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**Parenting Coordination In Cases Involving Intimate Partner Violence<sup>i</sup>**

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**Abstract**

Parenting Coordination is a “hybrid legal-mental health role that combines assessment, education, case management, conflict management, dispute resolution and, often times, decision-making functions (AFCC, 2019). This article addresses issues that arise when the case has allegations or findings of intimate partner violence (IPV). Considerations of the type of IPV, the severity, timing, perpetrator and effects on coparenting are discussed in the context of the parenting coordinator’s role. Through screening and assessment, we differentiate the kinds of cases with the presence of IPV where a PC may be effective as opposed to other IPV cases that may not predict success for retaining a PC.

**Keywords:** Parenting coordination, parent coordinator, domestic violence, intimate partner violence, coparenting, divorce

**Key Points**

- Parenting coordination works in some cases with IPV and is ill-advised in other IPV cases.
- Screening for IPV should occur in all parenting coordination cases and is best done first as

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part of the parenting coordinator's (PC's) intake process *before* the stipulation and order appointing the Parenting Coordinator is signed or the case proceeds. Screening is an ongoing process and not a one-time event at intake.

- If a screening is positive for IPV, an assessment or further information gathering is warranted again, optimally before the PC work begins.
- It is highly probable that parenting coordination is incompatible in cases of IPV involving coercive control, with or without physical abuse, and in cases with a history of chronic battering.
- Parenting coordination will more likely be helpful in high conflict families in which the aggression is more conflict-instigated (as defined herein) and the “control” issues between the coparents are more typical of divorcing couples and not characterized by intimidation, fear, and one partner controlling the other partner's life with the goal of eliminating or diminishing their personal liberty or parental role.
- Identifying whether parenting coordination will work for families with domestic violence or not, will involve an intake IPV assessment of the behaviors associated with the aggression, the context for the aggression, the meaning of the aggression, and the effects of the aggression.
- Ultimately the focus needs to be on the structure of the parenting coordination process to help provide safety in the IPV cases while helping the coparents lower the conflict with the other coparent.

Conventional legal culture suggests that every litigant deserves their “day in court,” but that is not always feasible; nor is it always a desirable way to resolve cases—most notably family law

cases. For decades, courts have searched for ways to balance three issues: acknowledge litigant's desire to be heard; address the special issues that these cases present; and manage the high volume of family law cases, without lengthy trials. As early as the 1970s, many states began to require that parties in family law cases attend mediation before any contested custody hearing. In the 1980s and 1990s, challenges arose as some cases and issues were ill-suited for mediation. Advocates for the rights of victims of intimate partner violence (IPV) began to insist that mandatory child custody mediation could force victims of IPV to run the risk of participating in a process that might perpetuate an already abusive power imbalance (Grillo, 1991). In response to these concerns, most states that have made custody mediation mandatory also have opt-out rules which provide that custody mediation is not mandatory in cases that involve allegations or findings of IPV. However most states do allow for such court-mediation if the abused parent is willing to stipulate to mediation.

The search for alternatives to litigation and mediation catapulted into another dimension in the 1990s (Kelly, 2014; Coates, Deutsch, Starnes, Sullivan & Sydlik, 2004) when some states and provinces adopted the role of a parenting coordinator (PC) (Baris, Coates, Duvall, Garrity, Johnson & LaCrosse, 2001). In California, the refinement of the role of the Special Master in 1994 (Kelly, 2014) came to allow a private mediator, mental health professional, or attorney to act as a PC, to work with families post-divorce, or after splitting up if they never were married, to help parties implement their parenting plan and resolve child-related parenting disputes in a timely and child focused manner. Additional goals of parenting coordination are to reduce conflict between coparents and to improve their communication and problem-solving skills. Improving these coparent and parenting skills is not the focus of family law litigation.

Several decades later, the question surfaced as to whether parenting coordination is compatible or incompatible in cases with IPV. Is parenting coordination a viable option for families in which the conflict has risen to or included some kind, size, or form of intimate partner violence (IPV)?

This article will address the conjunction of these two issues. The first consideration is how PCs should proceed in cases where there have been allegations of IPV, where there has been a court finding of some form of IPV, and/or when the PC suspects that there may be IPV. This article will also describe the cases in which PCs' work is compatible when IPV findings or allegations are present, as well as those in which IPV findings or allegations are present and PC work is incompatible and thus may potentially be harmful. Thoughtful screening of IPV issues can help prevent a PC process from inadvertently providing a forum for further IPV dynamics..

### **What is Parenting Coordination and What is Intimate Partner/Domestic Violence?**

Definition: Parenting Coordination. In 2019, the AFCC adopted a set of recommended Guidelines for Parenting Coordination that defined parenting coordination as a child-focused process conducted by a licensed mental health or family law professional, and/or a certified, qualified or regulated family mediator under the rules or laws of their jurisdiction, with practical professional experience with high conflict family cases (AFCC, 2019). These Guidelines were a revision of the 2005 AFCC Guidelines for Parenting Coordination.

Definition: Intimate Partner Violence is defined broadly in AFCC's 2016 Guidelines for Examining Intimate Partner Violence: A Supplement to the AFCC Standards of Practice for

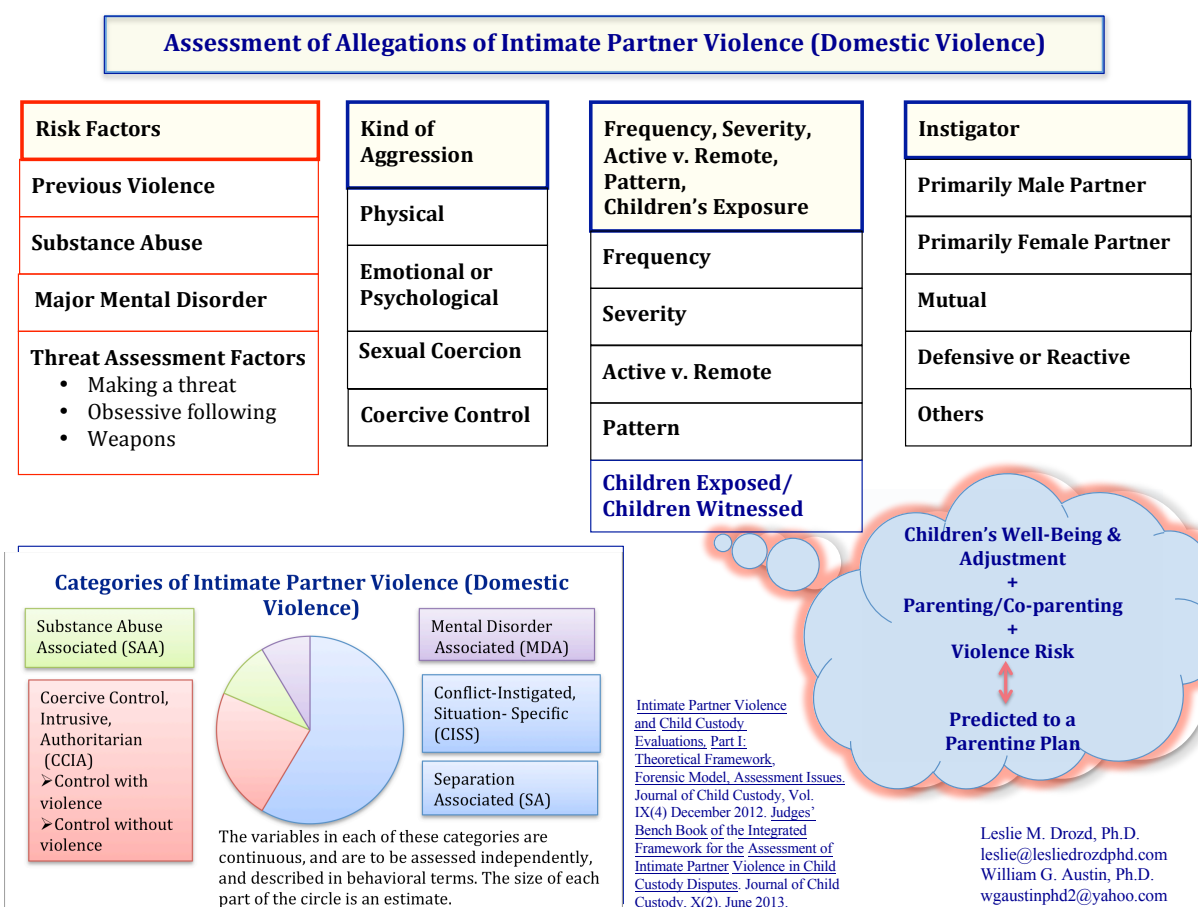
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Child Custody Evaluation and the AFCC Guidelines for Parenting Coordination (2019) that includes:

- a. Physically aggressive behaviors that involve the intentional use of physical force with the potential for causing injury, harm, disability, or death.
- b. Sexually aggressive behaviors that involve non-consensual sexual activity through the use of force, threats, deception, or exploitation.
- c. Economically aggressive behaviors that use financial means to intentionally diminish or deprive another of economic security, stability, standing, or self-sufficiency.
- d. Psychologically aggressive behaviors that involve intentional harm to the other party's emotional safety, security, or well-being.
- e. Coercive controlling behaviors that subordinate the will of another through violence, intimidation, intrusiveness, isolation, and/or control (AFCC, 2016).

*IPV does not characterize a single concept.* Before this century, families were categorized as having DV or not, where DV referred to physical violence, which one of the pioneers in the field, Lenore Walker, called battering (Walker, 1974). In time experts came to realize that not all DV cases fell into the Walker-kind of battering and that it was essential to consider context. They agreed that differentiation was important, screening and assessment were critical, and that patterns of domestic violence may include different kinds of aggression (VerSteegh & Dalton, 2008). The Wingspread Conference on Domestic Violence (February 2007) established categories of DV including coercively controlled, conflict instigated, separation specific, and reactive/defensive.

Upon an extensive review of the literature from diverse fields, Austin and Drozd (2012 & 2013) set forth behaviors to look at to help better define domestic violence, to guide courts in constructing orders, and to facilitate better assessment and treatment. Those behaviors are found in the decision tree below:



The first areas to consider are risk factors and risk for future violence:

- Has there been previous violence or any history of substance misuse or abuse?
- Does the aggressive parent have a diagnosable mental disorder, like bipolar disorder, major depression, paranoia, and/or psychotic disorder?

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- Is there a history of treatment and prognosis?
  - Is the aggressive parent currently in treatment?
  - What kind of aggression has occurred and over what period of time; was it physical, emotional and/or psychological in nature?
  - Is there evidence of sexual coercion or coercive control?
  - What has been the frequency and severity of the abuse?
  - Has the abuse been recent or a while ago?
  - Has there been a single incident or a pattern, and was it related exclusively to the time of separation?
  - Have the children been exposed and/or witnessed the violence?
  - Is one parent the sole or primary aggressor or has the other (victim) parent also been an aggressor?
  - Has the aggression been mutual and can it be discerned if it was defensive or reactive?
  - Has the aggression been by multiple family members?
  - What effect has the violence had upon parenting, coparenting, or on the children?

Identifying and articulating these variables enhances an understanding of the role of violence in a particular family. Recently, scholars have come to refer to DV as violence that occurs among or between any members of a household, while IPV refers specifically to violence between partners. In this article, we refer to the violence between partners (IPV) when considering the effectiveness of a PC. Considering these variables is critical to assessing whether the family is appropriate for and would benefit from working with a PC. When evaluating a

family that evidences a history of IPV for parenting coordination services, a prospective PC should obtain and understand answers to the above questions as part of any intake or assessment to determine if parenting coordination is appropriate. After doing so, the PC can self-assess to see if they have the necessary training and skills to be the PC for that particular family.

Often times the question about compatibility of PC work and IPV entails whether the control issues that are more commonly found in families, even ones that may result in high conflict, or if, instead, the kind of control is coercive in nature as defined herein. If coercive control is present such that a pattern of intimidation and isolation weaves throughout the relationship, then that kind of case likely will be ill-suited for parenting coordination. If the relationship involved a dominant partner with a goal of limiting the other parent's personal liberty and/or to subordinate their will or to drive a wedge of fear between them, PC work is not called for. If, though, the issues revolve more around conflict, even high conflict, even with power struggles and communication problems, PC work may be challenging but an appropriate and beneficial intervention for those coparents.

Most parenting coordination cases involve some degree of recurring or entrenched coparent conflict. In some of these cases, that conflict may involve an episode, allegation, or recurring violence. A PC may be quite helpful in cases where there has been IPV, by establishing communication structures and transition boundaries that protect the parties from potential violence. A recurring question, whether one is vetting a case for the parenting coordination process or during the parenting coordination process, is what kind of violence occurred, or is occurring, and what are/were the dynamics between the coparents?



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**The Prelude to Parenting Coordination: What Comes Before PC Services**

Prior to the start of parenting coordination, it is essential to screen for IPV (AFCC, 2019). Taking the time to screen before a PC case commences can be challenging when parents, their counsel or the Court are eager for the prospective PC to accept the case and begin the process. If the screening is positive for IPV, an assessment of the IPV is indicated, and may be necessary to determine if the case is appropriate for the PC process. Part of the initial screening, particularly if IPV is present, would be review of any domestic violence orders and relevant pleadings so that the PC can understand the context within which they may begin their work.

A review of a custody evaluation (if it was done), the Divorce Judgment, other court orders, and a conversation with both lawyers and coparents, can provide information about allegations of IPV and/or findings. Without information from these sources, the prospective PC would be dependent on information from the parents, about the possibility or presence of IPV. If the initial screening data raises the possibility of IPV, a more detailed assessment of the kind, frequency, severity, pattern and risk factors, should be conducted before deciding if parenting coordination is appropriate and if so, the nature of the parent coordination work to follow. If IPV is found, to continue on with the case, the PC must have specialized training and procedures in place to effectively manage the case as described in the AFCC's Guidelines for Parenting Coordination (2019) and Recommendations for Comprehensive Training of Parenting Coordinators (2019).

Screening as a Prelude. Screening for IPV should be a prelude to commencing parenting coordination even though there is not yet any established or specific protocol for screening in

parenting coordination cases. Individual practices understandably differ depending on the practitioner and case presentation. The AFCC Guidelines for IPV (page 15) clearly state that there needs to be a screening (initial and ongoing) for IPV in all PC cases. Screening is not a onetime event. It is an ongoing process that is to occur throughout the PC appointment and not simply at the beginning. This is because ultimately safety comes first—in the beginning, middle, and end of a case (Drozdz, Kuehnle, & Walker, 2004; Fidler & Greenberg, 2019) .

Concerns about safety are often associated with families where coercive control (with or without physical violence) is a dynamic that can pose ongoing risks to the physical and mental health of each member of the family. Thus, given that coercive control dynamics pose a significant risk, it should be included in the screening process. Most parenting coordination work is conducted in the PC's office (e.g., psychologist, lawyer, retired judge, or guardian ad litem). This office setting is certainly less formal, less structured, and offers much less protection (e.g. in the form of metal detectors and bailiffs) than exist in a court room setting. The informality of the parenting coordination process may aid and abet abusive parents and unwittingly subject victim parents and children to harm. Therefore, the formality of the court is sometimes a more appropriate forum than the parenting coordination process for dispute resolution when there is or has been coercive control.

The presence of a judge (and bailiff), formal written positions (i.e., pleadings), and parental communications through counsel, can all work to serve a protective function and insulate the coparents from one another. These protective and insulating functions are challenging to replicate in the private office setting of the PC. If, though, the PC is able to have video meetings, the issue about physical protection may very well no longer be at issue.

However, the PC is cautioned to be aware of ongoing risk as a result of the coercive controlling dynamic posed by threats, intimidation, and fear. These indicia of IPV may derail PC work and result in an ineffective and potentially risky process.

When evaluating whether to accept a case, prospective PCs generally will review existing parenting plans, relevant custody orders, and child custody or other evaluations (if available), and hope that counsel or the court provides them a candid assessment of the issues and their clients (Fieldstone, Lee, Baker & McHale, 2012). It is critical and essential that the PC go beyond document review when considering prospective coparents for the process, and that they conduct a formalized screening for IPV. This is particularly true among cases where there may be allegations of domestic violence with no specific findings or in custody evaluations in which findings of DV have been inconclusive.

The mediation field is a step ahead of the parenting coordination community in terms of screening, assessing, and working with IPV in mediation settings (Holtzworth-Munroe, Beck, & Appelgate, 2010). Consistent and formal IPV screening is called for to prevent under-detection of IPV and the resulting risk to families. While a variety of IPV screening measures exist, two are highlighted here for their relevance (MASIC, 2010) and brevity (SAFeR, BWJP, 2018), although neither is specific for parenting coordination. We are suggesting that PCs use or refer to the instruments and measures discussed herein until a more PC-specific instrument is developed.

Holtzworth-Munroe, et al (2010) developed a measure, the Mediator's Assessment of Safety Issues and Concerns (MASIC). It is a behaviorally specific IPV interview protocol that assesses various types of abuse (e.g., coercive control, stalking, physical violence) over the course of the coparents' relationship and in the past year. It can be used to build rapport between

the professional and the client/parent, assesses lethality indicators, and offers optional recommendations for procedural changes in mediation based on the presence or lack of elements of IPV.

SAFeR, produced by the Battered Women's Justice Project ("BWJP", 2015) is another screening instrument that may work for the PC. In this screening tool, BWJP begins with open ended questions and proceed towards more specific ones. How comfortable are you interacting with (name) now? When you look back over time, how were practical everyday decisions made in your relationship? Is there anything that gets in your way of doing the things you want or need to do in your daily life...? Has there ever been any physical violence between you and (name)? Have you ever felt so ashamed, humiliated, embarrassed or fearful by something you or (name) said or did to the other that you didn't want anyone else to know about it? Have you or (name) ever forced the other to do sexual things the other didn't want to do or insisted on having sex when the other didn't want to? Have you or (name) ever been concerned that the other was going to physically, or psychologically harm the other, the children, or pets? How are parenting time arrangements currently being worked out? Both the SAFeR and the MASIC merit serious consideration as screening instruments.

Parenting Plan/Child Custody Evaluations as a Prelude to Parenting Coordination. For more complex and high conflict parenting coordination cases, the availability of a Child Custody Evaluation (CCE) may be a determining factor in whether or not a prospective PC decides to accept an appointment. The availability of a CCE can be of particular relevance to an attorney PC than a mental health professional PC. An attorney's training does not encompass assessing the psychological factors that may contribute to the impasses between the coparents, diagnoses,

or couple/family dynamics. Thus, as part of the ongoing function of assessing the coparent impasses, a mental health professional may more easily comprehend family dynamics and clinical issues with the absence of a CCE than would an attorney. Screening cases for IPV that lack a CCE underscores the import of the MASIC and SAFeR as two instruments that facilitate best practices.

In instances where allegations of IPV were never adjudicated, the absence of a CCE or IPV assessment would make the PC's work significantly more challenging. A prospective PC, in this instance, is left with a 'he said/she said' dynamic without the benefit of a neutral investigation of the coparent dynamics, analysis of the IPV allegations, or impact of such on the children. These challenges would be increased if the allegations are more recent or generating contemporaneous fear and apprehension for a parent. The absence of a CCE, IPV assessment, or adjudicated outcome in these circumstances burdens and potentially overwhelms the parenting coordination intake process. Prudence may dictate that a PC decline a case when there are credible or adjudicated IPV allegations and no CCE or IPV assessment. At a minimum, a PC accepting a case under these circumstances should have extensive training and optimally some clinical experience with IPV victims perpetrators and the impact on children.

On the other hand, there are cases in which the initial screening raises red flags about one partner's coercively controlling nature but does not rise to the level of IPV. Then, as the parenting coordination process proceeds, cautiously, with well-defined goals such as practicing limit setting, improving communication skills, and developing problem solving capabilities, what started out looking like threatening or coercively controlling behavior may dissipate over time. The initial PC coparent meeting(s) in this type of case may be scheduled separately or conjointly.

Court Findings, Orders for Treatment, and Measures Accountability. It is best when orders are set forth that they are as specific as possible including that they clearly state who is restrained and from whom that person is restrained. Other specifics which facilitate screening would include the type, nature, and duration of any required treatment(s) , treatment goals, and measures of accountability. Court orders that do not contain this kind of specificity create challenges for both the IPV screening as well as the overall parenting coordination process.

It is also critical in cases that do or may involve IPV that there is specificity regarding intervention and monitoring in the PC appointment order. Many jurisdictions have template PC appointment orders (e.g. Florida) and in some states (e.g., California) various counties have their own preferred templates. We are suggesting that if those template PC appointment orders do not include language that identifies IPV as an issue and calls for screening, the PC add those components to their agreement. Sample wording to include in PC's Professional Services Agreement follows:

- Parent conduct. "I understand that an effective parenting coordination process requires civil and respectful communication and behaviors towards the other parent and our children."
- Mandatory Screening. "Throughout the term of this appointment, the PC will conduct ongoing screening to monitor that parenting communications and behaviors have not become coercive, controlling or threatening."
- Civil Communication. "Coparents serve their children's best interests when parenting communications and actions are civil and each family member feels safe."
- Accountability. "The PC shall oversee all treatments and may make quarterly reports (if

that is part of the appointment order) to the parties, counsel and/or the court regarding: the parent's/children's attendance in therapy based upon the treatment plan; treatment goals; whether there has been reasonable progress towards those treatment goals." Note: In some jurisdictions, the parenting coordination process is confidential such that progress reports are not allowed.

- Suspension of Parenting Coordination Process. "If the PC determines that communications or conduct are coercive, controlling, or threatening, they may suspend the parenting coordination process, request that the Court terminate the parenting coordination process, or recommend remedial measures consistent with the PC's authority specified herein."

### **What Do PCs Do Differently in Cases with IPV?**

In the course of their work, PCs engage in functions including initial and ongoing screening, assisting coparents in making parenting decisions, creating communication protocols, improving problem-solving skills, ensuring accountability for court orders and parenting plans, following orders, reducing level of conflict and shielding children from conflict (Deutsch, 2014). A discussion of these processes in "standard" parenting coordination cases is followed by the ways in which these processes may differ in IPV cases.

The Role of the PC in "Standard" Parenting Coordination Cases. It is best practice for a PC to conduct a "screen" for IPV in "standard" parenting coordination cases in order to "seek to protect and sustain safe, healthy and meaningful parent-child relationships." (AFCC, 2019, p. 2). Further, the PC assists coparents to implement their parenting plan by: (1) facilitating the resolution of their disputes in a timely manner; (2) educating coparents about children's needs;

and, (3) with prior approval of coparents or the court, making decisions within the scope of the court order or appointment contract. (AFCC, 2019). To accomplish these goals the PC educates coparents about child development and the effect of their conflict on the children, uses negotiation, mediation and arbitration skills and helps to improve problem-solving skills to reduce the level of conflict and shield children from conflict, coordinates professionals and systems involved with the family, and implements the parenting plan. Additionally, the PC assists with parent-child contact problems.

Always Screen. Whereas it is useful for the PC to review the custody evaluation, not all cases have one. In cases without a CCE, PCs should ask coparents about any history of family violence, including physical, verbal, sexual, economic aggression, and power and control dynamics; presence of intimidation; threats of harm to coparent or children; presence of past and current restraining orders; and concerns about power imbalances in past and current decision making. If any of these areas are confirmed, the PC must follow up with questions to understand context including where, when, by whom, frequency, severity, intention, and consequences. Crafting and implementing safety protocols and procedures based on the information provided is critical for the PC to set and maintain appropriate boundaries.

The intake phase also includes screening for other concerns, such as substance abuse, mental illness and treatment compliance, child maltreatment allegations and findings. Beyond these specific issues, PCs assess the general suitability of the case for parenting coordination as well, considering each parent's interest and willingness to engage in the process. Cases that are generally inappropriate for the parenting coordination process include coercive controlling violence; incompetence due to severe untreated mental illness; severe personality difficulties or



disorders including paranoid and antisocial in which the parent has difficulties forming trusting relationships and telling the truth; ongoing child maltreatment concerns; chronic violations of court orders or previous parenting coordination agreements; parent who is unwilling to engage in the process (Fidler, 2018). Remaining attuned during intake to a parent(s) who may feel coerced to engage the PC process is a further consideration.

Assist Coparents in Making Parenting Decisions, Communicating, Following Orders.

Helping parents communicate effectively, cordially, and safely is a significant function of the PC. The more structured the communications, generally the more the communication process is enhanced. If communications remain hostile, verbally aggressive, intrusive, or without response, the PC may take a more hands on role monitoring editing, rewriting communications.

If the PC is unable to help the parties reach an agreement on an issue, PCs make recommendations, and if authorized, legally binding decisions. PC recommendations and decisions are distinct from status or progress reports to the court. In some jurisdictions the entire parenting coordination processes is confidential. Status or progress reports are not allowed in those cases. In other jurisdictions there may be limited confidentiality in the parenting coordination work such that most information from the treatment providers remains confidential with limited information being presented to the Court (e.g., attendance at sessions, therapist treatment goals and if there's been reasonable progress towards those goals).

There are circumstances when a PC must make an urgent decision, report a safety concern, or violation of an order. In those circumstances the PC pays particular attention to the safety of the parties and their children. In some jurisdictions, PC decisions are binding when issued (i.e., sent

to the parents), and in others, the decision is binding unless a party formally challenges a decision, which sometimes must be done within a set number of days after a decision is made.

Due to the differences in jurisdictional rules, statutes, and orders, the PC must be familiar with the requirements of their jurisdiction and the procedures for notifying the court regarding necessary modifications of court orders as described in the Recommendations for Comprehensive Training of Parenting Coordinators (p. 7) (AFCC, 2019). There are issues about the following topics that must be clarified in the appointment order: Is the process confidential or not, for example, may the parents and PC communicate confidentially? Are PC recommendations merely suggestions or can they become legally binding? Is there to be any kind of accountability in the form of a progress report, albeit perhaps limited (number of meetings, goals, and progress towards goals)? The need for clarity on these issues is found in parenting coordination cases with and without IPV. This clarity is of particular significance in IPV/PC cases given a possible history of aggression and the perhaps potential volatility in the future.

Reducing Level of Conflict and Shielding Children from Conflict. PCs endeavor to reduce the level of conflict associated with parenting disputes. PCs help resolve disputes and can act as a buffer to help keep children out of the middle of the conflict between the coparents. In cases where there are either allegations or court findings of IPV, or in cases where the PC suspects that IPV may be a factor, it is all the more important that the children be shielded from the parental conflict. Although court orders may not always be entirely clear on this point, protecting a child from conflict involving any kind of IPV should be a high priority. Agreements or decisions regarding all forms of communication, face-to-face contact, transitions, and joint attendance at children's events are essential elements of the PC's work, particularly when there

is the risk of any form of IPV. Cases where IPV is present or there are IPV risks will require more scrupulous case management and attention to boundaries and logistical details such as office safety policies and safety protocols and procedures for those participating in the parenting coordination process (Recommendations for Comprehensive Training of Parenting Coordinators, 2019, p. 5).

The Role of the PC as Coordinator and Overseer of Therapy in IPV Cases. PCs in IPV cases assist in the communication with and between the therapists involved with the family, oversee parent-child contact, and teach communication skills, with a goal of reducing parental conflict. In a case involving documented, alleged, or suspected IPV, input from treating clinicians is often key to the PC's understanding and effectiveness in a case. Be they attorneys or mental health professionals, PCs also often do more than consult with the mental health professionals in a case. It is not uncommon for a PC to coordinate a treatment team as part of helping the parties achieve the stated goals in a parenting plan or to reduce the level of conflict between the parties.

Parent-Child Contact in IPV Cases.

There seems to be significant variance in the weight that courts give to what the children have to say about their experiences in these families. Coparents with anger management problems may find that when their children reach their early teens, children are simply unwilling to continue spending time with the abusive parent. On the other hand, some children identify with and wish to spend time, and even live, with the aggressive parent as that parent, by definition, has more power, and by being close to that parent, the child has the illusion of being safe (Ferenzi, 1932; Freud, 1937). Some children may attempt to be protective of the abused parent and other

children may try to deny the history of violence in hope that their coparents might reconcile. Depending on the family and presence of any mental health providers, PCs may have a role in identifying or preventing these dynamics. Children, who may have experienced alienating behaviors from one parent or the other (or both), might be reacting to parental influence rather than actual IPV. These are challenging family dynamics and PCs should consult with treating mental health professionals for insight and guidance. When there are no clinicians in place, PCs often help the parties locate suitable therapists who will help the family and also may incidentally assist the PC with case management.

Even in cases when, despite the incidence of IPV that poses risk, young children are allowed by a court to have time with an abusive parent, and the court often orders that such contact be supervised, sometimes by a licensed professional. Contact reports, whether by lay or professional supervisors, can sometimes be shared with the parties and children's therapists who can, in turn, help the PC draft a safety plan for ongoing access, something that can be crucial in IPV. The PC's role, by court order, may also include stepping up the parent-child contact, taking steps to move out of supervised contact, with a step-up plan to normalize access of a parent and child.

Teach Communication. When courts have made findings of IPV, the resulting court orders (including restraining orders) often include restrictions on the coparents' communications. In addition to attempting to help minimize the level of conflict, the PC's goal is also to see that the children are not used as communication facilitators, putting them in the middle of the conflict in what has been called the "untenable middle space" (Walters & Freidlander, 2010).

In cases involving IPV, the PC must explore a number of options for coparenting and communications, including:

- Reliance on email communications rather than phone or text. In some high conflict cases, court orders or PC recommendations require that the parties only use an email platform that the PC can view, which triggers a response in the event of offensive/violent/ disturbing communications.
- Copying the PC on all email communications to monitor communications so they conform with the email rules set out by the PC and prevent hostile, manipulative, threatening, or emotional exchanges. If the coparents have difficulty learning or following these rules, the PC can request that all communications pass through their screening. The PC edits the communications and returns the edited copy to the sender, who can then transmit it to the other party. Providing a new template for communication, such as emails produced at child transition times about medical or educational issues and requests for schedule changes, can help the coparents disengage from the emotional part of their relationship and build a new relationship focused on the business of raising their children to be healthy and well adjusted.
- Parallel parenting structures provide a low amount of contact and communication and separates coparents as much as possible so they engage only in structured communication protocols that include information necessary for access exchanges and travel, and scheduled updates on children's health and medical, education, activities, and emotional/behavioral changes or concerns, thus reducing conflict.

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**Should the PC Be An Attorney or a Mental Health Professional?**

A unique commonality of parenting coordination and family law mediation is that lawyers and mental health professionals can serve in either or both capacities. Lawyers, judges or coparents may ask or consider if a professional with a legal or mental health background is better suited to be a PC for any particular case or family. The evidence of how lawyers and mental health professionals differ in their approach to PC work is nearly all anecdotal. However, some of the distinctions in education, training and experience may lead to a clear preference in any given case for an attorney or mental health practitioner to act as a PC (Deutsch, Misca, & Ajoku, 2018).

An example where a mental health practitioner may be better suited than an attorney might be if a parent requires medical management for a psychiatric diagnosis or a parent has a history of episodic psychiatric issues (e.g., severe depression or bipolar disorders). Insights and experience in managing such issues and communications with treating therapists and other mental health professionals are more common for a mental health professional than a lawyer and thus a mental health professional, generally, may have training and experience that is more aligned with the issues on that type of case.

The question of whether a lawyer or mental health professional is better suited to work as a PC in a case involving a history or risk of IPV thus merits consideration. Treatment of IPV dynamics for coparents, whether perpetrators or victims, and children, usually falls more frequently in the experience and education of mental health professionals than lawyers. This training includes multiple aspects of IPV which include but are not limited to diagnosis, treatment, crisis intervention, and treatment of abusers, victims, and children who may have witnessed IPV but not themselves been victims. PCs with experience in treatment of trauma may work better with a case where a parent presents with symptoms of trauma as a result of IPV.

Unless the lawyer has received specific training on IPV related issues similar to that of a mental health professional, or their law practice offered substantial exposure to or experience representing coparents and children in cases involving IPV (e.g., prosecutors, criminal defense attorneys, and child welfare attorneys working in the dependency system), lawyer PCs should exercise caution before agreeing to an appointment in a case involving IPV. Such legal experience however, even if it is extensive, does not necessarily bestow on lawyers the sensitivities to the psychodynamics of IPV cases and the clinical intricacies involved in the treatment of trauma, coupled with the ongoing emotional needs of children and victims.

In IPV cases, attorney PCs, compared to mental health professionals, may be more attuned to the rules of evidence, conduct that may be a violation of existing orders, and other legal issues associated with restraining orders. This skill set alone may not make one qualified to act as a PC in an IPV case or make one more attuned to the power and control dynamics in such cases. However, the skills are valuable when holding coparents accountable for their behavior and drafting recommendations or decisions. An attorney PC should undertake a rigorous assessment of their training, education and experience to evaluate if they have the skill set to effectively manage and assess families with a history or risk of IPV, even if they have legal experience with such cases.

The AFCC Guidelines for Parenting Coordination (2019) and the APA Guidelines for Parenting Coordination (2012) state that a PC should have training in IPV and child maltreatment. However, if the MHP has not had direct service-related experience with IPV clients, their education and training alone may not make them any more or less qualified than an attorney PC. If there has been trauma in the family and if the MHP has had training and clinical

experience in working with trauma, they may be better suited to be a PC in a case with IPV. The intense emotionality and dynamics in IPV cases could overwhelm any PC, lawyer or MHP, if they have not had substantial exposure to these sorts of clients and dynamics before accepting a PC appointment. Without significant training in the PC role and processes, including interviewing children and understanding and managing coparents where intimate partner violence has been or is present, both lawyers and mental health professionals tend to drift toward their original professional education and training (Lally & Deutsch, 2014).

### **Parenting Coordination Begins: Signs to Watch For**

PCs must remain alert to possible signs that their work with a family has or is going off track. Signs may surface when the parenting coordination process is not working. Examples or signs that a PC process may be off track may be overt such as when there is a direct or implied threat. Other examples are less clear such as when a parent makes repeated unsubstantiated requests, frequent unfounded accusations against the coparent, engages in unabated contentiousness, or has a belittling, belligerent or demeaning tone towards the coparent or PC. Questions may be raised regarding the impact possible undiscovered and unvetted IPV has on the parenting coordination process when a PC's communications or effectiveness become compromised.

First, IPV dynamics may be present if one parent requests that the PC issue 'conduct' orders akin to the judicial remedies a court can impose after finding DV (e.g., stay away orders, no contact orders, or orders restricting communications, etc.). Hypotheses to consider might be that IPV was never screened for and/or that the dynamics were missed at intake or perhaps these dynamics have evolved since intake, or both. A request for conduct orders during the PC process



also could indicate immediate safety concerns for coparents or children and the PC would have to evaluate appropriate safety options (e.g., referral to Child Protective Services or contacting any treating mental health professionals). A request for conduct orders such as restraining orders may also suggest a PC must assess facts underlying the request and this investigative function may also be beyond the scope of the PC process.

While a request for communication restrictions generally is within the purview of the PC, a request for stay away or no contact orders likely extends beyond the PC's authority to issue decisions or recommendations. Such a request should cause the PC to either suggest the parties return to court for further orders, or evaluate the case for referral minimally for a screening and/or perhaps for an evaluation while suspending the parenting coordination process. If the parties are represented, a discussion of the issue with counsel would be propitious to direct the parties back to the court for appropriate orders.

Coparents engaged in high conflict coparenting dynamics and, even more so, those in which there are or may be issues of abuse, may often have poor communication and contact boundaries in their desperation to control the other parent and the situation. Coparents with boundary challenges may push limits including those set by the professionals who are trying to help their family. Hence, the PC, coparents, counsel, and associated treatment providers should exercise care to keep the parenting coordination process within the limits set forth in the PC appointment order so to avoid the risk of turning the parenting coordination process into an alternate forum for adjudication of IPV issues. While trying to be helpful, it is absolutely within the realm of possibility that the PC may cause more harm than good if a family with coercive control dynamics does not receive specific assessment or services to address IPV issues. Cases

with unidentified IPV are vulnerable matters for the PC to deal with given that, while trying to be helpful, the PC may find themselves operating with family dynamics that require interventions outside the scope of their authority or expertise.

Parenting coordination operates best within its proscribed goals of helping the family manage conflict, follow court orders, and increase B.I.F.F. (brief, informative, friendly, and firm) communication (Eddy, 2011). Coparents who push the PC to exceed the parameters set forth in the appointment order may be an indicator of or risk for IPV dynamics. When the parenting coordination process is infiltrated by coercive control, the PC is vulnerable to becoming part of the dysfunctional family system. This may result in the PC being unlikely to effectuate the goals of parenting coordination.

Families that present with some combination of the following issues are good candidates to benefit from parenting coordination:

- No or remote risk factors including no or treated history of previous violence; no or ongoing effective treatment of substance abuse; no presence of severe personality disorder; no or effective ongoing treatment of major mental disorder (major depression, bipolar disorder, psychotic disorders); no history of a pattern of one parent threatening the other including no stalking.
- Single episode of limited kinds of aggression including perhaps lower levels of physical aggression (e.g. pushing and shoving) as opposed to higher and potentially more lethal levels of physical aggression (e.g. choking, threats or use of a weapon); mild as opposed to higher levels of emotional aggression; no sexual coercion; no coercive control.

- Lack of an ongoing pattern of aggressive behaviors; perhaps single incident, separation associated aggression, or conflict instigated aggression.
- Any kind of aggression being in the past and not recent.
- Aggression that the children are not exposed to or they do not witness.

Families that present with some combination of the following issues are more vulnerable to pushing boundaries and increasing risks so that the objectives of a PC appointment may not be realized (Fidler & Greenberg, 2019):

- Risk factors are currently present or have been in the not too distant past including history of violence, history of or current untreated substance abuse, and/or a severe untreated major mental disorder (major depression, bipolar disorder, psychotic disorders) that renders the person unable to participate in the process; presence of a personality disorder or severe personality difficulties including antisocial and paranoid personality disorders; pattern of one parent threatening the other including stalking; and access to weapons.
- Chronic violations of court orders or previous parenting coordination agreements; parent who is unwilling to engage in the process (Fidler, 2018)
- Pattern of multiple kinds of aggression including perhaps higher and potentially more lethal levels of physical aggression (e.g. choking, threats or use of a weapon) as opposed to lower levels of physical aggression (e.g. pushing and shoving); with higher levels of emotional aggression, sexual coercion, and/or coercive control.
- Pattern of more severe ongoing violence as opposed to single incident, separation associated aggression, or conflict instigated aggression.

- Any kind of aggression being current or recent as opposed to being in the distant past.

Awareness that one or more of the above factors are present would be cause for assessing the PC's effectiveness or seeking consultation.

### **IPV Cases That May Not Be Appropriate for PC Work**

Not all cases are necessarily a good fit for the parenting coordination process, especially cases with a history of severe, frequent and continuing IPV. Cases with coercive control and significant risk factors may also be quite challenging. As the AFCC Guidelines on Parenting Coordination 2019 (p. 2-3) state:

The dispute resolution process central to a PC's role may be inappropriate and potentially misused by perpetrators of intimate partner violence (IPV), who have exhibited or are continuing to exhibit patterns of violence, threat, intimidation, and coercive control over their coparent. Accordingly, each jurisdiction should have in place a clearly delineated process to develop specialized parenting coordination protocols, screening, procedures, and training in cases involving IPV.

The question is: How does a PC decide when the IPV makes a case inappropriate, or unsafe, for parenting coordination?

In a 2014 study, Giselle Haas attempts to categorize the degrees of IPV that can determine whether or not a case is appropriate for parenting coordination:

1. Separation-Instigated Violence (SIV). Generally, this refers to a few incidences of a kind of violence that generally occurs around the time a couple separates, does not cause substantial physical harm (ex: property damage), in relationships that do not otherwise have a long history of IPV. SIV is limited to a time period of heightened emotionality and by definition does not involve substantial physical harm nor involve repeated incidents of violence. Coparents with SIV would merit

Careful vetting and should not be automatically excluded from the PC process. In fact, these cases present with high conflict, but little risk of renewed violence, and typically settle down with the procedures, protocols and education a PC provides.

2. Conflict-Instigated Violence (CIV). Violence in which power, coercion, and control are not central to the dynamic, in relationships in which the partners are not afraid of one another (pushing or grabbing that do not result in serious injuries and often stops after separation). Coparents with CIV also would require careful vetting because CIV may be recurring and is coincident with conflict. CIV raises red flags about suitability for the PC process. However, coparents who are candid about CIV dynamics and open to services may work well with a PC. Education about conflict management, experience resolving problems without violence, and protocols for communication and contact often help these coparents move into a more stable, steady coparent relationship.
3. Violent-Resistance Violence (VRV). Self-defense rather than an attempt to control the other person, often exhibited by someone who has been battered in a prior relationship to establish that abuse will not be tolerated with the current partner. Coparents with VRV would merit careful vetting to determine the level of trauma and any propensity for being in abusive relationships. The coparents' mutual understanding of their VRV dynamic would be a factor in determining suitability work with a PC. Protocols for contact and conduct reduce the likelihood of violence and can create a safer and appropriately boundaried coparent relationship.

4. Abusive-Controlling Violence (coercive control) (ACV). This type of violence is characterized by intimidation, coercion, control, and emotional abuse in order to dominate the other partner through fear, often including severe physical and/or sexual abuse.<sup>i</sup> ACV cases are a red flag for PC work. Coparents with ACV would require detailed conduct orders, focused services, and regulated communication protocols for the PC process to be effective. ACV cases would require an unusually experienced and qualified PC capable of exercising scrupulous monitoring of coparenting dynamics and are more likely not suitable for the PC process (Hans, 2014).

PCs should approach all forms of family violence with great concern and caution. As Haas points out, not all violence fits in these categories, especially in situations involving substance abuse or mental illness. However, while some of the above categories, like SIV, CIV and VRV, may not necessarily rule out the possibility that a PC could be effective, the dangers associated with the most extreme forms of IPV, such as ACV (or coercive control, as defined above) can make such cases difficult and involve too much risk of harm for a PC to safely manage.<sup>ii</sup>

Many studies have referred to the potential danger parenting coordination poses for victims of IPV when the parties meet with the PC in the same physical space. While this is, in and of itself, a valid concern, it should also be noted that PCs usually have the discretion over how to conduct and manage parent meetings and communications. PCs may decide to meet with the coparents separately, and communications between the coparents and the PC may be

conducted by email or separate phone calls, as well as more inclusive means such as conference calls or joint meetings.

It is not always ill-advised for a PC to handle cases that have a long history of IPV; it depends on the experience and training of the PC, as well as the level of violence and the mental stability and resiliency factors of both parents as well as resources available to the family. This includes access to trauma-informed treatment if there has been trauma. IPV is not an all-or-nothing phenomenon; it is a gradation of behaviors that can range from manipulation to physical violence to murder; and virtually all such cases, whether handled directly by judges, court mediators, or private PCs, will involve coparents who lobby and attempt to manipulate or influence the judge, mediator or PC.

In some cases, given the PC's frequent and continuing contact with both parents (often, via email, on a frequent basis), and the PC's ability to reduce the level of conflict, the PC may be well positioned to identify and reduce the danger of some forms of IPV. This can happen even when there has been relatively severe IPV. However, this must be balanced by the priority of ensuring the safety of the coparents and the children. PCs may have more frequent contact with the coparents, but they do not have the same powers and resources as a judge at the courthouse (e.g., a public place, bailiffs or other law enforcement present, larger physical space, etc.). Fears of violence, threats or intimidation are indices for the PC that they may not be able to protect the parties, children or themselves and thus they should decline, suspend, or terminate an appointment in those circumstances.

There have been very few studies to date that focus on the effectiveness of parenting coordination, let alone PCs in IPV cases (Deutsch, Misca, & Ajoku, 2018).. One 2016 study

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conducted by a court in Cuyahoga County, Ohio (Institute for Court Management/ICM Fellows Program, 2016) found that, in cases referred to PCs:

There was a significant *decrease* in the number of motions filed, scheduled court events, and trials in the two years after appointment of a coordinator...Motions decreased 56%. Court events decreased 58%. Trials decreased 32%. The average number of motions per case declined from 22.87 to 10.06 (Ordway, 2017).

Compare this to the statistics for high conflict cases, in which, unlike the parenting coordination sample, there was a significant *increase* in the number of motions filed, scheduled court events, and trials: motions increased 96%; court events increased 70%; trials increased 91%. The average number of motions filed per case increased from 9.69 to 19.03.

This study concluded that:

The data from the parenting coordinator sample and the [*high conflict case*] control group sample resemble complete opposites. There was an impressive reduction in court usage after parenting coordination was ordered and a boost in court usage without parenting coordination.... In the parenting coordination sample, 410 fewer motions were filed in the post period. There were 272 fewer court events. There were six fewer trials. In the high conflict control group sample, 299 more motions were filed in the post period. There were 155 more court events. There were ten more trials. The time saved in the parenting coordination sample is an enormous savings; the work managing the extra litigation in the high conflict control group is an enormous burden (Ibid.).<sup>iii</sup>

However, the same study pointed out that a majority of PCs surveyed believed that the incidence of IPV in a child custody dispute was one of the leading indicators (67% of cases) that a family would not benefit from parenting coordination.

In another study, an unpublished Ph.D. thesis on the subject of PC's and IPV, Ann M. Ordway (2017) suggested that there were a number of ways that a trained PC could help reduce conflict in a custody dispute:

First, the parenting coordinator is a buffer for the victim by providing a filter for communication by the abusive party, thus endeavoring to reduce verbal and



psychological abuse in everyday communication. Second, the parenting coordinator, through direct access to the batterer, has occasion to work directly with the aggressive party to educate and potentially alter the aggressive behavior by intervening before the problem occurs, and sometimes to prevent miscommunication that would otherwise result in punitive measures. From this angle, parenting coordination also satisfies the concerns of advocates for individuals maintaining that they were wrongfully accused of domestic violence, now concerned that they will be falsely accused of violating a restraining order. The third party, neutral witness can be both a deterrent and insurance of truth in the otherwise he said, she said battle that perpetuates the IPV dynamic. Finally, and maybe most important, the parenting coordinator replaces children as the middlemen and messengers in their coparents' high conflict divorce. If there is recognition that high conflict coparents frequently triangulate children, and that high conflict divorce has a pervasive, negative impact on children, it stands to reason that removing the children from the family triangle through replacement by an experienced professional who can monitor and facilitate parental communication, while better insulating children, is a positive.<sup>iv</sup>

Despite these positive indicators of the ways PCs can help reduce the level of parental conflict, there also will be situations when the only course for a PC is to withdraw. In the case of an abusive spouse with severe anger management problems, these tendencies can translate into threats to make licensing board complaints about the PC or take other legal action. It is incumbent on PCs to know when their neutrality has been compromised such that they can no longer work effectively with the coparents/family.

PCs would be well advised to make sure that the appointment order defines their scope of authority and provides them with sufficient discretion over the communication protocols to prevent manipulation by an abusive parent, such as having discretion to determine the frequency of communications; control over the issues presented for decision; explicit identification of warning signs that power dynamics potentially are lapsing into a pathological dynamic or threaten termination of the parenting coordination process.

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**A Formula for Success: Maximizing Success in Parenting Coordination Work in IPV****Cases.**

PCs are able to manage communications, compliance with the parenting plan, and implement problem resolution processes with coparents who are in chronic high conflict. These families are often plagued by erratic or unpredictable behaviors and responses, unresolved disagreements about their children, and anger and mistrust toward each other. A history of IPV often leads to even greater mistrust and fear of abuse, manipulation, and/or abuses of power.

Screening to assess these factors, both initially and ongoing, is a way to manage risks for these coparents. If the rule-outs of coercive control and/or current physical abuse are not present, a PC can often help the parties disengage; put safety protocols in place for communications, transitions, and any other face to face contact; and create expectations for cordial and respectful behavior.

The potential for success in the parenting coordination process is not solely determined by the type of violence and not necessarily only or predominantly by the frequency and severity of the aggression in the relationship. Other variables to be considered include both the external and internal resources available to the family. Parents with the support of family and friends as they heal from both trauma and loss respond to the parenting coordination process better than those who are isolated or estranged from family and friends. Predictably, when violence has been a part of the coparent relationship, those coparents who remain part of a community with access to friends, family, and resources benefit more from parenting coordination.

Further, parenting coordination work can be most helpful in cases in which the victim parent is resilient and in cases in which the victim has healed from any trauma related symptoms

or when the aggressor parent has found ways to manage their anger and tools to cope with stress. Parents who have a stronger foundation are able to recover more readily from loss and trauma and more likely to respond to the tools that the parenting coordination process can offer.

In addition, managing conflict and building problem-solving and negotiation skills results in more predictability and stability for the coparents and ultimately the children. Creating time expectations for responses between coparents, or limiting the number of communications, is an effective protocol to reduce manipulations through delay, intrusion or harassment. Addressing and documenting all violations of agreements and court orders holds the coparents accountable and can provide a record for coparents, counsel or the court. This is often quite useful in cases of IPV, as the victim parent feels heard and documented violations can be useful for the court if the PC believes the process is not working. The goal, of course, is for the PC to initially act as a buffer, encapsulate the conflict, and build structures and protocols that the coparents can ultimately follow and use on their own, reducing the need for the PC.

### **Conclusions.**

Whereas there are certainly cases with IPV in which parenting coordination is ill advised, that is not true for all cases. The appointment of a PC in an IPV case may provide the structure, boundaries, and monitoring to be the key to protection, safety, and success. Parenting coordination can help facilitate the coparents' work to enhance the three dimensions that are associated with improvements in coparenting—lowering of conflict, increasing trust and support, and reducing triangulation (Margonin et al, 2001; McHale & Grace, 2010; Pruett M. & Barker, R.K. (2009).

If there is IPV in a family involved in parenting coordination—and if a screening and assessment show that the IPV involves conflict with “normal” control issues (i.e., no coercive control)—the family may benefit from the parenting coordination process. Further, families with IPV that involves less severe kinds of physical IPV such as pushing, shoving, slapping, and does not involve intimidation, isolation, and fear, do not necessarily rule out parenting coordination.

Factors that could complicate the parenting coordination work in combination with IPV include untreated or unmanaged substance abuse and psychiatric disorders (Fidler & Greenberg, 2019). If the conflict includes IPV involving coercive control (with or without physical violence), then the parenting coordination process may not work and could even provide a forum for additional harm. If, though, the elements of the IPV are more with roots in “normal” control issues and are conflict instigated, the coparents may very well benefit from parenting coordination, as the process helps them obtain the tools needed to identify and express feelings constructively, manage conflict, and communicate in a brief, informative, friendly, and firm manner (Eddy, 2011). In those cases, parenting coordination may be the key to success for the family.

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