International Child Law: The Mental Health Effects on Stuck Parents

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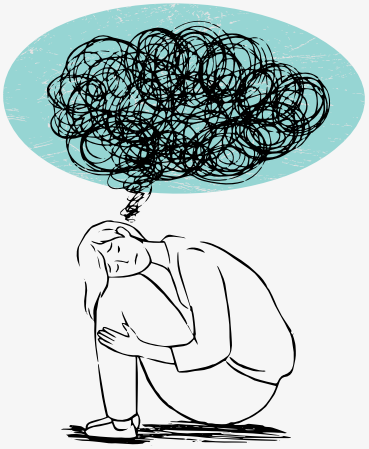

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ABBREVIATIONS / GLOSSARY

GA: GlobalARRK: Global Action on Relocation and Return with Kids

GAD: Generalised Anxiety Disorder

PHQ: Patient Health Questionnaire

PTSD: Post Traumatic Stress Disorder

Parental Responsibility: All the rights, duties, powers, responsibilities and authority which by law a parent of a child has in relation to the child and their property (section 3(1) of the Children Act 1989).

1980 Hague Convention / Hague Abduction Convention: the 1980 Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction.

1996 Hague Convention: the Convention of 19 October 1996 on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures for the Protection of Children.

Taking parent: A parent who has removed or retained a child(-ren) across international borders, without necessary consent or court order, and is involved in return proceedings under the 1980 Hague Child Abduction Convention.

Left behind parent: A parent who has filed an application under the 1980 Hague Abduction Convention for the return of the child(-ren) to the country that they had been living in prior to the removal.

Stuck Parent: A parent who is unable to lawfully return to live in the country they consider 'home' with their child(ren) after an international residence dispute with the other parent. This might be the case whether or not the matter actually goes to court.

State of habitual residence – the State where the child was living prior to the removal or retention, i.e. the place where the child normally lives, taking into account their degree of social and family integration.

ABBREVIATIONS / GLOSSARY

Legal Aid: Public funding given by the government for parties in dispute requiring legal advice, mediation or representation in court. The framework for the provision of civil and criminal legal aid is contained in Part 1 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO).

Means tested: A means test, in determining whether a person qualifies for legal aid, looks at both the applicant's income and capital.

Merits tested: A merits test includes having regard to the interests of justice, the likelihood of success and whether there is sufficient benefit to the applicant.

1. INTRODUCTION

This study investigates the interplay between the law and the mental health of predominantly primary carer litigants in cross border children disputes. It is a collaborative pilot research study which engaged 75 participants in exploring the mental health impact of being a 'stuck parent' and the impact on family life including the impact on the child(ren) of the family. The study also collates the experiences of parents who have been involved in cross-border cases, particularly those where allegations of domestic abuse were raised. Amidst rising global migration and corresponding cross border movement of families, this report is both urgent and essential. Yet there is little by way of first hand research or studies into the interdisciplinary nature of mental health and family law.

The report combines three perspectives: legal, psychiatric, and frontline parent support to explore the mental health impact on a 'stuck parent': a parent who is unable to lawfully return to live in the country they consider 'home' with their children usually following international family law proceedings. From an English court perspective, the nature of these proceedings may include parental child abduction under the 1980 Hague Convention on the Civil Aspect of International Child Abduction, permanent relocation applications (and at times, temporary relocation applications) and Wardship proceedings. This report summarises the findings from the research and any key recommendations to raise awareness, approach, and where possible address the impact that international child abduction has upon the mental health of 'stuck' parents. It is important to highlight that although the ambit of the study on mental health explores circumstances where symptoms are developed primarily as a result of being 'stuck', secondary issues often arising from violence and abuse are key factors for consideration.

It is hoped that this report will facilitate a dialogue between global specialists in the cross border movement of children and provide an opportunity to reflect on the existing understanding of legislative (domestic or international) application in cases where mental health vulnerabilities exists, as well as equipping frontline stakeholders on how best to tackle this emerging issue for both parents and their children.

1.1 **GlobalARRK and 'Stuck Parents'**

GlobalARRK (GA) is a UK based charity which supports around 500 families a year. The charity was registered in 2016 to 'relieve the needs of children and families at risk of, or undergoing, international custody and residence conflict including international parental child abduction'.

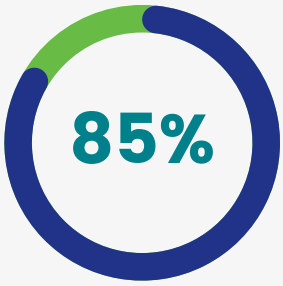
In GlobalARRK's caseload the percentage of Hague Abduction cases is around 25-30%, the remaining parents are applying to Relocate home or are unable to make a Relocation application for a variety of reasons. In many cases, these parents report it being extremely hard to stay in the country where they find themselves 'stuck' because of a range of issues such as the lack of visa, language barriers, unemployment, poverty, and post separation abuse. [1]

GA offers parents a range of services to help, including a free call back helpline; specialist information; signposting to free expert legal advice; befriending calls; a peer support network and workshops often led by and for other 'stuck parents'.

In addition to supporting 'stuck parents', GlobalARRK raises awareness about this issue, campaigning for improvements to the system and supporting research in this field.

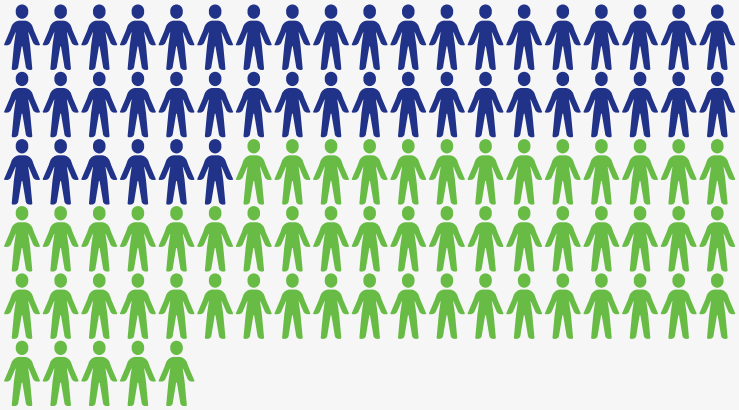
1 See generally GlobalARRK Impact Report 2021-22, and GlobalARRK Impact Report 2022-23. Available at <https://www.globalarrk.org/about-us/testimonials/>

The GlobalARRK 2022-2023 Impact Report statistics show: [2]



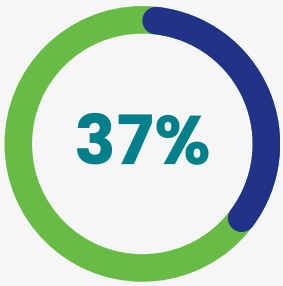
85% of stuck parents experienced domestic abuse

58% had financial difficulties



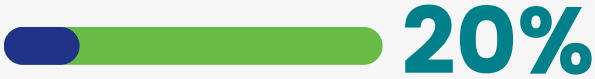
44% didn't have legal representation

37% said they faced language barriers



38% were in insecure housing

20% had immigration problems



2 GlobalARRK Impact Report 2022-23, p.7 Available at <https://www.globalarrk.org/about-us/testimonials/> See also GlobalARRK Impact Report, 2021-22; 81% of stuck parents experienced domestic abuse, 43% reported language barriers and 20% did not have a visa.

The GlobalARRK survey shows that 44 parents out of 230 had been through a 1980 Hague Convention case and in 20% of cases the primary carer was separated from their child after the child was returned under the 1980 Hague Convention.

GA has worked for many years at the frontline and observed the negative impact of being 'stuck' and the legal ramifications on a parent's mental health at a time when they are far from home and away from support networks normally offered by family and friends during a separation or divorce.

1.2 **Mental Health**

There appears to be limited research on the mental health consequences for parents involved in cross border children proceedings and disputes. The experience of feeling trapped in an overseas country alone can lead to an inherent loss of autonomy and control, notwithstanding compounding factors which may include isolation, financial hardship, domestic violence and abuse, difficulties accessing health care and a supportive network. Some parents may be unable to secure employment or speak the language. The GA Impact report 2021-22 revealed that 70% of parents felt they needed emotional support and 85% experienced domestic abuse.[3] This is within a community of parents who have an awareness of their own mental health as well as the capacity to reach out to find this support. It is possible that there are more 'stuck parents' without this self-awareness and help-seeking behaviour who may have more mental health difficulties than in our study population.

3 GlobalARRK Impact Report 2022-23, p.6.

Seligman (1972)[4] identified the theory of learned helplessness, whereby being repeatedly unable to avoid negative situations leads to feeling powerless and eventually not even trying to prevent adversity. This is known to lead to depression.[5] Studies show that lacking or losing an internal locus of control predisposes individuals to conditions such as depression and post-traumatic stress disorder.[6] For 'stuck parents', the locus of control usually sits with the other parent or the court system. Being unable to leave an intolerable situation can create conditions within which PTSD can develop and be sustained. Wishing to be in your home country and with loved ones is a natural human desire. To be denied this need and essentially cut off from regular in person contact with attachment figures can provoke feelings of grief and loss. Without resolution, this can develop into depression. At its most intolerable it may lead to individuals considering self-harm or suicide.

Feeling out of control – and the efforts made to regain control – can lead to psychiatric illness, for example anorexia or obsessive compulsive disorder. There can also be a counter-reaction with a loss of control under pressure, for example with addictions, impulsivity or bulimia. Many 'stuck parents' face relinquishing control over where they live, if they are to remain with their children, with all that this entails. This major life loss can be layered with additional traumas from the relationship itself, the relocation battle and the ongoing struggle of living far from where is considered 'home'. Maslow (1954) posited a sense of belonging as one of his hierarchical human needs required for us to reach our full potential and to be happy.[7] A feeling of being 'home' is contingent on this sense of belonging.[8] Being 'stuck' could be viewed clinically as an extreme and relentless form of homesickness: a condition which is known to negatively impact a person's physical, cognitive and psychological well-being. Psychiatric treatment requires an intervention which can address all factors that may precipitate, worsen or perpetuate a mental illness. It may be clinically difficult to treat 'stuck parents' with resulting mental illness from being 'stuck' as this factor in their illness is unlikely to change.

4 M Seligman, Learned Helplessness (1972) *Annu Rev Med*, 23: 407-12.
5 Hilary. A. Franke, Toxic Stress: Effects, Prevention and Treatment (2014), *Children (Basel)* 1, (3), 390-402
6 J.B Rotter, Generalized expectancies for internal versus external control of reinforcement (1966) P*sychological monographs: General and applied* 80(1), 1.
7 A H Maslow, Motivation and Personality (1954) *Oxford, England: Harpers.*
8 S Fisher, Homesickness, Cognition and Health (2017) *New York, NY: Routledge* (1st ed.)

1.3 **The impact on children**

Children do not grow up in isolation. In the words of Winnicott, 'There is no such thing as a baby; there is a baby and someone'. [9] This applies to all ages of children. They are directly and indirectly affected by the circles around them but especially by key caregiver relationships. A primary attachment figure (such as a mother) influences how a child learns to emotionally regulate, form a blueprint for relationships and function adaptively. Parental mental illness can interfere with healthy attachment which can cause impairments in a child's social, cognitive, emotional and biological functioning. It can lead to later life mental health problems for the child.[10] This negative influence may be compounded by factors common to 'stuck parents': parental separation, growing up in a home of conflict and the lack of a buffering support network. In cases where parents are unable to return or remain in the stuck country with their child, children face separation from a significant attachment figure. Separating a child from their caregivers is known to cause psychological damage and in many cases could be viewed as psychological harm or an intolerable situation for the child; an experience which could arguably meet criteria for Article 13 (1)b) of the 1980 Hague Convention exception to return.[11] Conversely, counter arguments have included the assertion that the parent would be returning to a country which has an adequate health system with mental health treatment facilities. If a parent and child are separated, even the best psychiatric facility would find it difficult to ease the emotional distress that would be experienced by a child in that circumstance.

9 DW Winnicott, The Family and Individual Development (1966) New York: Basic Books
10 S Mares, L Newman and B Warren. (2011). Clinical Skills in Infant Mental Health. (2nd ed). ACER Press; chapter 2.
11 Permanent Bureau of the Hague Conference on Private International Law, Guide to Good Practice under the HCCH Convention of 25 October 1980 on the Civil Aspects of International Child Abduction – Part VI – Article 13(1)(b) March 2020; paras 63-66.

2. LEGAL BACKGROUND

In the English jurisdiction, the cross border movement of children is governed by international family law proceedings that may take the form of a relocation application (temporary or permanent) under the Children Act 1989 (England and Wales); an application pursuant to the 1980 Hague Convention on the Civil Aspect of International Child Abduction ('the 1980 Hague Convention') or through Wardship proceedings under the inherent jurisdictions of the High Court. In the context of the terminology 'stuck parent', a parent may qualify as such when, for example, they are unable to return to the country they consider home either because they do not have the consent of the other parent, or permission from the court, to remove the child from their country of habitual residence. Where the latter is concerned, it may be that permission was sought and refused, or that the parent is unwilling or unable to make an application due to, for example, the lack of financial resources or merit.

2.1 **International Relocation Proceedings**

Unless by consent from those with parental responsibility, the international relocation of children from England and Wales to another country will require an application to the court for permanent leave to remove. The legal principle applied by the court is that the welfare of the child is the court's paramount consideration pursuant to Section 1 (1) and 1 (3) of the Children Act 1989. The guidance in *Payne v Payne* (2001) EWCA Civ 166 and subsequently *K v K (Relocation: shared care arrangement)* (2011) EWCA Civ 793 provides that the focus on any decision is the best interest of the child. In *Re F (International Relocation Cases)* (2015) Civ 882 it was noted that the fuller guidelines set out in Payne v Payne (para 40) should be seen in the context of the welfare analysis and always through the lens of the welfare analysis, placing the interests of the child as the paramount consideration. Indeed, in this regard, a 'global holistic evaluation' may ensue. In *S & V (Children – Leave to Remove)* (2018) EWFC 26 therefore, it was noted that irrespective of the controversy over the guidelines in Payne v Payne, it was obvious that the guidance provided questions that allowed for a 'global' or 'holistic' or '360 degree' exercise which is endorsed. S & V summarised that '...if the applicant's case is not well thought out and is not supported by evidence it will likely fail. Obviously, if the applicant's case, or the respondent's defence, is not advanced in good faith but rather is driven by an unworthy ulterior motive, then that case, or defence, will fail. Obviously, the court must consider the impact on the mother if the application is refused as well as the impact on the father if it is granted'. [12]

12 *S & V (Children – Leave to Remove)* (2018) EWFC 26 [2]

2.2 **1980 Hague Convention proceedings**

The 1980 Hague Convention is a global private international law instrument designed to tackle the civil aspects of international child abduction. The 1980 Hague Convention is based on the premise that the wrongful removal or retention of a child across international borders is generally contrary to the child's welfare and that, in most cases, it would be in the best interests of the child to be returned to the State of his/ her habitual residence where issues related to the custody of or access to the child may be resolved in that jurisdiction.[13] Accordingly, the 1980 Hague Convention seeks to secure the prompt and summary return of a taken child to the country of his/ her habitual residence (Art 1).[14] Since its entry into force, the evolving picture has shown that the social background of perceived 'abductors' has changed: statistics have shown that the majority of taking parents are mothers[15] many of whom are raising allegations of domestic abuse.[16] This is as opposed to the original perception that taking parents were non-resident or non-primary carer fathers. Although there are no comprehensive statistics on how many 1980 Hague Convention cases involve allegations or findings of domestic abuse, research has shown that this phenomenon frequently plays a role in parental child abduction cases,[17] with indications that allegations of domestic abuse frequently features in parental child abduction cases involving Article 13(1) b). [18]

13 E Pérez-Vera, 'Explanatory Report on the 1980 Hague Child Abduction Convention, Acts and Documents of the Fourteenth Session' (1982) para 20-26.

14 Ibid; 1980 Hague Convention preamble, and Article 1.

15 N Lowe and V Stephens (in consultation with the PB), Global Report – Statistical study of applications made in 2021 under the 1980 Child Abduction Convention, Prel. Doc. No 19A of September 2023, para 14, 41, 151 (75% in 2021, 73% 2015, 69% 2008, 68% 2003, 69% 1999). https://assets.hcch.net/docs/bf685eaa-91f2-412a-bb19-e39f80df262a.pdf

16 Permanent Bureau of the Hague Conference on Private International Law. (2011). Domestic and Family Violence and the Article 13 'Grave Risk' Exception in the Operation of the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction: A Reflection Paper; N. Lowe, M. Everall and M. Nicholls, International Movement of Children (Family Law Lexis Nexis) (2nd edn., 2016), p564

17 Reunite Research Unit. (2003). The Outcomes for Children Returned Following an Abduction; M Freeman, International Child Abduction: the Effects (2006) Reunite Research Unit; William M Vesneski, Taryn Lindhorst, Jeffrey L Edleson. 2011. U.S. Judicial Implementation of the Hague Convention in Cases Alleging Domestic Violence. *Juvenile and Family Court Journal* 62:2 1-21, Jeffrey L Edleson, Taryn Lindhorst, Gita Mehrotra, William Vesneski, Luz Lopez and Sudha Shetty (2010) 'Multiple Perspectives on Battered Mothers and their Children Fleeing to the United States for Safety: A Study of Hague Convention Cases', unpublished research report submitted to the National Institute of Justice, Office of Justice Programs, US Department of Justice; Shetty and J.L. Edleson, (2005) 'Adult Domestic Violence in Cases of International Parental Child Abduction' 11(1) *Violence Against Women* 115-138; B. Hale (2017) Taking Flight - Domestic Violence and Child Abduction. 70 *Current Legal Problems* 3.

18 Reunite 2003; Shetty and J.L. Edleson 2005; Freeman 2006; S De Silva, 'The International Parental Child Abduction Service of the International Social Service Australian Branch' (2006) 11, p63. See also GlobalARRK feedback form of 102 parents reports that over 80% of 'taking' parents have experienced domestic abuse https://drive.google.com/file/d/1an1fJm5iBu0WUb5ZmfeBJVws7KSWQG5n/view

Article 13(1) b) is one of the exceptions to the duty to secure the prompt return of the child under Art 12 (1) of the 1980 Hague Convention. Along with Article 13(1) b), the other exceptions to return are Article 12(2) (child settled in new environment), Article 13(1)(a) (consent or acquiescence), Article 13(2) (child's objections) and Article 20 (the protection of human rights and fundamental freedoms). Article 13(1) b) provides that where 'there is a grave risk that his or her return would expose the child to physical or psychological harm or otherwise place the child in an intolerable situation' a State is not bound to order the return of the child. This defence is particularly pertinent to abductions committed against the background of domestic abuse. Indeed, it is often pleaded by taking mothers opposing the return, either based on the allegations involving the child directly harmed or harmed by exposure to the effects of domestic abuse directed towards the mother.[19] The grave risk of harm exception may also be raised where the taking mother is unable to return with the child due to fear of the child's father; the resulting separation from the primary carer mother may be argued to create a grave risk for the child. [20] It is to be noted that it is not mandatory for the taking mother to return together with the child, however, the mother (in particular if she is the primary carer), will typically accompany the child back to the State of habitual residence even when her own safety is at risk. In the English jurisdiction, proceedings are usually supported by guidance and rules under the 2010 Family Procedural Rules as well as Practice Directions such as Practice Direction 12F – International Child Abduction and PD 12J – Child Arrangements & Contact Order: Domestic Violence and Harm. Where allegations of domestic abuse are raised, courts are expected to bear in mind and apply where relevant guidance set out in PD12J.

Indeed, when approaching the issue of Article 13 (1) b) grave risk, English case law is now clear that it is irrelevant as to whether the risk is the result of an objective reality or of the taking parent's subjective perception of reality. [21] Thus, anxieties of a taking parent about a return with the child to the extent that their mental health is affected so as to destabilise their parenting of the child can constitute a grave risk of harm under Article 13 (1) b) (e.g., intolerability). In addition, the source of the risk may well be irrelevant, and a grave risk of harm established, for example, 'where a mother's subjective perception of events leads to a mental illness which could have intolerable consequences for the child'.[22] In any event, the court will be expected to consider protective measures and whether the grave risk of harm to the child (including those flowing from the parent) can be ameliorated by those measures.[23]

19 See for examples as highlighted in Permanent Bureau of the Hague Conference on Private International Law. Prel. Doc. No 3 of June 2017 – Draft Guide to Good Practice on Article 13(1)(b) of the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction.
20 (Permanent Bureau, 2017) para 11.
21 *Re S (A Child)* [2012] UKSC 10 [29], see also Re E (Children) [2011] UKSC 27.
22 *Re S (A Child)* [2012] UKSC 10 [34]
23 Permanent Bureau of the Hague Conference on Private International Law, Guide to Good Practice under the HCCH Convention of 25 October 1980 on the Civil Aspects of International Child Abduction – Part VI – Article 13(1)(b) March 2020, paras 43-48. See also O Momoh (2022). The Need for Cross-border Protective Measures in Return Proceedings. In: Domestic Violence and Parental Child Abduction. Edited by Trimmings, K., Dutta, A., Honorati, C., Zupan, M. (eds.). 1st edition. Intersentia pp.67-82

In the recent cases of *Re S (A Child) (Article 13 (b): Abduction: Mental Health)* [2023] EWCA Civ 208 *and Re A (Article 13(b): Mental Ill-health)* [2023] EWHC 2082 (Fam), the English court examined the Article 13(1)b) exception to return with a particular focus on the case pleaded by the respondent mothers that a grave risk of harm was established on the basis of their mental ill-health and the impact on their child if returned with or without their main carers. Of particular note, both cases show a shift from the stigma attached to a parent with mental ill-health and the anxiety of not revealing the same for fear of repercussions such as criticisms of their parenting capacity. In *Re S (A Child) (Article 13(b): Abduction: Mental Health)* which regarded a 6 years old girl, the mother had appealed the decision of the trial judge who ordered a return to Australia on the premise that protective measures could adequately ameliorate the grave risk of harm attributed to the mother's mental health. The Court of Appeal reflected on the nature of the risk being an important element. It was argued on the mother's behalf that the long standing chronic mental health problems would be exacerbated upon return, impacting on, amongst others, the care and parenting given to the child. The expert psychiatric evidence was that the mother's mental health would need to stabilise before a return to the Australian jurisdiction. In giving judgment, Moylan LJ overturned the decision of the trial judge, finding that Hague proceedings should not foster a 'wait and see' situation, and accepting the expert's evidence that 'mental health is not linear, and improvement is not linear'.[24] In *Re A (Article 13(b): Mental Ill-health)*, concerning a little boy aged 3, the court exercised its discretion not to return the child to Australia, determining that the mother had established that a return with or without her would place the child at a grave risk of psychological harm or intolerable situation.[25] In this case, the court also had the benefit of an expert psychiatric report and oral evidence. In the report, the mother had a PHQ-9 score of 23 out of 27 (severe depression) and GAD-7 score of 20 out of 21 (severe anxiety).[26] Reflecting on Moylan LJ's dicta in *Re S (A Child) (Article 13(b): Abduction: Mental Health)*, Cobb J reiterated that the this was not a matter of 'wait and see'[27] whether the mother's depression will ease or whether the anxieties will be alleviated in conflict with the father. Notwithstanding the decision, it is noteworthy that Cobb J reflected on the impact of a non-return order on the relationship between the child and the applicant father and how that might be addressed, paving the way for a substantive welfare hearing which at the heart of it should uphold the best interest of the child and access to both parents.

24 *Re S (A Child) (Article 13 (b): Abduction: Mental Health)* [2023] EWCA Civ 208 [109]
25 *Re A (Article 13(b): Mental Ill-health)* [2023] EWHC 2082 (Fam) [102]
26 *Re A (Article 13(b): Mental Ill-healt*h, para. 58.
27 Ibid.

2.2.1 **HCCH Guide to Good Practice on Article 13 (1)b)**

Where 1980 Hague Convention cases are concerned, it is of note that aspects of the HCCH Guide on Article 13(1)b) Part VI does reflect on and provide guidance on the mental health of the taking parent within the Article 13(1) b) exception. As such, the consistent application of the Guide is encouraged amongst the legal community. In example, passages from the Guide notes as follows:

- "…harm to a parent, whether physical or psychological, could, in some exceptional circumstances, create a grave risk that the return would expose the child to physical or psychological harm or otherwise place the child in an intolerable situation" para 33
- "In some situations, the grave risk to the child may also be based on potential harm to the taking parent by the left-behind parent upon return, including where such harm may significantly impair the ability of the taking parent to care for the child" para 57
- "Where medical reasons involving the taking parents are established, the characteristics and seriousness of the medical condition (physical or psychological) and the possibility of suitable medical treatment in the State of habitual residence may be considered to assess the merits of the taking parent's inability to return. If adequate treatment is accessible or can be arranged, the alleged obstacles to the taking parents' return may be lifted. There may be instances, however, where the availability of medical treatment may not be sufficient to lift the obstacles to the taking parent's return. This may be the case, for example, if the taking parent risks an extreme deterioration of his or her psychological health, if he or she were to return to the State of habitual residence. In such instances, the court would have to assess the asserted grave risk to the child…" para 70.

2.3 ***Wardship Proceedings***

In the cross border movement of children between non-Convention jurisdictions[28] or the recovery of children removed in other circumstances,[29] Wardship proceedings may be invoked. In wrongful removal or retention cases, the court will be tasked with determining whether or not to make a return order. In exercising the inherent jurisdiction of the High Court, and unlike 1980 Hague Convention proceedings, the court conducts a summary welfare exercise (Court of Appeal in *Re A and B (Children) (Summary return: Non-Convention State)* [2022] EWCA Civ 1664) to determine whether or not a child should be returned to his or her country of habitual residence. In the decision of *Re NY (A Child) (Reunite International and others intervening)* [2020] AC 665[30] Lord Wilson reiterated that in non-Convention cases, 'the court will initially examine whether the child's welfare requires it to conduct the extensive inquiry into certain matters which it would ordinarily conduct.

28 This may include where the 1980 Hague Convention does not operate between contracting States.
29 This may also include urgent proceedings for protective orders to return children at risk of, for example, Forced Marriages or Female Genital Mutilation.
30 See also *S v S* [2014] EWHC 575 and *Re A and B (Children) (Summary Return: Non-Convention State)* [2022] EWCA Civ 1664.

Again, however, it would be wrong for that initial decision to be reached in a significantly different way in each of them. [31] In the context of welfare enquiries, as well as those where allegations of domestic abuse are raised, courts are expected to keep abreast of PD 12D – Inherent Jurisdiction (including Wardship Proceedings) and Practice Direction 12F – International Child Abduction. In summary, what is clear is that in Warship proceedings involving the wrongful removal or retention of children, the child's welfare is paramount, and 1980 Hague Convention specialist rules and concepts are not applicable. [32]

Funding

Of note, in Hague Convention proceedings, legal aid is automatically provided to the applicant however the respondent would need to satisfy a means and merits test with the Legal Aid Agency. Respondent parents may find the financial costs of legal representation prohibitive and end up representing themselves or self-funding, an undertaking which may lead to significant debt.

Time scale

A relocation or Wardship case may take months or years for a decision to be made. With a treaty guidance of six weeks, Hague Convention proceedings are expected to be dealt with rapidly albeit this timescale is challenging to adhere to. [33]

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31 *Re NY (A Child) (Reunite International and others intervening*) [2020] AC 665 [48].

32 *Re J (A Child) (Custody Rights: Jurisdiction)* [2005] UKHL 40 [at para 25].

33 Nigel Lowe and Victoria Stephens (in consultation with the PB), Global Report – Statistical study of applications made in 2021 under the 1980 Child Abduction Convention, Prel. Doc. No 19A of September 2023, pg 26-29. See in particular comparisons between statistics analysed in 2008, 2015 and 2021. Available at <https://assets.hcch.net/docs/bf685eaa-91f2-412a-bb19-e39f80df262a.pdf>

3. METHODOLOGY

3.1 Research

The methodology combined desk research and focused empirical research. Desk research was undertaken on the law pertaining to cross border disputes, taking into account relevant case law that has explored the risk to a parent's mental health (anxiety, PTSD etc) as part of the assessment of the harm to the child (e.g., *Re E (Children)* [2011] UKSC 27, *Re S (A Child) (Article 13 (b): Abduction: Mental Health)* [2023] EWCA Civ 208)). In summary, it is now well established,[34] and endorsed at HCCH level[35] that domestic abuse directed towards a parent (and the impact of such abuse including psychological and emotional) can be seriously harmful to children.

Following ethical approval, a survey was circulated across the GA parent network. Participants were informed of voluntary participation and that consent was informed and could be withdrawn at any point before analysis completion.[36] An information sheet was also provided, which set out details about the survey including explaining the terminology 'stuck' parent. Participants were made aware that the presented data would be anonymised. However, participants were encouraged to provide their contact email addresses confidentially so that GA could contact them should any of their responses indicate that an urgent need for support (including concerns that they were unwell or at risk of harm to themselves); all other information was anonymised. Dr. Kean had oversight of what the screening tools indicated in terms of symptomatology and risk, highlighting to GA which participants required contact after providing their scores with the recommendation to seek medical attention.

34 See for example, Permanent Bureau of the Hague Conference, 'Domestic and Family Violence and the Article 13 'Grave Risk' Exception in the Operation of the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction: A Reflection Paper' (May 2011); Report by the Reunite Research Unit, 'The Outcomes for Children Returned Following an Abduction', September 2003; Nigel Lowe 'A statistical analysis of applications made in 2008 under the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction, Part II, Regional Report' Part I – Global Report (November 2011), Part II – Regional Report (November 2011), Part III – National Reports (May 2011) 29; Nigel Lowe and Victoria Stephens, 'A statistical analysis of applications made in 2015 under the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction, Part I – Regional (revised) (September 2017); Part II – Global Report (September 2017), Part III – National Reports (July 2018) 84; O Momoh, 'The Interpretation and Application of Article 13(1) b) of the Hague Child Abduction Convention in Cases Involving Domestic Violence: Revisiting X v Latvia and the Principle of "Effective Examination"' (2019) 15 Journal of Private International Law 626; See K Trimmings, O Momoh, C Honorati, A Dutta & M Župan, 'Best Practice Guide: Protection of Abducting Mothers in Return Proceedings: Intersection between Domestic Violence and Parental Child Abduction' (POAM Project) University of Aberdeen, 2020; POAM Project National Report, available at https://research.abdn.ac.uk/poam/resources/reports/. Where England and Wales is concerned, see also in Section 31(9) Children Act 1989 and Ministry of Justice, England and Wales, Practice Direction 12J – Child Arrangements & Contact Order: Domestic Violence and Harm.

35 See also Permanent Bureau of the Hague Conference on Private International Law, Guide to Good Practice under the HCCH Convention of 25 October 1980 on the Civil Aspects of International Child Abduction – Part VI – Article 13(1)(b) March 2020.

36 The empirical research The research has been approved by the Committee for Research Ethics and Governance in Arts, Social Sciences & Business, University of Aberdeen.

It was anticipated that the survey would yield a target response of 50-60 participants, and a total of 75 parents participated. These represented a worldwide population with varied nationalities. The survey was advertised between September - December 2022.

3.2 Specific Information Gathered

- Demographics – age; gender identity; sexual orientation; relationship status; legal relationship status; employment status; job prospects (in 'stuck' versus 'home' country); eligibility for social security benefits.
- Children – how many; ages; current care responsibility.
- Country – country of origin; which country currently living in; are you/ were you a 'stuck' parent; how long have you been 'stuck' in country; how long have you been 'stuck' after relationship with other parent ended; been through Hague Convention; been through a Relocation/ Leave to Remove proceeding; outcome of proceeding.
- Intimate Partner Violence – Experience of domestic abuse; what was the form of this violence (physical, emotional, verbal, controlling, sexual, financial, other).

Mental Health screening tools to complete:

- Anxiety – GAD-7 (7-item, Likert scale, used in primary care setting).
- Depression – PHQ-9 (9 item, screens for depression, Likert scale, used in primary care setting).
- PTSD – PCL-5 (20-item self-report scale, symptoms in past month, corresponds to DSM-V).
- Alcohol use – AUDIT screening tool (screens for alcohol use, available in 40 languages, WHO validated, 10 questions).

3.3 Objectives

The survey sought to address three overarching questions:

1. Is the experience of being a 'stuck parent' one which increases the likelihood of developing symptoms of mood, anxiety (including PTSD) and alcohol misuse?
2. Is there a correlation between the presence and/or number of these symptoms and where the parent is in terms of a court process related to child abduction, relocation, or custody?
3. What is the prevalence of domestic abuse (physical, sexual, financial, emotional, other) in this population and how does this correlate with these mental health symptoms?

4. FINDINGS

4.1 Summary

- There were 75 responses to the survey, completed by 97% women (73) and 3% men (2). 93% described themselves as 'stuck parents'.
- Participants reported high levels of anxiety and depression, with scores over three times higher than reported in the comparative population. Half (49%)[37] reported symptoms of severe anxiety and a quarter (24%) reported severe symptoms of depression. Levels of trauma were also much higher than in the general population, with three quarters (77%) identified as potentially having post-traumatic stress disorder, comparable with percentages seen among victims of intimate partner violence.[38]
- There was no evidence of an increase in alcohol dependence, with 89% of participants at low or no risk of alcohol dependence. This is very similar to levels in the general population.[39]
- Small sample sizes make it difficult to draw firm conclusions. Trauma levels were higher among those 'stuck parents' who had been involved in Hague proceedings, with possible smaller increases in depression and anxiety for these parents, although these findings require further investigation.
- Patterns between Relocation/ Leave to Remove proceedings and trauma were unclear, with possible increased trauma for those who have completed proceedings, irrespective of outcome. There was no evidence of differences in anxiety or depression for these parents.
- Reports of domestic abuse were very high in the sample with nearly all participants (>90%) reporting emotional violence and/ or controlling behaviour. As a result, it was not possible to look at factors associated with these types of domestic abuse.
- Reports of physical and sexual domestic abuse were also high at 59% and 42% respectively. There was no association of sexual violence with mental health, but those reporting physical violence were possibly more likely to have higher anxiety, depression and, in particular, higher trauma scores.

37 K Kroenke, RL Spitzer, JB Williams. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med.* (2001) 16(9):606-13. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

38 N Roland, N Delmas, F El-Khoury, A Bardou, L Yacini, L Feldmann, G Hatem, S Mahdjoub, M Bardou. Assessment of post-traumatic stress disorders in women victims of intimate partner violence: a mixed methods comparison at initial care in coordinated and uncoordinated care facilities in France. *Research Square* 2022 [Preprint] https://assets.researchsquare.com/files/rs-2187308/v1/89ea3c90-8b6d-4102-8e48-c2b2db6d18bc.pdf?c=1675076782

39 TF Babor, JC Higgins-Biddle, JB Saunders , MG Monteiro. The Alcohol Use Disorder Identification Test: Guidelines for Use in Primary Care, Second Edition. *World Health Organization*, 2001. https://apps.who.int/iris/handle/10665/67205

4.2 Descriptive Summaries

4.2.1 Participant Characteristics

All 75 participants in the survey provided informed consent. Nearly all participants (97%) were female, and the majority (58%) were divorced or separated. Two thirds (66%) were in employment. There is a participant bias in that women are more likely than men to seek emotional support for difficulties. Similarly, individuals who are in employment could be seen as being in a situation which encourages problem-solving strategies, researching resources and looking for solutions. In summary, one could argue that this population is in fact more adaptive, assertive, and healthier emotionally than 'stuck parents' who are not supported by GlobalARRK.

Around half of participants have one child, 36% have two while 15% have three or more children. There were 121 children (aged under 18) in total, ranging between under 1 year and 17, with the majority (52%) of primary school age (aged 5-11).

4.2.2 Stuck Parent Experiences

93% of participants described themselves as a 'stuck' parent, that is, unable to return 'home' with their children. For the majority of participants, their country of origin was in Europe, and the majority were currently living in a European country. However, 82% (61) were not currently living in their home country. Of these, 94% had been living in the 'stuck' country for two years or more, with over three quarters (77%) for three years or more.

53% have been or were going through a Relocation or Leave to Remove proceeding. Of these, 17% of cases are ongoing, 66% were not granted and relocation was granted for only 17%.

The questions on 1980 Hague Convention proceedings for child abduction and the Convention generally had high levels of non-response (44% and 32% respectively), and so results should be treated with care. 19% of participants reported going through 1980 Hague Convention proceedings for child abduction, and (a further) 29% reported going through 1980 Hague Convention proceedings without specifics.

4.2.3 Domestic Abuse and Mental Health Outcomes

Participants reported very high levels of domestic abuse (DA), with 97% reporting at least one type of DA. The most common types of DA were emotional violence and controlling behaviour (97% and 92% respectively), followed by reports of physical and sexual violence (59% and 42% respectively), Physical and sexual violence was reported by over two fifths of participants.

It is possible that parents may subjectively define circumstances such as not allowing the child to leave the country with the other parent as controlling behaviour, however, this is not the case for physical and sexual DA which may more likely be identified objectively and is concerningly high.

Nearly three quarters (72%) of participants reported symptoms of moderate to severe anxiety, and half (49%) reported severe anxiety. Similarly, three quarters (75%) reported moderate to severe depression, with a quarter (24%) reporting severe depression and over a third (39%) categorised as suicidal. The majority of participants (77%) were assessed as likely to be experiencing post-traumatic stress. Note, however, that this indicates the presence of sufficient symptoms to warrant a clinical assessment and does not form a diagnosis. Levels of alcohol dependence were low, with most (87%) at low or no risk of dependence.

These findings were compared with a 2019 retrospective cohort study[40] of women exposed to intimate partner violence in a UK population (similar 1st world population and the present study sample is 97% female). This study found that the population had a rate of 40.6% depression and 20.1% anxiety, based on retrospective analysis of primary care databases with diagnoses.[41] While both studies lack the gold standard of a standardised psychiatric assessment and diagnostic criteria being met, they both give good representation of levels of depression and anxiety in these populations. The study's participant population has considerably higher levels of depression and anxiety when compared with women exposed to intimate partner violence. This suggests that the experience of being 'stuck' and its multiple complications can be viewed as increasing the rates of mental illness in the population beyond that expected after being exposed to domestic abuse.

40 JS Chandon, T Thomas, C Bradbury-Jones, R Russell, S Bandyopadhyay, K Nirantharakumar, J Taylor. Female survivors of intimate partner violence and risk of depression, anxiety, and serious mental illness. *BJPsych* 2019; 217: 4.
41 Ibid.

4.3 Results Table

Table 1 ; Participant characteristics

	N	%
Gender		
Female	73	97
Male	2	3

	N	%
Number of children		
1	37	49
2	27	36
3	11	15

	N	%
Relationship status		
Single	15	20
Co-habitant	6	8
Married	6	8
Seperated	19	25.33
Divorced	25	33.33
Other	4	5.33

	N	%
Employment status		
Working	47	66
Not working	24	34
Other	4	5

Table 2 ; Children (those aged under 18 only)

	N	%
Mean age	7.7	121
Pre-school (under 5y)	24	29
Primary (5-11y)	52	64
Secondary (12-17y)	24	29

Note: 5 adult children (aged 18+) have been excluded from this analysis.

Table 3: number of stuck parents and time lived in stuck country

	N	%
Stuck parent		
Yes	70	93
Maybe	2	3
No	3	4

Table 3 ; Number of stuck parents and time lived in stuck country

	N	%
How long have you lived in the "stuck" country?		
< 6 months	2	2.7
6-12 months	1	1.3
1 year	1	1.3
2 years	12	16
3 + years	55	73.3
N/A	4	5.4

Table 5 ; Involvement in relocation and Hague Convention proceedings

	N	%
Relocation process	44	59
Yes	15	20
No	6	8
Outcome (those undergoing relocation process only)		
Relocation granted	6	17
Relocation not granted	23	66
Ongoing	6	17
Hague Convention on child abduction		
Yes	14	19
No	28	37
Did not answer	33	44

Table 5 ;continued

	N	%
Hague Convention 1980 proceeding		
Yes	29	29
No	22	39
Did not answer	24	32

Table 6 ; Domestic Abuse

	N	%
Domestic Abuse		
Emotional	69	97
Controlling	65	92
Verbal	60	84
Financial	58	82
Physical	42	59
Sexual	30	42

Table 7 ;Mental health outcomes

	N	%	
Anxiety : GAD			
Mean (sd)	75	13.1	(5.6)
None (%)	6	8	
Mild (%)	15	20	
Moderate (%)	17	23	
Severe (%)	27	49	

Table 7 ; continued

	N	%	
Depression: PHQ -9			
Mean (sd)	75	14.7	(7.1)
None (%)	7	9.3	
Mild (%)	12	16	
Moderate (%)	19	25.3	
Moderate-Severe (%)	16	21.3	
Severe (%)	21	28	
Suicidal (%)	29	39	

Table 7 ; continued

	N	%	
Post traumatic-stress disorder: PCL-5			
Mean (sd)	75	44.6	(17.9)
Likely PTSD	58	77	

	N	%	
Alcohol : AUDIT			
Mean (sd)	75	3.6	(5.5)
Low risk	65	87	
Medium risk	6	8	

Table 8; Estimate and 95% confidence intervals (CIs) for “stuck parents”, compared to reference population

	Stuck Parents		Reference	
	Estimate	95% CI	Estimate	95% CI
Anxiety				
Mean score	13.1	(11.7, 14.4)	3.7	(3.4, 4.0)
None	9	(0, 21)	69	(66, 72)
Mild	20	(9, 32)	17	(14, 20)
Moderate	23	(11, 35)	7	(4, 10)
Severe	49	(37, 61)	7	(4, 10)

Table 8; continued

	Stuck Parents		Reference	
	Estimate	**95% CI**	**Estimate**	**95% CI**
Depression: PHQ-8				
Mean score	13.8	(12.25, 15.3)	4.3	(3.9, 4.5)
None	9	(0, 22)	69	(66, 72)
Mild	15	(4, 28)	16	(13, 19)
Moderate	30	(19, 43)	8	(5, 11)
Moderate - Severe	22	(12, 36	6	(3, 9)
Severe	24	(13, 61)	1	(0, 4)

Table 8; continued

	Stuck Parents		Reference	
	Estimate	**95% CI**	**Estimate**	**95% CI**
Trauma PCL - 5				
Mean score	44.6	(40.5, 48.8)		
Probable PTSD	66	(56, 78)	5	(4, 6)
Help trauma score (>33)	73	(64, 84)	60	(49, 73)

	Stuck Parents		Reference	
	Estimate	**95% CI**	**Estimate**	**95% CI**
Alcohol dependence: AUDIT				
Mean score	3.5	(2.2, 4.7)	3.2	(3.1, 3.3)
Low risk	89	(83, 96)	87	(86, 87)
Medium risk	7	(1, 14)	12	(11, 12)
High risk / dependence	4	(0, 12)	2	(1, 3)

Reference populations used (see Appendix for further details):
anxiety & depression = US women with school-aged children [3]; probable PTSD = UK women, all ages [4]; PCL-5>33 = France, female victims of intimate partner violence [5]; alcohol dependence score = 46-48 year olds in UK (male and female) [6]; alcohol dependence risk = UK women, all ages [4]

Table 9 ; Linear regression models for associations between Relocation and Hague Convention proceedings, and mental health outcomes

		Estimate	95% CI
Anxiety (GAD)			
Relocation	None	Reference	
	Ongoing	-1.4	(-4.5, 1.6)
	Not granted	-1.1	(-6.1, 3.9)
	Granted	-0.3	(-5.3, 4.7)
Hague Proceedings	No	Reference	
	Yes	2.5	(-0.5, 5.5)
Depression (PHQ9)			
Relocation	None	Reference	
	Ongoing	0.03	(-3.9, 4.0)
	Not granted	-0.4	(-6.9, 6.1)
	Granted	0.3	(-6.2, 6.7)
Hague Proceedings	No	Reference	
	Yes	3.9	(-0.2, 8.0)

Table 9 ; Continued

		Estimate	95% CI
Trauma (PCL - 5)			
Relocation	None	Reference	
	Ongoing	-6.9	(-22.8, 8.8)
	Not granted	6.4	(-5.4, 13.7)
	Granted	4.1	(-9.4, 22.2)
Hague Proceedings	No	Reference	
	Yes	14.0	(4.8, 23.2)

N=72 for Relocation models and N=51 for Hauge Convention models.

Estimates are for the difference in mental health score for each category compared to the reference category, and 95% confidence intervals give a range of values for this difference which are consistent with the data.

Table 10 ; Linear regression models for associations between physical and sexual abuse, and mental health outcomes

		Estimate	95% CI
Anxiety (GAD)			
Physical Violence	No	Reference	
	Yes	1.4	(-1.3, 4.1)
Sexual Violence	No	Reference	
	Yes	0.5	(-2.2, 3.2)
Depression (PHQ9)			
Physical Violence	No	Reference	
	Yes	1.9	(-1.5, 5.4)
Sexual Violence	No	Reference	
	Yes	0.5	(-3.0, 4.0)

Table 10 ; continued

		Estimate	95% CI
Trauma (PCL - 5)			
Physical Violence	No	Reference	
	Yes	7.4	(-1.2, 16.0)
Sexual Violence	No	Reference	
	Yes	-0.9	(-9.7, 7.8)

N=71
Estimates are for the difference in mental health score for each category compared to the reference category, and 95% confidence intervals give a range of values for this difference which are consistent with the data.

4.4 Research Questions

1: Is the experience of being a 'stuck parent' one which increases the likelihood of experiencing symptoms of mood, anxiety (including PTSD) and alcohol misuse?

As 93% of survey participants described themselves as stuck parents, we do not have sufficient data on non-stuck parents for a direct comparison within the survey. However, as mental health outcomes have been measured using validated scales, it is possible to compare scales to published values in other reference populations. In this section, we report estimates for stuck parents with 95% confidence intervals (these should be interpreted as a range of values all of which are consistent with the data; see Appendix for further details) and compare them to published estimates from other sources. Full details of the reference sources are given in the Appendix; these are presented for women where possible as survey participants are predominantly female. Note that care should be taken in interpreting these results as reference populations may not be directly comparable.

Anxiety and depression

Among stuck parents, anxiety score was estimated at 13.1 (95% CI: 11.7 to 14.4) which was notably higher than the reference of 3.7, for US women with school-aged children. [42] The proportion of participants with severe anxiety symptoms was also higher at 49% (95% CI: 37% to 61%), compared to 7% in the reference population. Similar patterns were seen for depression, with an estimated score of 13.8 (95% CI: 12.2 to 15.3) among stuck parents compared to a reference score of 4.3 (again for US women with school-aged children). An estimated 24% (95% CI: 13% to 27%) of stuck parents reported symptoms of severe depression, compared to only 1% in the reference.[43] Note that these results use the PHQ-8 scale for depression, which is the same as PHQ-9 scale but omits the question on suicidal thoughts. The survey thus suggests that stuck parents experience anxiety and depression levels far in excess of a typical population of school-aged parents.

42 SL Sequeira, KE Morrow, JS Silk. et al. National Norms and Correlates of the PHQ-8 and GAD-7 in Parents of School-age Children. *J Child Fam Stud* (2021) 30:2303–2314. https://doi.org/10.1007/s10826-021-02026-x

43 K Kroenke, RL Spitzer, JB Williams. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med.* (2001) 16(9):606-13. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

Trauma

Trauma scores were also high, with the percentage with probable PTSD estimated at 66% (95% CI: 56% to 78%). The reference for the general population of 5% is based on a slightly different measure, and so direct comparison should be avoided, but even allowing for this trauma levels appear to be much higher than in the general population.[44] These estimates are comparable with trauma levels experienced by a sample of victims of intimate partner violence. Note that high levels of trauma score indicate that someone has sufficient symptoms to warrant a clinical assessment, not that they necessarily have PTSD. In particular, the PCL-5 has been found to have difficulty differentiating self-reported depression and anxiety symptoms from PTSD; note that this survey has high correlations between PCL-5 and GAD (0.60) and PHQ-8 (0.75) suggesting that this might be an issue here.[45]

Alcohol Dependence

Levels of reported alcohol dependence were low, with 89% (95% CI: 83% to 96%) with no or low risk of dependence and only 4% (95% CI: 0% to 12%) with probable alcohol dependence, compared to very similar levels of 87% and 2% respectively for UK women as a whole.[46] There was no evidence that alcohol dependence among 'stuck parents' was any higher than in the general population. It is known that individuals with PTSD are more likely to develop alcohol abuse or dependence disorders.[47] This is an important negative finding here that despite the higher level of PTSD in the results, there is not the expected correlating higher level of alcohol misuse in the same population. It is possible that parents find it socially more acceptable to report mental health difficulties than to report alcohol misuse. Results should therefore be interpreted with caution in light of this.

44 N Roland, N Delmas, F El-Khoury, A Bardou, L Yacini, L Feldmann, G Hatem, S Mahdjoub, M Bardou. Assessment of post-traumatic stress disorders in women victims of intimate partner violence: a mixed methods comparison at initial care in coordinated and uncoordinated care facilities in France. Research Square 2022 [Preprint] https://assets.researchsquare.com/files/rs-2187308/v1/89ea3c90-8b6d-4102-8e48-c2b2db6d18bc.pdf?c=1675076782

45 Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med. (2001) 16(9):606-13. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

46 TF Babor, JC, Higgins-Biddle, JB Saunders, MG Monteiro. The Alcohol Use Disorder Identification Test: Guidelines for Use in Primary Care, Second Edition. World Health Organization, 2001. https://apps.who.int/iris/handle/10665/67205

47 M Head, L Goodwin, F Debell, N Greenberg, S Wessely, NT Fear. Post-traumatic stress disorder and alcohol misuse: comorbidity in UK military personnel. *Social Psychiatry and Psychiatric Epidemiology*. 2016. 51 (8): 1171-1180.

2: Is there a correlation between the presence and/or number of these symptoms and where the parent is in terms of a court process related to relocation or custody?

This was a pilot study with a small sample size of 75. This has limited our ability to draw firm conclusions, as it is difficult to separate genuine patterns from random variation. Table 9 reports estimates from linear regression models for the difference in mental health outcomes for each category compared to the reference category, along with 95% confidence intervals. For example, a parent involved in ongoing Relocation proceedings is estimated to have an anxiety score of 1.4 less than a parent who has not been through Relocation proceedings. Confidence intervals should be interpreted as before, that is, as a range of differences which are consistent with the data. If the confidence interval includes a difference of 0, we cannot rule out a conclusion that there are no differences between the categories, that is, that there is no association.

As expected, evidence of association between Relocation/1980 Hague Convention proceedings and anxiety and depression is inconclusive, with confidence intervals containing 0. In addition, estimates of differences in scores between categories are small, especially for Relocation proceedings. This suggests that even if sample sizes were larger, we would not see any meaningful association. It is possible that those engaged in 1980 Hague Convention proceedings have slightly higher anxiety and depression by 3-4 points, which is a difference significant enough to shift severity in each disorder (e.g., from mild to moderate) but further research is required to explore this properly.

Associations with trauma were stronger, with reasonable evidence that those involved in 1980 Hague Convention proceedings had trauma scores around 14.0 (95% CI: 4.8 to 23.2) points higher than those not undergoing proceedings. This is consistent with a change of 5-10 which is considered a meaningful change for an individual [7], although note that the estimate of 14 refers to a difference between two groups, rather than a within-person change and so is not directly comparable. Associations between Relocation proceedings and trauma are less clear. There may be a potentially differential association depending on the stage of the process, with lower trauma for ongoing proceedings, but higher once they have concluded, irrespective of the outcome. However, while this warrants further investigation, this analysis cannot rule out a conclusion of no association.

3: What is the prevalence of domestic abuse (physical, sexual, financial, emotional, other) in this population and how does this correlate with these mental health symptoms?

The prevalence of domestic abuse is very high (97% of participants report at least one type of DA) and so it is not possible to explore associations between financial or emotional abuse and mental health outcomes as there are hardly any non-victims for comparison.

Associations between physical and sexual violence and mental health outcomes are again problematic due to the sample size. All confidence intervals include 0, and so a conclusion of no association is consistent with the data. Moreover, estimates of the differences are small for all except an increase in trauma score of 7.4 for those experiencing physical violence. While sample sizes are inconclusive, this may warrant further investigation.

CONCLUSIONS

This report explores a unique and novel population that has not been researched in the field of international family law. There are trends indicating that being a 'stuck parent' is a risk factor for developing depression, anxiety, and PTSD. The negative association with alcohol dependence/ misuse, despite the higher rates of depressive and anxiety symptoms which are usually associated with alcohol problems, is significant. This may indicate a protective factor within the population, potentially the fact that all participants are parents with child caring responsibilities. This is a population affected by high levels of domestic abuse. Overall, the high rates of depression, anxiety and PTSD reported in this population exceeds that which would be expected in a comparable female population affected by domestic abuse. This suggests that the experience of being 'stuck' and all that this entails is a risk factor in itself for depression, anxiety, and PTSD. Clinically, this precipitating and perpetuating factor – being 'stuck' – may not change for a significant period of time and this poses challenges for psychiatric clinicians who are treating 'stuck parents' with these disorders. It is hoped that the findings will shed light and raise awareness within the legal and the medical community of the impact that being 'stuck' has upon the mental health of parents and the influence that this can have upon the welfare of the child, as well as recognising the importance of being trauma-informed and mental health focused in their practice.

POLICY RECOMMENDATIONS

1. It is recommended that a wider scale research on the issue of international child law disputes and mental health be conducted to build on this pilot study.

2. That consideration is given to recognizing the term "stuck parent' or similar phraseology for this specific group within the population

3. Resourcing for specialist mental health support for stuck families (parents and children).

4. Training for judges and legal professionals on specific issues that affect stuck parents including domestic abuse.

5. The introduction of trauma informed practices in family courts, including 1980 Hague Convention proceedings.

6. Promoting understanding in the legal community that 'stuck parents' as a group are likely to suffer poor mental health as a result of their circumstances- of not being able to return to their 'home' country with their children.

7. Awareness raising in the medical and particularly psychiatric profession on this unique population with their vulnerabilities and predisposition to developing significant mood and anxiety disorders, in particular post-traumatic stress disorder.

APPENDIX

Reference values in Table 8

Reference values for GAD and PHQ-8

This paper reports GAD and PHQ-8 means and percentiles for a population of 1500 parents and guardians of school-age children in the United States in 2018 [3]. Reference values in Table 9 are for women.

The PHQ-8 scale reported here uses 8 of the same questions as the PHQ-9 scale collected in the GlobalARRK questionnaire, with the question in suicidal thoughts omitted.

Reference values for PTSD (PCL-5)

Probable PTSD reference values for the UK female population (all ages) are taken from the Adult Psychiatric Morbidity Survey 2014 in the UK [4], which consists of a sample of 7066 adults (4188 women) aged 16 and over in England. Probable PTSD is calculated using the related scale PCL-C instead of PCL-5. Definitions of probable PTSD are roughly equivalent, and so can be treated as indicative levels of PTSD in the general population.

A second reference is provided for a population who have undergone traumatic events, in the form of women who are victims of intimate partner violence. This is a much smaller sample of 67 French women, mostly under the age of 50. This estimate uses a cut-off value of 33 on the PCL-5 to indicate probable PTSD.

APPENDIX

Reference values for alcohol dependence (AUDIT) [4 & 6]

The overall AUDIT mean score is taken from the 1970 British Cohort Study [6], which consists of a sample of 3,358 middle-aged adults who were all born in the UK in 1970. The values provided are for all adults (estimates for women only were not given) in 0216-18, when the participants were aged 46-48 years.

Reference estimates of alcohol dependence risk come from the Adult Psychiatric Morbidity Survey 2014 ([4]; see PTSD reference values above for further details).

Confidence intervals

People naturally vary from each other, which makes it difficult to compare groups as it is not always clear whether differences are genuine or just due to random variation. This is particularly a problem when sample sizes are small, as is the case in this survey.

Estimates are reported along with 95% confidence intervals. These give an indication of how precise the estimate is, and are best interpreted as a range of values, all of which are consistent with the data. These intervals are wide, which reflects the lack of certainty due to the small sample.

The analysis is treated as exploratory to identifying potential patterns of interest, rather than to draw definitive conclusions. For this reason, estimates that might be relevant are interpreted even when we cannot rule out a conclusion of no difference; these should be interpreted with caution and viewed as potential associations worthy of more investigation. It is not possible to draw any firm conclusions from this survey.

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International Child Law: The Mental Health Effects on Stuck Parents

This study investigates the interplay between the law and the mental health of predominantly primary carer litigants in cross border children disputes. It is a collaborative pilot research study which engaged 75 participants in exploring the mental health impact of being a 'stuck parent' and the impact on family life including the impact on the child(ren) of the family.

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