

A Paradigm Shift in Family Law

Elisa Reiter and Daniel Pollack | February 24, 2026



Child custody evaluations stand at a critical crossroads. For decades, evaluators have assessed families through traditional psychological lenses, often overlooking the profound impact of childhood trauma on behavior, attachment, and family dynamics. A change is underway. This change recognizes Adverse Childhood Experiences (ACEs) not as singular, isolated events, but as basic influences that shape how children and parents function within the family system.

The trauma-informed approach represents more than a change in methodology. It fundamentally reimagines how we understand resistance to contact with parents by children, estrangement, and parent-child dynamics in high-conflict child custody cases. Such a shift comes at a time where judges increasingly struggle to

distinguish between genuine safety concerns and manipulative tactics in custody battles.

Understanding ACEs: The Foundation of Trauma-Informed Practice

The landmark [1998 CDC-Kaiser Permanente Adverse Childhood Experiences Study by Felitti, Anda et al.](#) transformed our understanding of how childhood trauma impacts lifelong health and functioning. The original study of thousands of participants identified ten categories of childhood adversity, including physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, witnessing domestic violence, household substance abuse, household mental illness, parental separation or divorce, and having a household member who is incarcerated.

Findings included the insight that the more difficulties – ACEs – a person experiences, the greater the risk for physical and mental health issues, such as depression, anxiety, substance abuse, and chronic diseases. More than half of the study participants acknowledged experiencing at least one ACE, with one in four participants noting multiple ACEs in childhood.

What is the impact of this research on child custody evaluations? Children who are the subject of family court litigation often carry significant trauma burdens, not just from the separation of their parents or anchor adults, but from pre-existing dysfunction within their homes, domestic violence exposure, and/or parental mental illness. Adults at the vortex of custody battles frequently present with their own ACE histories, which may impact their own parenting capacity, how they respond to stressful situations, and their ability to co-parent effectively.

The ACEs Framework in Custody Evaluations and Assessments

Modern trauma-informed custody evaluations must integrate ACE screening as a standard component. The [American Psychological Association's 2022 Guidelines for Child Custody Evaluations in Family Law Proceedings](#) emphasizes the importance of screening for intimate partner violence (IPV), maltreatment of children, and trauma that can result from IPV and mistreatment of children. These [guidelines](#) represent an evolution from prior versions, noting that evaluators must be “mindful of possible etiologies for behavior, including but not limited to neuropsychological issues, substance use, cultural factors, characterological traits and attachment histories.”

[Evaluators trained](#) in trauma informed practice understand that many adults have experienced at least one traumatic event in their lifetimes, though only a fraction of those with such experiences may develop diagnosable trauma-related disorders like PTSD.

Distinguishing Trauma Responses from Parental Estrangement

Perhaps nowhere is the trauma-informed lens more critical than in distinguishing between legitimate trauma responses and parental estrangement. This distinction carries great weight, to assure that evaluators do not misidentify characteristics and experiences. Why? Evaluators strive to assure that children are not forced into contact with unsafe parents and avoid allowing manipulative behavior to continue unchecked. It's a difficult balancing act.

What characteristics do evaluators need to be sensitive to? Trauma responses typically include hypervigilance, fear of physical contact, avoidance behaviors, frozen or vacant staring, behavioral extremes, trauma reenactment during play, and hypersensitivity to certain situations. Evaluators must analyze whether a child's rejection and refusal to see one parent is context-specific and inconsistent, triggered by specific reminders of past harm.

With parental estrangement, children often present with uniformly negative views of the rejected parent with little ambivalence, using language that appears to potentially be coached or beyond the child's developmental capacity, making allegations that are absurd or impossible, showing no remorse as to their harsh treatment of the targeted parent, with the children engaging in reflexive support of the parent with whom the child is aligned.

A child custody evaluation must delve deeper than surface behaviors.

Understanding the full context is crucial, including patterns of behavior over time, collateral information from multiple sources (relatives, friends, teachers, doctors, and counselors) and the history of family relationships.

Trauma-Informed Evaluation Methodologies

The [Association of Family and Conciliation Courts' 2022 Guidelines for Parenting Plan Evaluations in Family law Cases](#) provides a comprehensive framework for conducting trauma-informed assessments. The Guidelines emphasize several key adaptations in methodology.

1. *Developmentally Appropriate Assessment.* Evaluators must employ age-appropriate interview techniques that don't retraumatize children. If a young child has experienced trauma, traditional interview techniques may be ineffective or harmful. Trauma-informed evaluators use play-based assessment, observe parent child interactions in a "natural setting," and use validated trauma screening instruments designed to assess children for different developmental stages.
2. *Multiple Data Points Over Time.* Evaluations conducted over a limited number of sessions can miss important information. Longitudinal evaluations, conducted over six months or more, allow patterns to emerge and allow evaluators the chance to observe behavioral consistency or inconsistency. Family dynamics may not reveal themselves initially. Information may surface over time. Evaluators must also be sensitive to avoid confirmation bias.
3. *Structured Screening for Violence and Trauma.* [Screening](#) for violence and trauma should occur during the evaluation process, preferably early in the process. The presence of a history of violence or trauma can and should shape on-going assessment activities.
4. *Comprehensive Collateral Information.* Evaluators should [cast a wide net](#) to gather information. This includes medical records documenting allegations of injuries or treatment for trauma-related symptoms, school records showing any behavioral changes or academic performance patterns, therapy records from treating clinicians, child protective services reports, law enforcement records, and interviews with extended family members, teachers, and other collateral contacts who have observed family dynamics and interactions.

Avoiding Additional Harm

[Trauma-informed evaluators](#) create safety through a variety of alternatives. They establish clear boundaries and expectations at the outset, explain the evaluation process in developmentally appropriate language, allow children to set the pace of disclosure about sensitive topics, avoid repeatedly asking children about traumatic events, coordinate with professionals who have existing or past therapeutic relationships with the parents and/or the children to assure consistency of care, and recognize traumatic responses (such as dissociation or flat affect).

The evaluation process can be triggering for those who have experienced trauma. Trauma-informed evaluators recognize that defensive behavior, emotional dysregulation, or difficulty in providing linear narratives may reflect a trauma history. Evaluations should focus not only on whether there is empirical evidence of traumatic experiences and responses to those experiences, but whether each party's responses impact each party's parenting and whether appropriate supports for each parent can mitigate any negative effects of any such experiences.

Neurobiology and Custody Decisions

Understanding trauma's neurobiological impact informs context for custody recommendations. An individual's exposure to chronic childhood adversity affects brain development, particularly regions of the brain responsible for emotional regulation, threat detection, and executive functioning. [Research](#) reflects that the hippocampus, amygdala, and prefrontal cortex – areas critical for memory, emotional processing, and decision-making – reflect structural and functional changes in individuals with high ACE scores.

The focus of a trauma-informed evaluator must shift. Instead of asking, “Why does this parent get so angry?” they need to instead ask, “What triggers this parent’s dysregulation, and what coping mechanisms have they developed?” A child who has been exposed to IPV or may react with hypervigilance or aggression, not because they are difficult, but because their threat detection systems are overactive.

Cultural Competence and Trauma-Informed Practice

The intersection of trauma-informed practice and cultural competence deserves attention. The original ACE study involved predominantly middle-class, college-educated participants. Later research, including the [Philadelphia Expanded ACE Survey](#), revealed that other communities often experience higher rates of ACEs.

What must a trauma-informed evaluator do? Recognize that experiences of historical trauma constitute additional forms of adversity that impact families involved in custody disputes. Such factors may influence how parents and children interact with and within the legal system, their trust in mental health professionals, and their willingness to share and disclose sensitive information.

Implementing Trauma-Informed Recommendations

The goal of any custody evaluation is to generate recommendations that serve the best interests of children. In trauma-informed practice, such recommendations should account for trauma’s ongoing impact and the need for healing-centered, therapeutic approaches.

Recommendations could include structured reunification processes that respect a child’s pace of healing, therapeutic interventions to address specific trauma symptoms, parenting education focused on trauma-affected families, and safety planning that addresses realistic threats, while avoiding overly restrictive recommendations.

How to achieve consistent support as the family heals from its rifts? Some states have developed procedures for trauma-informed approaches. [Florida courts](#), for example, have implemented what they refer to as the “Big 10,” including a practice grounded in therapeutic jurisprudence:

1. *Understand trauma and child development.*
2. *Presume trauma.*
3. *Coordinate all cases involving one family.*
4. *Set expectations for trauma and child development information.*
5. *Read the case file with a trauma lens.*
6. *Order screening, assessment, and treatment.*
7. *Hold all accountable.*
8. *Be a convener.*
9. *Monitor the data.*
10. *Take care of yourself.*

[Vicarious trauma](#) is a frequent by-product endured by judges, attorneys, mental health professionals, and others involved with family law cases.

The Future of Trauma-Informed Custody Evaluation

Custody evaluation practice must keep pace with our developing understanding of trauma's impact. There are multiple needs that must be addressed: continuing education by judges, custody evaluators and others regarding trauma-informed principles and ACE research, developing standardized trauma screening protocols appropriate for forensic settings, and closer collaboration between forensic evaluators and trauma specialists.

Conclusion

Childhood adversity can shape behavior, attachment and functioning in profound ways. Evaluators must dig deeper than surface-level observations to truly grasp unique family dynamics that present in each case. We need to understand the complex nature of distinguishing trauma from other issues, and commit to methodologies that glean accurate information without inflicting any additional harm.

Trauma-informed practice recognizes that many families caught up in custody cases have already experienced significant adversity. Indeed, our evaluation processes may compound that harm or become part of healing via approaches that embrace the concepts of [therapeutic jurisprudence](#).

The question is no longer whether to adopt trauma-informed practices, but how quickly we can implement them across all child custody evaluation settings. Children and families impacted by trauma deserve nothing less.

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Original link: <https://www.law.com/newyorklawjournal/2026/02/24/a-paradigm-shift-in-family-law/>