence, there had been little or no violence prior to the separation. It is not rare to hear in a batterer's treatment group intake that before the violent incident the primary wage earner was unemployed. The stress this puts on a relationship cannot be overstated. Often the men feel very vulnerable. As the stress builds many of these men react uncharacteristically to the continued pleas of their partner's to "just find something to bring in some money." These men come to group shocked at what they had done, and very committed to learning how to not do it again. Other one time situations include discovery of infidelity, discovery of economic dishonesty (hiding purchases, clearing credit only to have a spouse go on spending sprees, lending money they don't have to relatives, etc). One client had refinanced their home twice due to his wife's shopaholic spending sprees only to discover a secret visa account, his signature forged, with a \$30,000 balance.

There are a number of treatment options for child custody cases involving allegations of domestic violence. Among the most relevant of these options are the following:

#### **BATTERER INTERVENTION PROGRAM**

When one parent has a history of perpetrating high levels of physical and emotional abuse, as well as controlling behaviors, or when that parent has engaged in lesser levels of such abuse but either justifies, minimizes or denies that abuse, a batterer intervention treatment group would be the treatment modality of choice.

#### **ANGER MANAGEMENT GROUPS/CLASSES**

When it is clear that one or both parties have been having difficulty managing their emotions, especially their anger, but their aggression has been limited to verbal abuse and infrequent displays of lower level violence, an anger management class is a reasonable referral. Anger management classes, typically of shorter duration than batterer intervention groups, can help individuals learn tools for better managing as well as expressing their anger in appropriate ways. These classes can also help with learning positive assertiveness skills.

#### **HIGH CONFLICT/FAMILY VIOLENCE PARENT GROUPS**

When the children have been the victims of abuse, as a result of having observed interparental violence or as a result of having been directly abused, there are parenting groups modeled on the batterer treatment programs that address the treatment needs of the parents (see Pratt & Chapman, this volume).

#### **THERAPEUTIC SUPERVISED VISITATION**

When accusations of abuse or questionable parenting practices have been made, or indeed have occurred, an initial step toward normal parental visits may be Therapeutic Supervised Visitation. The parent in question meets with the children and therapist for an initial ½ hour where the visit, where to go, what to eat, boundaries, and acceptable behavior are discussed. They then leave for a 3-4 hour visit to a public place (dinner and a movie, the beach, a picnic at the park). The parent brings back the children to meet with the therapist, who meets first with the children alone to assess for any improper behavior, and to document the children's comments, positive or critical, immediately after the visit. This can help to protect both the children and the parent who may fear that false accusations will be made after the visit.

When there has been a history of abuse and the children and parent need help in healing the relationship breach, the therapist can help coach the parent and children to be proactive in having a good and productive visit, as well as help deal with any issues that may have arisen during the visit. These supervised visits may, in time, be a bridge to short-term or ongoing family therapy sessions, in which lingering issues can be more thoroughly addressed.

### CO-PARENTING MEDIATION

It should not be surprising that a great deal of couple conflict, even violence, occurs during the process of divorce. The parties often continue to participate by the rules of the past relationship. Abuse, as well as accusations of abuse, can occur as a result of ongoing power struggles, when parents refuse to consider each others' views on how to raise the children and/or actively seek to undermine each others' parental role through sabotaging and alienating behaviors. Co-parenting mediation can help the parties establish a new relationship as co-parents, rather than divorce litigants. Unlike conjoint counseling for intact couples, the therapist must maintain rigid limits on what is discussed, and the parties are discouraged from rehashing old issues and resentments. With a focus on what is in the best interests of the children, both parties are encouraged to acknowledge one another's strengths, and are helped figure out how cooperate and compromise, so that the children can get the most from each parent.

### FAMILY THERAPY

The types and uses of family therapy can be quite varied and structured to fit the situation. Where there is general conflict and the children feel caught in the middle, the whole family can be brought in so that everyone has a part in redefining the new family relationship.

There can be many different reasons that children feel alienated from one parent. These can include actual domestic abuse, as well as accusations of abuse where the child feels compelled to defend the 'abused' parent. Other reasons can include children's need to feel part of a family and bonding with the joined parent and new partner to make a 'new family'. Children can often find reasons to alienate from a parent that has actually done little wrong. Also, in cases of infidelity, children see the offending parent as the cause of the family breakup, especially where there have been incidences of violence around the affair. Family therapy can be useful in helping the children come to terms with their feelings, needs, and relationship with the alienated parent. And where there has been a real history of domestic abuse, family therapy can be an incredibly useful way for the abuser to take responsibility for their behavior, to apologize, and to make amends

In their book "Impasses of Divorce" (1988) Janet Johnston and Linda Campbell describe how friends, family, and others can be influenced to take sides, or as they put it form "tribes" during ongoing custody disputes. Children very often get swept up in this process. This can be

further influenced by one or both parents telling the children how the other is trying to hurt them in court. One 12 year old told me during a family therapy session that she didn't want to talk to her mother because the mother only cared about hurting her father in court. The father in question refused to allow either child to see their mother more than 4 hours per week even though a court mediator recommended weekends. Court was the mother's only option.

Family therapy can help the family members focus on the parent child relationship rather than the court battle. It can also help heal breaches in parent child relationships brought on by the stresses and conflicts inherent in family court conflicts. Typically, the alienated parent and the child in question enter into therapy to clear out misunderstandings, make amends for inappropriate behavior, and learn how to focus on the future changing relationship.

When substance abuse has been identified as a key factor, the substance abuse is usually addressed before other interventions are suggested. It can be very difficult for a client dealing with substance abuse issues to have the insight necessary to take and address the personal responsibility aspects necessary to heal any breaches in the parent child relationship. Once the substance abuse has been addressed and is being monitored, other options can then be considered.

Should mental health be in issue, having played a large part in the abuse, regular individual therapy as well as medication evaluations would be called for. Anxiety disorders, Bi-polar disorders, Depression with anxiety, Obsessive compulsive disorders, Borderline personality disorder, and other mental health related issues can significantly contribute to ongoing as well as single incident abuse. It has not been unusual for a therapist to discover that a client with a history of cyclical emotional and/or violent outbursts has been going through an anxiety build up/explosive release cycle. Again, this does not excuse or minimize the abuse; it just gives therapists a better focus for treatment. Often the disorder has gone undiagnosed most of the perpetrators life and proper treatment can be quite effective in decreasing future re-offenses.

Situational abuse can also be adequately addressed with individual therapy. As stated before the majority of situational perpetrators are quite shocked and remorseful of their behavior. Helping them come to terms with and atoning for their behavior is often quite effective. This population has the lowest rate of re-offense.

When it is clear that the couple has engaged in ongoing mutual combatancy, co-parenting mediation therapy, combined with an anger management treatment group can be very effective. Even though both parties usually attest that they only have anger and abuse issues with the other party, emotional regulation is often an ongoing challenge with these clients. Individual therapy is can also be beneficial for those that show an ongoing history of emotional regulation difficulties.

Each individual has different needs and needs different treatment to best help them to parent their children. This is especially true when allegations of domestic abuse have been made. Assessment for substance abuse, mental stability, emotional stability, parenting attitudes, as well as abuse history, is a vital part of the treatment process. Many mental health professionals have had good training and experience in assessment. However, I am continually bewildered by the many clinicians that lack the level of assessment skills needed to do this kind of work. Learning adequate assessment skills is one of the front line skills needed before engaging in this kind of work.

I often work with clients referred due to accusations of some form of abuse. Reasons for the referral range from helping the client change behaviors that could possibly be interfering with their ability to parent, to helping the client deal with the emotional results of dealing with the

consequences of unfounded accusations. Very often the client has a combination of the two needs.

### Case Examples

#### *Example #1: Bob*

Bob was referred by the custody evaluator and his son's attorney due to emotional outbursts when he felt his wife, Suzanne, was not following court orders or was lying about him to the evaluator, mediator, or judge. Suzanne had been diagnosed by her previous therapist with Borderline Personality Disorder. Suffering from depression, she had made suicide attempts during their marriage. She had tricked Bob into moving to another state to find a home in a more peaceful, rural area. When Bob had relocated expecting her to move with him, Suzanne then notified him the marriage was over and she had moved in with someone else. Bob moved back and insisted on being an equal parent in their 4-year old son's life. The custody battle was on. Unfortunately, the evaluator chose to ignore Suzanne's past hospitalizations, but believed without question her accusations of past emotional and physical abuse by Bob. Bob admitted to having sometimes yelled at her, in response to her own frequent rage outbursts when she would scream and throw things around the house (e.g., dishes, books), but he denied ever hitting her, and Suzanne could not provide any corroborating evidence. The evaluator nevertheless recommended that she have full legal and physical custody due to the alleged abuse. Bob was quite emotionally distraught about this and quite outspoken to the judge, mediator and custody evaluator. Although the wife was ordered to keep him informed of their son's events, health, school progress and so forth, by all accounts she did not do so. Bob would call and email her demanding she follow the court order. She filed a restraining order to get Bob to "stop harassing her".

On one occasion Bob went to a festival at a local park and was soon dancing with some friends and their children. Bob's son walked up and wanted to dance too. Bob was overjoyed to see his son and danced with him. When his son said he had to go because "mommy would be mad" Bob told him he had better go. A short while later as Bob was leaving he saw his ex yelling at their son. Bob walked over and pleaded with her, in front of friends, not to punish their son for dancing with his father. Bob was jailed and denied visitation for violation of the restraining order.

On another occasion Bob went to his son's school, court order in hand saying he had a right to be informed of his son's progress, and asked to talk to his teacher. Bob was informed that his ex had told them not to give the information to him and they refused. Bob did start yelling at the school officials demanding they follow the court order. The police were called and the incident reported to the custody evaluator.

Child's attorney could see that there was a close bond between father and son, but disclosed to me that she was not able to see the things Bob claimed regarding his ex due to Bob's behavior, and she was concerned that if Bob couldn't control himself in the above situations he might not be able to control himself around his son.

Clearly Bob could benefit from learning some effective tools in managing his emotions because at this point Bob was his own worst enemy. He also needed help in learning how to better present that he was being systematically closed out of his son's life to the evaluator as well as child's counsel. Bob was also unclear on the concept of legal process and kept confusing

what he thought was right and just with what the law allowed. For example, being at a parade that he knew his ex and son would be at is considered a violation of a restraining order. Talking to his son when he knew his wife had to be close by was also a violation. Bob was unable to see how his actions could be interpreted as controlling and abusive.

Most of Bob's 'unacceptable' behavior was motivated by his feelings of being underpowered as a father, and the belief, shared by many fathers in this situation, that he must constantly fight for his parental rights. Therapy with Bob was tricky because as he saw it he was not the problem, he didn't need to be 'fixed'. An analogy I have found effective with this population is: "Imagine you are on a football field playing ball. You are constantly getting knocked around and hit. You keep asking the refs to do something about it but they just roll their eyes and tell you to play on. You don't get it! Why isn't everyone playing fair? It's then that someone taps you on the shoulder and tells you 'this is a rugby game'. I then tell them "You need to learn the rules of this game, not the one you thought you were playing." Learning new rules can be empowering. Learning how the system works and doesn't work can help clients settle down and become less emotionally wounded when something doesn't go their way.

Bob felt that every legal decision that went against him was a condemnation of his parenting. It was important to help him see that the recommendations of the Parenting Coordinator (special master in some states) were based mainly on the court order not on his 'rational' reasoning. This helped him to reorganize his approach to working toward co-parenting and the legal conflict. Bob also needed to understand that others saw him as "taking up a lot of space". In other words his physical size and demeanor alone, was often intimidating to others regardless of his intent. He learned to alter and rephrase his requests in a less intimidating way, and over time found the 'referees' listening to him more. His ex continued to use the abuse issue to avoid revisiting the custody arrangement. While this continued to frustrate Bob, he found some empowerment in focusing a lot of his energy of being the best father he could during his every other weekend with his son. Bob also started to refocus his off parenting time on his personal life. He quickly realized that while the custody issue was very frustrating, he was quite empowered in other areas of his life, both professionally and personally. As part of my initial evaluation of the case I had Bob send me his recent job performance review. It showed him to be quite respected and highly valued, especially in high stress and emergency situations. This was used later in therapy to help him reorganize around the empowered parts of his life rather than the one underpowered part. Bob continues to work on accepting that this area of his life is just not going to be fair as he sees it, but has ceased being his own worst enemy in the continuing conflict.

I believe the most acting out behavior is motivated by feelings of being unempowered in one's life. So often the goals of therapy with this population are to help the clients find appropriate and healthy empowerment.

### *Example #2: Tracy and John*

Tracy had been brought up to believe that her mission in life was to take care of her man and in turn to be taken care of by him. After surviving a relationship with a boyfriend who demeaned her on a regular basis, and once spat in her face, she met John. She felt she was unable to take care of herself in this world and saw John as her knight in shining armor. John felt great being looked up to like this as well as being able to provide for her and their two children. As Tracy matured she found that she was quite intelligent and able. She was hired at a local business

and soon worked herself up to a well paying management position. As she started asserting herself she found John quite unable to handle the new her. John belittled her, and often pushed her around and yelled at her in front of the children. This caused a relapse in Tracy's emotional stability and she soon decided she needed to leave to maintain her newfound sense of self. Due to limited resources she left the children with John until she felt financially able to take them. She had always felt John was a good and caring father. John was very angry at Tracy's abandoning of him and continued to belittle and verbally abuse her over the phone when she called to talk to the girls. He also refused to let her see the girls.

Tracy remarried. Due to frequent emotional deregulation on her part and drinking on the part of her new husband, Mike, there was one physical altercation in which Mike grabbed Tracy and was arrested. Tracy used her children for emotional support, sharing with them in inappropriate ways details of her married life, which the children shared with their father. Even before charges were filed against him, Mike voluntarily agreed to enroll in a batterer intervention program. When Tracy reconciled with Mike the children felt betrayed. How could she return to the monster that their mother had described to them? When it came time for the custody evaluation John fought with every thing he had, including accusations of questionable behavior on the part of Mike toward the girls as well as the domestic violence incident. John went all out in portraying Tracy and Mike as abusive, and controlling, and Mike as a possible pedophile. The children were eager to portray Mike in a bad light. One incident reported by the 13 year old was that she went in to use the shower in the master bath and was 'freaked out' that her step dad 'just lay in bed in his underwear. It was also reported that the 8 year old had said that Mike had tried to 'peek under the door' when she took a shower. The custody evaluator took all this as fact and recommended that mom have limited visits and that under no circumstances could the children be around the step dad.

Later interviews with the children during reunification therapy showed that the accusations had been greatly exaggerated; the younger daughter said she never said the step dad looking under the door. And the older daughter had decided to use the master bath shower while her step father was still sleeping and had not asked her mother if it was OK to use. However, at this point the damage had been done. The children had quickly bonded with their father's new wife and saw mom's attempts to see them as trying to undermine their happy family.

Initial co-parenting therapy was unproductive due to the ongoing breach in the relationship between Tracy and her daughters. Tracy had not dealt with the effects that the domestic violence incident had on the girls. She had also yet to accept her own responsibility in her children's opinion of her husband. Because John had been so controlling in their marriage she assumed he was controlling the girls' actions and statements. The custody evaluator, seeing Tracy emotional state as well as blaming of John, assumed that Tracy was a typical battered spouse and unable to protect herself and children from further domestic abuse.

Family therapy started with Tracy. She learned to take responsibility for her own lapses in parenting judgment as well as for her part in her children's perception of her husband. Tracy also needed to take control of her emotional outbursts. Her children felt 'guilted' by their mother's emotional breakdowns and didn't trust her to be able to manage herself, let alone them. Tracy learned how to separate the parataxic distortions, from her past abuse, from feelings about situations in the present. When John was being controlling and refusing to let her see the children, she benefited from learning to manage her fears of further physical abuse from him. This helped her to be more assertive in co-parenting issues as well as in family court. This also

helped her to be more appropriate in her role as a parent. She learned to confidently assert parental control rather than cry and plead when the children were acting out.

Family therapy with John was focused on his narcissistic splitting of Tracy and himself. He could not see any positive aspects that Tracy had to offer as a mother, and often told the children so. With narcissists therapy is often a process of trying to find a chink in the armor, then work on opening up that chink. Unfortunately, as things started getting better with Tracy and the children, John became increasingly angry about being forced to share time with her. He became more rigid about visits and refused to consider expanding time between mother and children. As is often the case in these situations, court orders are needed to force the issue. As Tracy secured an increased amount of custody time, therapy with John focused on adopting a more balanced view of Tracy as a mother. John continues to magnify every questionable incident between Tracy and the children, making accusation after accusation. However, because Tracy is better regulated emotionally, the focus is on John and his outbursts, and his past abusive behaviors are coming to light.

### *Example #3: Mitch and Sheryl*

Mitch and Sheryl had a long on-again, off-again relationship before marrying in their mid-40s. Sheryl would often become violent with Mitch – punching, kicking and throwing objects - when she felt emotionally unsupported by him. She often yelled, and sometimes hit their 3 year old son when he “wasn’t cooperating.” On one occasion their son was jumping on the bed after being warned not to. She yelled and started to hit him. Mitch grabbed the boy and ran into the bathroom, followed closely by Sheryl. She began to punch Mitch on the back as he shielded their son from her attack. Finally Mitch had had enough and stood up, pushing her into the door, causing a bruise on her arm. Neighbors heard her yelling and called the police. After interviewing both parties the police determined that Mitch was not the aggressor. Fight/flight responses are varied and can be misleading. A deer, cornered and in danger, will kick and bite to get away from the danger. While this is an aggressive act, it is still a ‘flight’ response to danger. A victim of abuse will often lash out in a self protective way. Mitch, cornered in the bathroom, son in his arms, did roughly push Sheryl so he could get away from her attack.

The police asked if he wanted Sheryl arrested. Mitch declined. However, the next day Mitch was served with a restraining order and wouldn’t see his son for another 60 days. Sheryl, who had enlisted the services of an aggressive attorney, insisted that Mitch not see his son until he enrolled in a domestic violence class. Mitch complied, so he would be able to secure visitations.

There had been a long history of conflict between them. Mitch didn’t view himself as superior to women, and his struggles with his wife were not of a “patriarchal” nature. While Mitch insisted that he was always on the defense with Sheryl because of her verbal and physical assaults, her version was that he would suddenly become angry at her and that it was she who would have to strike out to defend herself. Further clinical assessment made it clear that Mitch maintained a passive role in the relationship, and that Sheryl initiated the violence. However, he tended to let his anger build up rather than set limits and take care of himself. Inevitably, when the attacks became too much for him he would start yelling and hitting back. Treatment for Mitch, aside from the domestic violence program, included individual therapy to address his passivity and poor self-esteem, as well as referral to an assertiveness skills workshop. No longer in an intimate relationship, Mitch had also lost his base for emotional support. It was important

to address this problem, because he ran the risk of using his son to get the emotional support he so badly needed, and thus compromising the youngster's emotional development.

On several visitations, Mitch noticed bruises on his son's arm and asked about them. "I wasn't cooperating" was the 3 year old's reply. The allegations of child abuse against Sheryl have not been investigated by the custody evaluator. Mitch continues to have limited visitation due Sheryl's allegations of domestic violence.

#### *Example #4: Fred*

Fred was a large middle aged man from the Bronx, an old school, patriarchal type of guy who believed that "all women are crazy." A perfectionist, he subjected his wife and children to frequent barrages of criticism. Although he never hit his wife, he was uncomfortable with displays of emotion, and on two occasions shook his wife to "shut her up." He had a need to be in control, and would harass and sometimes bully others to get his way, taking advantage of his booming voice and intimidating physical presence. Fed up with the abuse, his wife finally left him. The divorce was financially costly, and the judge's decision to award his wife sole custody only reaffirmed his belief that "men always get screwed in court." Due to his harsh discipline of the children, his wife was very reluctant to set any limits on them at all. After the divorce, the children, both in their early teens, started to act out at their mother's house. Reluctantly, his ex called upon him to co-parent and provide some of the structure that was missing in the children's lives.

Therapy started with a 52 week High Conflict Family Violence Parent Group. Over the course of the year, Fred came to trust the group facilitator and his co-participants. Ridden with guilt about having failed his children, and no longer willing to be the "bad guy," he was motivated to find ways to tone down his language and voice, as well as learn to speak to his children and ex wife in a more appropriate manner. Once he began to participate in family and co-parenting therapy, Fred was much better prepared to take on his role as father with his ex and children and, in time, to address the family of origin issues that contributed to his abusive behavior. Fred came from a family in which yelling at children was a common occurrence, and family members regularly insulted one another. He honestly felt his behavior was no big deal, clinging to the belief that "you just get over it." Over time, Fred began to recognize, and then acknowledge, the effects his behavior had on his wife and children. He learned how to manage his anger, and the difference between being aggressive and being assertive. It was important for him to see that *what* he found wanting in his children's behavior was less important than *how* he was addressing the misbehavior.

#### *Example #5: John and Jasmine*

John and his wife Jasmine both immigrated from Iran. A long standing custody and divorce battle with accusations of abuse and infidelity had left their 10 year old son Michael choosing his mother's side and rejecting his father. Michael told his therapist that his father had hit him on several occasions, and that he had witnessed his father beat his mother. John strongly denied this, insisting that the only physical altercation took place when Michael had reported that he helped his mother steal from a local department store. John became furious and grabbed Jasmine's purse and started to rip up her credit cards. A struggle ensued over the purse and police were called. According to the investigating officer, Michael indicated that this was the

only time he had heard his parents fight, and that he witnessed the struggle over the purse but saw no hitting. Listening only to Michael's therapist and rejecting the custody evaluator's recommendations of joint custody, the judge allowed John only supervised visits with Michael, two hours per month.

These meetings were counter-productive because the supervisor, who had gotten an earful from Jasmine about John's abusiveness, treated him as an abusive man and limited his comments and input regarding the visit. Every time John protested about the supervisor's intrusiveness she reported that he had been belligerent and threatening, which John adamantly denied. At one point I had suggested to John some topics to talk to his son about, and to ask such questions as "tell me about how school is going", or "what sports are you playing?" John was told by the supervisor that he was not allowed to ask those questions. His complaints to the supervisor were regarded as belligerent.

John was similar to many of the Middle Eastern men I have worked with. His delivery, expression, and body language, while normal for his culture, was often interpreted by court mediators and evaluators as threatening. Phrases like "you have to understand...." came off as a demand rather than the plea for understanding he intended. John also had the issue of his ex playing the domestic abuse card to the hilt. His son had become alienated from him due to the mother's frequent show of emotional reaction to any mention of his father. It was beneficial for John to learn some cultural adaptations to his speech and delivery. In reunification therapy with his son, I modeled for Michael how to talk to his father so he could see that there was nothing to fear from telling his dad how he felt. I also modeled for father how to express himself in a less threatening way. Another intervention was to insist on another supervisor for the visits, one that would stick to the court order and not be swayed by either parent's efforts to win her over. This change made for a huge difference in the success of visitation.

Michael, however, insisted that his father had beaten him and his mother. I have found that what often distinguishes between parental alienation and true abuse are the details in the story. Due to the nature of trauma and abuse and how it is recorded in the memory, someone who has been abused usually has very clear and vivid memories of the abuse, and can tell in detail what happened to them. Allegations of abuse stemming from parental alienation are often vague. When asked for details, reporters give short answers, rarely able to come up with more than a few details and wind up repeating word for word what has been previously reported, while becoming frustrated at having to tell the story. Another clue is a refusal to see any good in the alienated parent. Most truly abused children hold a secret wish for the offending parent to "make it all better". Michael continued to maintain that there was nothing good about his father. However, when confronted with his rigid stance, as well as his self-contradictory statements, Michael began to relent. Accusations of "you beat my mother" changed to "you were yelling at her," which then further changed to "I couldn't stand it, you guys were so quiet around each other it was like you were yelling, it was so tense all the time." At this point John was able to grasp how terrible the marriage problems must have been for his son and apologized for what he had put him through. Visits progressed to "wrap around supervision" (parent and child check in before and after the visit; child is interviewed separately to check for appropriate behavior during the visit), and eventually to unsupervised visits.

## Conclusion

The above cases illustrate the dire need for improving assessment for abuse in child custody cases. What has been problematic is the tendency of some in the field to fit accusations of abuse into cultural stereotypes. Too often if a man is accused of abuse, it's believed because he is a man. If a woman is accused of being unstable and to be living with an abusive man, it's believed because of the assumption that women repeat abusive relationships. What seems to be missing from many of the case I have dealt with are assessment procedures grounded in empirical principles. What is often missing is any substantial evidence to back up a conclusion or recommendation.

"As evidenced by..." is the logical follow up to allegations of abuse or the follow through to denials of the accusations. 'As evidenced by' helps to keep the evaluator or therapist from putting the client into a 'one size fits all' type of treatment or structure. I have found it all too common for professionals to use cultural paradigms and beliefs as guides to help make custody decisions rather than follow up on the evidence trail.

In the first vignette Bob was constantly accused of being emotionally unstable by his ex. My first job in working with Bob was to assess to what degree this was true. People with long standing emotional problems tend to leave a trail. Job history, past relationships, police records, current relationships with family are all sources of "as evidenced by".

Bob readily agreed to have his most recent Job performance evaluation sent to me. Bob worked in a high stress, inner city emergency room. His performance evaluation stated that one of his strengths was "keeps rational and calm during stressful situations" and that he "always communicated positively with others even during high stress situations" He had kept the same job for many years and was given his job back when he returned from out of state. He maintained close relationships with siblings and his parents, seeing family on a regular basis, and reported no past violence or conflict with past girlfriends. He also had no police contact before the conflict started with his ex. (It is important to note that when asking for history I tell the client that anything they leave out or are less than truthful about will be exposed by the ex, so it's best to discuss openly, in a friendly setting any past conflicts or issues. I have rarely found these disclosures to be less than honest. ) The evidence here does not support the type of behavior claimed by Bob's ex. More to the point, there is was no evidence to suggest that his son was in any danger being with his father. However, Bob was having difficulty managing his feelings of righteous betrayal by his ex as well as the legal system. Bob was not so much in need of psychological change as he was in need of behavioral change. In therapy Bob learned to disengage emotionally from the consistent character attacks and blunt refusal by his ex to cooperate in co-parenting. This helped him to be less emotionally reactive to her actions and eventually led to a new custody evaluation where he came out much better.

Tracy had some issues to work on, too. However, it was important to separate out the possibility that her oldest daughter was suffering from MAM (mad at mom) syndrome, from her father's effort to maintain custody by exaggerating every conflict between mother and daughter. The evidence trail started with the two girls. When individually interviewed it became clear that the incidents as reported by their father had been greatly exaggerated. Also an interview with the step father as well as a follow up interview with his 52 week DV facilitator showed that there had been a one time incident and he showed great progress in class. Step father also, at my request, did a psychological evaluation performed by a separated psychologist. The psychological evaluation suggested that while he was a bit narcissistic, he was more likely to retreat from rather than enter into conflict with others. There was no suggestion in the psych evaluation of danger to others. Furthermore it was important to determine if Tracy was able to

benefit from individual therapy in order to better manage her emotional overwhelm at losing custody of her children due to what she felt were unfounded allegations. The children had reported in family therapy that Tracy 'guilted' them for not stating that they wanted to live with her. It was important for Tracy to learn more appropriate parenting skills in dealing with her parenting role. Before we could move on to co-parenting mediation, each member of the family needed to come to accept their part in the continuing conflict. This was addressed by individual therapy for each member of the family.

Mitch was an emotional shipwreck after receiving the restraining order. He was devastated by not being able to see his son for so long. When finally able to see his son for a few hours he met for pick up at a local pizza parlor. When it came time to return him, his son was crying. Mitch tried to comfort his son by taking him to his mom's car and trying to put him in his child's seat. Sheryl started yelling at him and screaming in the parking lot for him to get away from her. A complaint was filed for harassment and Mitch was forced to pay for local safe exchange services. Mitch benefited from individual therapy to help him separate the loss of his dream from the loss of the person his ex-wife was. There were obviously depression and anxiety issues to deal with. Mitch also benefited from an assertiveness skills class to help him calmly express his needs to his lawyers and his ex. But what Mitch needed most was to learn that he needed to better manage his behavior around his ex-wife and child. He could not accept that he no longer was considered an equal legal parent, and the implications this had on his behavior. Part of the therapy consisted of helping him understand how the courts viewed things and how he was to conduct himself if he wanted to have a chance at fighting for his parenting rights.

Insight into Fred's behavior came during the initial assessment during the taking of family history. He reported a "crazy family, my mom is still nuts, drives us all crazy". He also reported little or no contact with his two siblings. Further questions revealed a history of constant conflict between all family members. Fred tended to minimize this, regarding it as "no big deal." Interviews with Fred's ex-wife were also helpful. While there were no reports of police contact outside of the domestic abuse complaint, there were several Children and Family Services investigations due to allegations of abuse. When asked about the several incidences his wife reported, he again attempted to minimize his behavior. This, of course, was helpful in assessing what kind of treatment would be most appropriate in helping to make the relationship between Fred and his children the best possible.

As, I hope the forgoing suggests, there are different skill sets involved in working with this population. While 'joining' with a client can be useful in individual therapies dealing with depression, anxieties, family of origin issues and the like, treatment of clients referred through the family court system, especially those where accusations of domestic abuse, require a different skill set. Working with these families requires the therapist to be able to handle feelings of ambiguity, tolerate conflict in the therapy session, and overall have the confidence that the work can help children have the healthiest relationship possible with both parents.

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