



Custody Evaluation in High-conflict Situations Focused on Domestic Violence and Parental Alienation Syndrome

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In a divorced family, child-centered custody evaluation is essential to ensure the child's best interests and healthy adaptation. A mental health professional's role and involvement are required in gaining an in-depth understanding of various environments and dynamics surrounding the child and family. Domestic violence, including child abuse and intimate partner violence (IPV) or parental alienation syndrome (PAS), is often observed in cases of custody evaluation in high-conflict divorced families, sometimes accompanied by allegations. Such cases warrant an extremely careful approach by the evaluator, who needs to be competent in interpreting the familial dynamics based on a reasonable context understanding. Genuine professionalism is a must for a custody evaluator to best help the child and carry out a high-quality custody evaluation process, and evaluators need to be ready for this task through adequate preparation and empowerment. This article is devoted to examining custody evaluation in divorced families in cases of IPV, child abuse, and PAS.

Key Words: Child custody; Domestic violence; Child abuse; Intimate partner violence; Parental alienation syndrome.

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INTRODUCTION

Since the adoption of an expert consultation system in making custody decisions in Korea in 2017, there has been a growing demand for the involvement of mental health professionals [1]. Custody evaluation is basically applied in many standard issues such as parent-child relationships, merits and demerits of each parent, the child's developmental needs and attachment, and in domestic violence issues including intimate partner violence (IPV) and child abuse, according to the specific details of the case [2-5]. In particular, parental alienation syndrome (PAS), a condition in which one parent brainwashes the child, who then denounces and rejects the other parent for no apparent reason, is often an issue in a high-conflict divorced family. Custody evaluation cases where referral to a specialist service is required are often in need of specialist appraisals and opinions regarding these additional issues. The evaluator should assess the impact of abuse or violence on the victim or the child and report the information obtained during the investigation and expert recommendations to the court [2-4].

Familial dynamics surrounding the divorce process, par-

ticularly when domestic violence is involved, trigger complex psychological motions in the minds of the offender, the victim, and the child. An interpretation that does not take into account the context of domestic violence and the psychology of the victim is an unethical appraisal for its tendency to overlook the child's best interests, and puts the child at risk [2,3,5]. However, it is not uncommon that a child custody evaluator is not properly trained in the detailed dynamics of domestic violence or abuse or has no knowledge of assessment techniques in addressing the issues at hand [6-8]. This highlights the need to provide custody evaluators with continuing education and training in relevant areas so that they can recognize and assess the effects of child and adolescent developmental outcomes, child forensic interview techniques, custody evaluation procedures, family conflict and domestic violence, and child abuse and neglect [2,3,5].

CUSTODY EVALUATION IN CASES INVOLVING DOMESTIC VIOLENCE

In case of child abuse allegations

Suspicious or allegations of abuse complicate matters in custody or visitation disputes. In most cases, one parent makes allegations of abuse by the other and requests that the visitation schedule be changed or terminated [9]. Child abuse is de-

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scribed in custody recommendations as a direct evidence of parental unfitness that clearly has an adverse effect on the child [10].

A child exposed to domestic violence or physical or sexual abuse often exhibits various behaviors as emotional responses to the traumatic events. Main indicators of trauma exposure include hypervigilance, fear of physical contact, avoidance or distanced behavior, staring in a vacant or frozen manner, extremes in behavior, repetition of the trauma content during play, excessive obedience, and hypersensitivity to certain situations [11]. If any of these signs is shown, the evaluator needs to perform a thorough investigation and find out the facts about the trauma content.

There are several common mistakes that evaluators make when allegations of child abuse are made by a parent [2]. First, the word “unsubstantiated” in the report of the child protection agency or an expert is often misinterpreted to mean that the allegations of abuse were false or that there was no abuse. However, “unsubstantiated” should be interpreted to mean that there is no sufficient evidence to confirm abuse [12,13]. Second, a report of new abuse is often ignored based on the description of no abuse in the court report or a report of another evaluator in the past. Each report of abuse should be evaluated independently of other reports or opinions. Third, a hasty estimate of PAS may be made. Gardner [14] defined PAS as a condition developed in the context of a custody battle in which one parent attempts to alienate the child from the other parent. PAS is still a controversial concept and requires a cautious approach and evaluation. In a divorced family, it is common for one parent to say bad things about the other parent, which does not automatically mean PAS. A child’s attitudes and behavior of refusing to see parents should also be examined in other contexts, and efforts should be made to find out whether there is a more appropriate reason [2,4,9].

Evaluation of parenting capacity in the presence of abuse or neglect

Evaluation of parenting capacity among parents and caregivers may be requested at any time during an abuse or neglect trial [15]. After recovery of the child’s health and assurance of safety following appropriate support or treatment interventions in a state where a parent is deprived of the custody of the child due to parental abuse or neglect, the psychiatrist in charge may be asked to assess whether the parent can regain custody. Such a request can also be made even during the process of termination of parental rights in recognition of the difficulty of child-parent reunion. When such a request is received, the following items need to be assessed [15]: 1) where there is a specific forensic investigation to be introduced in the trial, 2) whether there are mental health

problems and other factors that trigger abuse or neglect, 3) treatments received in addressing these problems, 4) risk of the mental health problems recurring, 5) risk of the abuse or neglect recurring, 6) custody needs of the given child, 7) parental competence to satisfy the child’s needs, 8) how the parent can perform essential custody functions such as ensure the child’s safety, and provision of basic needs, medical care, disciplinary principles, education, as well as catering to the child’s emotional needs, 9) the nature of the relationship between this parent and the child, and 10) treatment or intervention needed to enhance parental functions.

In case of suspected IPV

Regarding domestic violence, IPV is another typical case of domestic abuse in addition to child abuse. If custody is given to the offender(s) of IPV, alone or jointly, or if the offender’s visitation is done under insufficient supervision, the victim and the child are put at serious risk. In this case, the child may be re-exposed to IPV or suffer from direct physical and emotional abuse [10,16,17].

Determining IPV in custody evaluation is a challenging task, and even specialists often fail to detect it [18,19]. Victims tend to maintain silence when asked about IPV lest the report of IPV should work against them or because their attorney or mediator advised them not to report [20-22]. The evaluator needs to be aware of such limitations and complexities during the screening process [23]. In detecting IPV, it may be helpful to preface the questions with normalizing statements. For example, “I don’t know if this is (or ever has been) a problem for you, but many of the clients I see are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I’ve started asking about it routinely” [22].

It is important for an evaluator to be aware of the common behaviors of victims who have experienced domestic violence and to examine their symptoms through a trauma-focused lens. The victim’s emotional-behavioral reactions such as dependent behavior, emotional instability, and suicide attempt need to be interpreted in the context of depression and anxiety reactions caused by the trauma of domestic violence. If the evaluator is not sufficiently trained in this area, care should be taken not to misunderstand behaviors that are manifested under the influence of the trauma event as histrionic or borderline personality instead of posttraumatic stress symptoms [2,22,24].

Custody evaluation guidelines in the presence of IPV

In 2016, the U.S. Association of Family and Conciliation Courts (AFCC) presented evaluation guidelines for IPV as part of child custody evaluation. Important contents are sum-

marized below. Details can be read in the said guidelines [3].

A child custody evaluator must carry out screening for IPV in every interview, even in cases where there is no evidence of IPV. If IPV is detected, the evaluator must follow additional guidelines provided. It is necessary to pose concrete questions (like hitting or pushing) as opposed to abstract questions (like domestic violence, abuse or conflict). Both ongoing and past cases of IPV should be detected. Past violence is the risk factor of present and future violence. Overall evaluation of IPV is based on the manifestation of concrete behaviors including physically, sexually, economically, psychologically, and coercively controlling aggressive behaviors. It should be noted that each case has its own context of IPV and a different impact on the child depending on frequency, recency, severity, directionality, pattern, intention, circumstance, and consequence.

The main principles of the AFCC guidelines are as follows [3]:

Principle 1: prioritize the safety and wellbeing of children and parents. The overarching goal of the evaluation process is safety. A custody evaluator needs to be aware of the possibility of increased risk of violence during the inquiry and evaluation process. Prior to evaluation, a custody evaluator should be familiar with ethical requirements, codes of conduct, laws and regulations, and local procedures governing responses to and the reporting of suspected danger. The collection of information may be hindered if the parties or witnesses are intimidated or have concerns about retaliation. If this is perceived, it should be specifically pointed out in the report. When writing the report, an evaluator must predict the risk of IPV based on the information collected, and should set up an appropriate plan accordingly.

Principle 2: ensure an informed, fair, and accountable process. A child custody evaluator should have in-depth knowledge of the nature, dynamics, and impact of IPV, which includes: 1) applicable laws, 2) adult and children interviewing techniques, 3) understanding of the IPV occurrence and context, 4) risk factor identification and estimation of future risk, 5) prediction of abuse or neglect accompanying IPV, and the identification of impact of IPV on children, 6) analysis of the impact of IPV on child custody, 7) association between IPV and custody evaluation, and 8) considerations of cultural diversity.

Prior to evaluation, a child custody evaluator needs to recognize his or her gender or cultural biases and strive to be alert and avoid them. To mitigate the influence of bias in the evaluation process, an evaluator can perform the following actions: conduct self-assessments, collect information on a continuous basis, constantly update important hypotheses, and seek professional consultation.

Principle 3: focus on the individual family. The process of gathering information to understand the impact of IPV is a

challenging task. The offender may deny, trivialize, take for granted, or attempt to avoid the repercussions of the IPV act, and the victim may downplay IPV and avoid talking about it despite the prolonged sufferings. It should be taken into consideration that the victim may be afraid or have concerns about reporting IPV.

Delayed disclosure of IPV does not indicate lack of credibility. IPV may not be documented in photographs, medical records, police records, or witness statements. It is often hidden from view and those subjected to it may believe that preserving evidence, seeking medical attention, calling the police, or seeking a protective order may increase risk. A child custody evaluator still needs to strive to obtain information from police reports, criminal records, driving records, reports of the child protection agency, medical records, psychological testing data, and school records. Coercive controlling behaviors may exist in the absence of past or recent physical violence. A parent subjected to IPV may engage in protective parenting that is only understood in this context. Standard psychological testing is not useful in identifying whether IPV has occurred and/or whether a given parent has committed or been subjected to it.

Custody recommendations in the presence of domestic violence

The following goals are simultaneously pursued in custody recommendations: 1) prioritize the physical and emotional safety, and the economic security of the parent and children victimized by IPV, 2) prevent abuse likely to occur in the future, 3) support the autonomy of victimized parent, and 4) acknowledge the cause and consequential harm of IPV. The evaluator uses a systematic approach in custody recommendations to analyze the impact of domestic violence on the child and the child's upbringing. Prior to undertaking inferences, the information collected is listed and summarized, and various hypotheses are tested based on the information analysis. Information about domestic violence and its impact on the family are reported in a way that is clearly and unequivocally linked to custody recommendations. Specific recommendations regarding follow-up monitoring and enforceability are included [3].

Wherever child abuse or neglect is an issue, any decision over the termination of parental rights must be supported by clear and corroborating evidence. On the other hand, it is difficult to lay down the criteria for determining whether a child is safe from further abuse and neglect, and whether parents are "fit" to raise children. There is hardly any consensus among professionals about the criteria to decide which parenting functions make an individual a "fit parent," nor is there any agreement on how to measure these functions [15].

CUSTODY EVALUATION IN CASES INVOLVING PAS

Children refusing visitation

Many mental health professionals often witness a child preferring one parent and strongly refusing visitation with the other parent during the divorce process. The rejected parent accuses the other parent of brainwashing the child to reject one parent and prefer the other. Forensic psychiatrists, lawyers, and judges should not hastily conclude that the child's preference is the result of parental brainwashing. There are several possible explanations for the child's strong rejection of visitation such as maltreatment, purposeful indoctrination, accidental indoctrination, worry, stubbornness, and a child escaping conflict [9].

Of these possible reasons, a "child escaping conflict" is evidence of cognitive dissonance where the child's affections for the parents are extremely polarized and can no longer be integrated. This phenomenon is often manifested when parents are in extreme animosity and conflict with each other during or after the divorce process. This extremely taxing situation creates an extreme psychological tension in the child's mind, and the child releases this tension by reaching the cognitive conclusion of "loving one parent and hating the other." Gardner specifically used the term "parental alienation syndrome" (PAS) to describe a certain form of these cases [14]. Specifically, cases in which one parent has consciously or unconsciously induced the child to reject the other parent. PAS may be a concept unfamiliar to mental health professionals who do not deal with the area of divorce because PAS is not currently included in the mental health medical diagnostic criteria. In contrast, there are ongoing heated discussions about PAS in the realm of custody evaluation.

History and definition of PAS

Children's behaviors in response to parental alienation were first described in 1949 by the German psychiatrist Wilhelm Reich [25]. In 1976, divorce researchers Wallerstein and Kelly described the behavior of a child who irrationally rejected and showed strong resistance toward the non-custody parent and experienced a "pathological alignment" with one parent, without using the term "parental alienation" [4,26,27].

It was the child psychiatrist Gardner [28] who used the term "parental alienation syndrome" for the first time in 1985 and academically defined it later [14]: "The parental alienation syndrome (PAS) is a disorder that arises primarily in the context of child-custody disputes. Its primary manifestation is the child's campaign of denigration against a parent, a campaign that has no justification. It results from the combination of a programming (brainwashing) parent's indoctrina-

tions and the child's own contributions to the vilification of the target parent. When true parental abuse and/or neglect is present the child's animosity may be justified, and so the parental alienation syndrome explanation for the child's hostility is not applicable."

Since then, there have been heated discussions about the diagnostic reliability and validity of PAS, and related research has been underway in the fields of family therapy, forensic psychiatry, law, psychology, and social work [25].

Eight manifestations of PAS in a child

Gardner observed PAS in children embellishing the alienating parent's derogatory behaviors toward the targeted parent, and identified eight symptoms that they share [14]:

- 1) The campaign of denigration.
- 2) Weak, absurd, and frivolous rationalizations for the deprecation.
- 3) Lack of ambivalence.
- 4) "The independent thinker" phenomenon.
- 5) Reflexive support of the alienating parent in the parental conflict.
- 6) Absence of guilt over cruelty to and/or exploitation of the alienated parent.
- 7) The presence of borrowed scenarios.
- 8) Spread of animosity to the extended family of the alienated parent.

Dynamics in PAS

Gardner explained the cause of PAS as the combination of two contributing factors [29]: 1) a preferred parent who "programmes" the child to denigrate the rejected parent and 2) the child adding his own material to the denigration. In the end, PAS children's refusal of the targeted parent does not arise from their own emotions or beliefs, but is a result of "programming" or "brainwashing." Gardner noted that the alienating parent used the child as a weapon to attack the alienated /targeted parent [14].

Children's alliance with one parent and rejection of the other parent is their way of reducing anxiety and confusion. Thus, in PAS children, it acts as a "solution" rather than a "problem." PAS symptoms are therefore ego-syntonic, and PAS children normally do not want to give up this approach. The alienated parent is perceived as an "all bad" parent. The stronger the alliance between the alienating parent and the child, the less likely is the child to suffer. Therefore, for an alienating parent as well, PAS is not a "problem," but a "solution." In many cases, not only their relatives and lawyers, but also teachers, case managers, and child therapists become part of this alliance [30,31].

In most cases, PAS children excessively aligned with the

mother to alienate the father, whereby, serious affective problems were observed in the parents [27,31,32]. Mothers did not recover completely from the shock of divorce and were still sick, angry, and depressed. During their divorce process, they experienced severe insults, deep sense of futility, fears, and hopelessness, and they let their children know, implicitly or explicitly, that “you are the only one left to me” [30].

PAS as emotional abuse

PAS can be considered a type of emotional abuse, and PAS children may also be affected by dissociation, panic, behavioral disorders, antisocial personality disorders, separation anxiety disorders, delusional disorders, narcissistic personality disorders, and gender identity issues [25]. The experience of PAS children was found to lead to long-term depression, divorce, drug abuse, distrust of oneself and others, in addition to perpetuating alienation from their own children [33].

Suspicion of sexual abuse or neglect is common in PAS, which must be investigated [2,4,22,32]. Unlike children with experience of physical or sexual abuse, who seldom dare to tell their secret stories, PAS children willingly denigrate the target parent. Abused children are often disgraced and afraid of the abusing parent; however, PAS children are not ashamed to attack or lie about the target parent [34]. In this situation, clinicians need to deliver an in-depth evaluation of the parent-child relationship before divorce or separation. Interviews should be conducted with people directly involved in the child’s life including parents, other children, siblings, grandparents, and teachers,

Court intervention in PAS cases

When PAS is an issue, the court considers a change of custody under the following criteria: 1) strong rejection of visitation with the non-custody parent, 2) active programming of PAS by the alienating parent, and 3) degradation of the child’s cognitive function through the inculcation [31]. In Dunne and Hendrick’s study [35], the court ordered a change of custody in three out of 16 cases, whereupon the alienation phenomenon disappeared. In the remaining 13 cases, all the usual treatment methods were attempted: individual and couple therapy for the parents, child play therapy, and parent-child therapy; however, no improvement was observed in most of these cases. Gardner [36] recommended that custody should be transferred to the targeted parents, or the alienating parents should spend less time with their children in all the 99 cases in which he was involved. In all 22 cases that followed this recommendation, the PAS problem disappeared; however, PAS continued in 70 of the remaining 77 cases.

Criticism about PAS

The concept of PAS has also received a considerable amount of criticism on the grounds that it lacks theoretical basis and is empirically unproven, and there are experts who reject it as invalid [4]. Other criticisms include PAS-biased samples, lack of consideration of alternative explanations, lack of developmental sensitivity, and unreliable estimates of prevalence [37]. Some argue that PAS is a simple, biased theory that lacks merit as a basis diagnosis, making it difficult to understand the complex familial dynamics in the custody evaluation progress, and it belittles the allegations of abuse [2,37].

Gardner’s prescription for severe PAS is extreme: to completely separate the child from the alienating parent (mother) and “de-programming” the child from the brainwashed mindset that the targeted parent (father) was abusive [29,38]. What is more, some of the children who were forced to live with the allegedly abusive father by the decision of the court that followed this prescription attempted to commit suicide, some of them were unfortunately successful in this attempt [38,39].

Dispute about the diagnostic classification of PAS

PAS is not listed in the DSM-IV-TR and DSM-5. An increasing number of studies are devoted to PAS, and Bernet et al. [40] proposed to change PAS to parental alienation disorder (PAD) and include it in the DSM with a set of diagnostic criteria (Table 1). Until now, after 10 years of this suggestion, disputes between the pros and cons of including PAS/PAD in the DSM are still going on in legal, medical, and other related professionals.

The rationales put forward by the opponents against defining PAS as PAD are largely as follows [41]: 1) there lacks empirical data to give the phenomenon of alienation a status of disease, 2) a formal diagnosis will complicate custody disputes and only increase confusion, 3) PAS does not need to be classified as a mental disease for the court to consider it during the divorce process, 4) children who are already suffering from parents’ divorce should not be labeled with mental illness, and 5) the offender’s attorney may use parental alienation (PA) to belittle the other’s claim [4,42].

The rationales for supporting the disease classification of PAS as PAD are largely as follows [43]: 1) there are ongoing qualitative and quantitative studies on the issue of PA, 2) among mental health professionals who have worked with children in divorced families, it is a widely accepted fact that there is a high prevalence of PA in children whose parents are in constant and intense conflict, 3) mental health trainees and clinicians should be trained on the prevalence and symptoms of PAS in order to enable the early detection of PAS in children and families, 4) the inclusion of PAD in the DSM and

Table 1. Suggested Diagnostic criteria for Parental Alienation Disorder, by Bernet et al. [40]

Parental Alienation Disorder
A. The child—usually one whose parents are engaged in a high-conflict divorce—allies himself or herself strongly with one parent and rejects a relationship with the other, alienated parent without legitimate justification. The child resists or refuses contact or parenting time with the alienated parent.
B. The child manifests the following behaviors: <ol style="list-style-type: none"> (1) A persistent rejection or denigration of a parent that reaches the level of a campaign. (2) Weak, frivolous, and absurd rationalizations for the child's persistent criticism of the rejected parent.
C. The child manifests two or more of the following six attitudes and behaviors: <ol style="list-style-type: none"> (1) Lack of ambivalence. (2) Independent-thinker phenomenon. (3) Reflexive support of one parent against the other. (4) Absence of guilt over exploitation of the rejected parent. (5) Presence of borrowed scenarios. (6) Spread of the animosity to the extended family of the rejected parent.
D. The duration of the disturbance is at least 2 months.
E. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
F. The child's refusal to have contact with the rejected parent is without legitimate justification. That is, parental alienation disorder is not diagnosed if the rejected parent maltreated the child.

ICD will increase the awareness and understanding among clinicians, which would enhance the likelihood that children in divorced families will have healthy relationships with both parents, and 5) diagnosis-based consensus is an efficient way to prevent PA from being misused by the abusing parent. If PA has no diagnosis agreed upon or mental health professionals are not trained to detect and screen for PA, it will be easier for the abusing parent to make allegations that the child has been manipulated.

Despite these controversies, PAS is still an issue in custody disputes, and the professionals involved need to attain knowledge and competence to deal with the pros and cons of PAS, and become aware of and attend to the relevant areas of interest.

DISCUSSION

In custody dispute cases where allegations of domestic violence or child abuse are made, it is common for those allegations to be accompanied by allegations of PAS, which also serves as the basis for nullifying the mother's attempts to thwart the father's attempts at approaching the child [4]. In such cases, the parents mutually accuse each other of having problems, and extremely careful observations and approaches are required to judge the genuineness of domestic violence and PAS, which requires specialized experience and training in domestic violence, trauma, and PAS [2,4,8,44].

In the actual presence of abuse, the caregiver's defensive reactions can be understood in the context of domestic violence, and should not be labeled as PAS, to prevent the trans-

fer of custody to the offender of domestic violence. In dealing with children and victims of violence, it is essential to be familiar with the concepts of trauma and complex post-traumatic stress disorder [4,8,22]. Reports of abuse should not automatically lead to a conclusion without verifying evidence and context. Decisions over domestic violence and PAS should be interpreted based on the understanding of context.

It is important to know that there are no typical victim or offender profiles or circumstances. The evaluator cannot determine whether a person is a victim or an offender by psychological examinations, interviews, or observations alone [2]. In case of domestic violence, contrary to the common expectation that the victim will attempt to alienate the abuser, the abuser can also be the alienating parent [44,45]. If the abuser attempts alienation, a wrong decision can lead to great danger. Furthermore, abusers are not usually violent in the presence of others, especially specialists, and often successfully hide emotional and behavioral problems [44,46].

The distinction between PAS children and abused children can become challenging. Although there are distinctive behavioral patterns exhibited by these two groups of children [34], children's behaviors may widely vary such that the decision of the presence or absence of abuse should not rely on children's reactions alone. In some cases, abused children identify the offenders without fear or ambivalent feelings toward them, and the possibility of false allegations of abuse should not be taken as a given. The custody evaluator must check for all facts about the alleged domestic violence whenever PAS is suspected. Meier [4] proposed the following abuse-sensitive approach when allegations of PAS are made.

- 1) Assess abuse first.
- 2) Require evaluators to have genuine expertise in both child abuse and domestic violence.
- 3) Once abuse is found, do not consider alienation claims by the abuser.
- 4) Do not base any finding of alienation on unconfirmed abuse allegations or protective measures taken by the preferred parent.
- 5) Evaluate alienation claims only if i) actual abuse has been ruled out, ii) the child is actually unreasonably hostile to the other parent and resistant to visits, and iii) there is active alienating behavior by the “aligned” parent.
- 6) A finding of alienation should require, at minimum, that the parent consciously intends the alienation and specific behaviors can be identified.
- 7) Limit remedies for confirmed alienation to healing the child’s relationship with the estranged parent.

The understanding of cultural diversity is one of the emphatic markers to be considered in custody evaluation. The Korean culture of marriage and divorce is different from that of other countries, and is changing rapidly [47]. With the recent surge of children-centered family trials, there are some domestic data for court officials [48]; however, there is minimal domestic literature for the commissioned specialist to perform custody evaluation. In the future, it will be necessary to accumulate domestic data and develop resources taking account of Korea’s cultural particularities. Custody evaluation that can safeguard the child’s best interests will become possible when the policy and academic support, such as the refinement of the legal system and the establishment of professional training courses adapted to Korean situations, are continued.

CONCLUSIONS

In carrying out custody evaluation for a divorced family, the role of mental health professionals is especially important in the presence of a special situation such as domestic violence or PAS. Other special situations such as IPV and child abuse also require inquiries for screening. When the above-mentioned special situations are reported or suspected during the screening process, in-depth evaluation is additionally required for each situation. In the presence of special situations, impacts on the child and family are evaluated and considered. In the evaluation process, the safety of the child and family should be given the first priority. In carrying out custody evaluation, domestic violence and PAS require extremely careful approaches and interpretations that take account of individual familial dynamics and context. Custody evalu-

ators need to be equipped with professional skills to be able to perform this task, and it is necessary to develop specialist training programs and institutional support systems with this regard.

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Conflicts of Interest

The authors have no potential conflicts of interest to disclose.

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