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Contested Issues: Parental Alienation

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Intrafamilial child torture (ICT) is an emerging category of child maltreatment coming to the widespread attention of child-serving professionals for the first time. This article will familiarize readers with ICT as a separate category of maltreatment, demonstrate the need for ICT to be expressly included in mandated reporter laws, and describe early efforts to train mandated reporters on ICT. The article will briefly describe the types of harm involved in ICT and the highly pathological family dynamics that lead to parents torturing their own children. The need for separate mandated reporter laws will be demonstrated by discussing ICT's rarity, lethality, psychologically devastating consequences, and tendency to be missed or misbelieved. Finally, Miller's beginner-level training on ICT will be described.

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This article discusses the importance of trauma-informed schools and the goal of transforming education systems to become more attuned and responsive to the needs of children with trauma histories. We draw on findings of an earlier review of published studies in which we highlight current gaps in the literature and call for more empirical work to better establish the promise of systems-oriented, trauma-informed strategies. In the current article, we also highlight core components of these strategies and offer a number of recommendations for schools committed to ensuring that risk-exposed and traumatized children receive the supports and services they require to succeed in school, work, and life.

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Intrafamilial Child Torture: Training Mandated Reporters

Pamela J. Miller, JD, MSW, LISW-S

Key words: torture, child torture, mandated reporters, severe child abuse

What Is Intrafamilial Child Torture (ICT)? How Is It Different From Other Categories of Abuse?

Intrafamilial child torture (ICT) is torture that is directed against children by their primary caregivers—usually parents or relative guardians. ICT is different from other forms of child maltreatment because it occurs under a unique set of family dynamics not seen in other families struggled with child maltreatment (Knox et al., 2014). It is rare and unfamiliar to many child protective service workers, clinicians, and mandated reporters (Miller, 2018; 2019a; 2019b). Although some professional research on politically motivated torture in underdeveloped countries (Goldfeld, Mollica, Pesavento, & Faraone, 1988; Herman, 1994; Rasmussen, Amris, Blaaus, & Danielsen, 2004; de la Rie, Bos, Knipscheer, & Boelen, 2018) has been noted, including some studies on child victims of political torture (Cohn, Holzer, & Kock, 1981; Green, 2007; den Otter, Smit, dela Cruz, Ozkalipci, & Oral, 2013), there has been almost no professional attention to child torture occurring within families that is unrelated to political motives.

At the time of pediatrician Barbara Knox and colleagues' seminal article in 2014, only two medical case reports had ever been published on the topic (Allasio & Fischer, 1998; Tournel, Desurmont, Becart, Hedouin, & Gossett, 2006), as well as a newsletter article by two attorneys (Tiapula & Applebaum, 2011) and a treatise on the need for criminal laws specific

to torture in families published by another attorney the same year (Browne, 2014). ICT had no standard definition among professionals, and the terminology to describe the same phenomenon varied, including use of the terms "torture" (Allasio & Fischer, 1998; Browne, 2014), "child barbarity" (Tournel et al., 2006), "severe child abuse" and "serial child torture" (Tiapula & Appelbaum, 2011), and "domestic, intrafamilial child torture" or just "child torture" (Knox et al., 2014). Miller began using the term "intrafamilial child torture/ICT" to train mandated reporters in 2018 (Miller, 2018).

The unique features of ICT require separate study of the most effective methods of reporting, investigation, prosecution, and treatment. Knox and colleagues defined the concept in two ways—by describing the multiple forms of maltreatment involved and by the rare family dynamics that lead to the maltreatment. Knox's (2014) definition states that a diagnosis of child torture should be made when a child victim suffers "[a] longitudinal period of abuse characterized by at least 2 physical assaults, 2 or more forms of psychological abuse (i.e., terrorizing, isolating), resulting in prolonged suffering, permanent disfigurement or dysfunction, or death" (p. 44). Also, neglect is almost always present, and the deprivation is a planned part of intentional cruelty. Family dynamics include a desire for totalitarian control, an intentional desire to break the will and humanity of the child, and use of intense humiliation and terrorization. Child torture is both worse and different than typical polyvictimization (for details, see Finkelhor, Shattuck, Turner, Ormrod, & Hamby, 2011). Knox (2014) describes the difference in family dynamics between physical abuse and child torture—most physical abuse involves a caregiver's

episodic, unchecked anger or loss of self-control, while child torture involves strategically planned acts of harm “designed to establish the perpetrator’s domination and control over the child’s psyche, actions, and access to the necessities of life” (p. 38).

Why Should Intrafamilial Child Torture Be Expressly Included in Mandated Reporting Laws?

Intrafamilial child torture (ICT) should be expressly included in mandated reporter laws due to its uniqueness, rarity, lethality, psychologically devastating consequences, and tendency to be misbelieved.

Regarding uniqueness, Knox and colleagues (2014) have described numerous unique family dynamics in cases of ICT; Miller (2018) has identified 12 unique features of ICT from the literature and her clinical case studies; and Hollingsworth, Glass, and Heisler (2007) provided a detailed, highly accurate description of unique ICT dynamics in her paper on scapegoating, severe child abuse, and empathy deficits. Kellogg and Lukefar (2005) have written on the intentional starvation of children, and their findings are also relevant for describing unique features of ICT. Regarding rarity, Knox and Starling (2012) have estimated that from 1% to 2% of children being evaluated for abuse present with such a unique constellation of physical and psychological injuries that appears to represent torture. Regarding lethality, in Knox and colleagues’ 2014 review of 28 torture cases, 36% of the child victims died as a result of ICT. In six cases identified by Miller, one resulted in a fatality (2018). Although these percentages were derived from a small and carefully selected sample set, ICT is believed to be highly lethal by practitioners who assess and treat child victims.

The devastating psychological consequences of torture have been observed and documented throughout human history. Professional attention to torture was renewed in the 1970s due to the experience of prisoners-of-war (POWs) in Vietnam, the genocide in Cambodia, the work of Oscar Romero and the Catholic church to end political torture in Latin America, and other similar world events. In response to international concern, the United Nations General Assembly enacted a Convention Against Torture in 1984. The sequelae of torture were documented in Stover and Nightingale

(1985) and Goldfeld et al. (1988), including extreme anxiety and fearfulness, insomnia and fear of going to sleep, nightmares, paranoid-suspicious and somatic symptoms, and phobias. In 1994, Judith Herman published a groundbreaking book asserting that severe domestic violence and child abuse can be quite similar to the torture experienced by POWs, leading to the same severe psychological problems—a complex posttraumatic stress disorder (PTSD) including avoidance, hyperarousal, intrusion symptoms, and also dissociation, self-harm, suicidality, and poor sense of self, particularly in cases of severe child abuse.

Other scholars have examined the political torture of children (Cohn et al., 1981; Green, 2007; Volpellier, 2009; den Otter et al., 2013). Cohn documented symptoms such as insomnia, nightmares, sleepwalking, enuresis, sensitivity to noise, refusing food, headaches, and stomachaches in children who had survived political torture. Research is still needed on how torture impacts the immature, developing brain and psyche of a child, the psychological consequences of torture based on developmental stage, and any difference in psychological consequences between political torture and intrafamilial torture by parents. While the child maltreatment field would benefit from further research, it is clear that ICT causes severe psychological harm that is long lasting and sometimes permanent. It is possible that ICT is more harmful to a child than political torture, because the perpetrators are the child’s parents, the persons that the child trusts to love and protect him or her. Significantly, researchers have found that political torture survivors benefit only moderately from mental health treatment, and sometimes not at all (de la Rie et al., 2018, referencing Patel, Kellezi, & Williams, 2014; also see Cohn et al., p. 203). While complete recovery may not be possible, documented case studies give some indication that the earlier the child is rescued, the better their psychological outcomes (Miller, 2018, 2019a, 2019b).

ICT is easily missed and misbelieved even by experienced mandated reporters due to the rare and extreme methods used, the increased sophistication of perpetrators in covering up ICT, and reporter unfamiliarity with this newly emerging category child maltreatment (Miller 2018; 2019a; 2019b). (See generally Knox et al., 2014. Browne, 2014, and Macy,

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2019, have also documented cases of rare and extreme methods.) The rare and extreme methods used strike many professionals as not believable, especially since they may be quite different from common forms of physical abuse on which the reporter has previously been trained.

The following case example is helpful to illustrate this phenomenon:

In 2014, Miller (2018; 2019) treated a teenage survivor of ICT and carefully documented her case history. Three years before she was finally rescued, the 13-year-old girl had reported to her school counselor that over the summer her father had locked her in her room for two weeks in solitary confinement. The school counselor immediately dismissed her allegation and said, “That’s not how parents punish children,” and “If you were in for two weeks, how did you use the bathroom? Your story doesn’t make sense.” The child explained that she had been let out once in the morning and once in the evening to use the bathroom and had to use a bucket to urinate in-between times. The school counselor told her she would get in trouble if she kept telling “wild stories” about her parents who “are wonderful, respected people” in the community. The school counselor then called the father to report that his daughter had made false allegations against him. The father expressed warmth and compassion for his daughter to the school counselor and explained that the child was in counseling for severe emotional disturbance, and that she frequently made up stories because she didn’t want to follow the rules at home. The school counselor made notes that the father was highly credible, the child was not credible, and any further allegations made by the child should be reported to her father and not CPS. When the child returned home that afternoon, she was badly beaten by her father as punishment for her disclosure. The father then called her in sick to the school for the next several days until the belt marks on her body had faded.

This school counselor had previously received training in reporting signs of physical, sexual, and emotional abuse, and she regularly made CPS reports about children from low-income families whose parents who were angry and reactive. She was completely unable to recognize that the extreme methods this child reported

were totally consistent with a known form of child maltreatment—*intrafamilial child torture*. Further, she was completely unable to anticipate that the parent might be a skilled manipulator and have a good story and pleasing demeanor, which is also consistent with ICT. The school counselor most likely had never heard of ICT or received any literature or training in this category of child maltreatment.

Because ICT is unique, rare, lethal, psychologically devastating, and easily missed or misbelieved, mandated reporter laws should expressly list intrafamilial child torture as one of the forms of maltreatment subject to mandated reporting. A thorough and straightforward definition should be included that any mandated reporter can read and understand, and all mandated reporters need to receive formal training on this most severe form of child maltreatment.

How Are Mandated Reporters Being Trained?

Currently, there are no major regional or national initiatives to train mandated reporters, or even CPS workers, on intrafamilial child torture. Trainings have been limited to a handful of conference presentations. Miller has presented ICT at a national conference to an interdisciplinary group of child maltreatment professionals, at a regional conference to licensed social workers and social work students, and at the local level to an interdisciplinary group of teachers, social service workers, and some CPS employees. Feedback from participants has been positive. Drs. Knox and Starling as well as their co-authors have presented on the subject at local, regional, and national interdisciplinary conferences. APSAC’s Child Policy Center has begun an organized effort to increase awareness, scholarship, and training of mandated reporters on ICT.

In 2018, Miller created a 90-minute, beginner-level training—“Intrafamilial Child Torture: A New Category of Child Maltreatment.” The training consists of three distinct parts with purposeful pedagogy. The first part consists of a 30–40-minute lecture on “Child Torture as a Domestic and Intrafamilial Phenomenon,” with reference to Knox and colleagues’ creation of this language. The lecture positions intrafamilial torture

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(ICT) as torture of children by parents or parental figures, as distinguished from the political torture of children by government or military actors. The infamous case of the Turpin family, covered by the national media, is discussed (Hartocollis, 2019). ICT is clearly defined and presented as a new category of child maltreatment. Twelve unique features of ICT are presented, identified by Miller from the literature and her field experience. These twelve features demonstrate how ICT is different from typical presentations of physical or psychological abuse. A few minutes of Q&A are provided at the end of the lecture.

The second part of the training, lasting another 30–40 minutes, engages participants in open discussion of two case studies documented by Miller. Participants are asked to apply the definition of ICT to each case and make a determination as to whether it is a case of ICT (and both cases are). Participants are then challenged to examine the differences in reporting, investigation, and intervention in the two cases, and to identify the psychosocial factors influencing the different outcomes. Time is provided for both small group discussion and large group facilitated discussion.

The final portion of the training, lasting 20–30 minutes, is “Responsive Action to Intrafamilial Child Torture.” The need for reporting from both professional mandated reporters and permissive reporting from community members is discussed. Steps for educating the public on how to recognize and report are introduced, as well as the need for permissive reporting because ICT victims may have less contact with professionals than the average child. Responsive action from mandated reporters, CPS workers, law enforcement, child advocacy centers, pediatricians, and psychotherapists is suggested. Finally, advocacy for policy change on specific policy issues in ICT is encouraged. The need for separate criminal statutes and harsher penalties, based on the work of Tiapula, Browne, and Macy, is discussed. Suggestions for change in civil law and child welfare policy are presented, including the use of the Adoption and Safe Families Act (ASFA, 1997) to bypass the reasonable efforts requirement and proceed to Termination of Parental Rights. Other civil policy issues include creating a separate law to adjudicate children as “tortured” rather than “abused,” and creating policies requiring closer coordination with law enforcement.

This training could be easily adapted for a broad mandated reporter audience. Both in-person and online training could be made available that would educate and empower mandated reporters of all types to recognize the signs of ICT. Specific recommendations for effective reporting of ICT could be included. Several versions of the same training could be created for specific types of mandated reporters, such as teachers, social workers, and pediatricians. Intermediate-level training could be created for mandated reporters who have completed beginner-level training. APSAC and the Center for Child Policy are currently engaged in strategic planning for making ICT education available to a wide audience of mandated reporters.

Conclusion

Intrafamilial child torture is an emerging and distinct category of child maltreatment that has just begun to receive professional attention in the last few years. The unique features of ICT require separate study of the most effective methods of reporting, investigation, prosecution, and treatment. Reporting is of particular importance because it is the first step that must occur for child victims to be rescued. It would be extremely helpful to have a separate reporting law that describes and defines ICT and can be easily understood by all types of mandated reporters and community members. Training of mandated reporters must occur to help professionals recognize the unique features of ICT and how they differ from typical physical or emotional abuse. Miller’s beginner-level training—*Intrafamilial Child Torture: A New Category of Child Maltreatment*—may prove helpful to start a major training initiative for mandated reporters.

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Advancing Trauma-Informed Programs in Schools to Promote Resilience and Child Well-Being

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Key words: trauma, trauma-informed, adverse childhood experiences, resilience, schools, systems

The purpose of this commentary is to discuss the importance of trauma-informed schools and to use findings from an earlier review of research to highlight contributions and gaps related to multi-level and systems-oriented trauma-informed strategies. Here, we write about the importance of trauma-informed programs, particularly those that change schools, as systems. In this way, they are increasingly more responsive to all children who encounter adversity. Additionally, we highlight several components of these programs to bring greater clarity to what is required to implement such strategies. Although we focus primarily on schools, concepts apply to other systems, such as child welfare and juvenile justice, that serve some of the most vulnerable and highest risk of all children with extensive trauma histories (Baglivio et al., 2014).

Trauma From Adverse Childhood Experiences

Adversity is a broad term used to describe events and experiences that are stressful and potentially harmful to individuals of all ages. Childhood adversities, or Adverse Childhood Experiences (ACEs) as they are now known, are prevalent in the general population and even more so among children living in poverty and under-resourced communities (Gilbert et al., 2014; Herrenkohl, Kim, & Anderson, 2018). ACEs

include child abuse, neglect, domestic violence, and other forms of household dysfunction that arise from mental illness and drug and alcohol abuse among members of a family (Anda et al., 1999; Felitti et al., 1998). Structural inequalities and racism are broad and pervasive forms of adversity that increase the risk for ACEs and impinge in various ways on the functioning of individuals and households (Klevens & Metzler, 2019; Williams, Leins, Metzger, & DeLapp, 2018).

Although not all forms of adversity are traumatic, many cause serious and lasting harm if not remediated (Cross, Fani, Power, & Bradley, 2017). The degree of impairment usually increases with the number of ACEs a child encounters over days, months, and years, although single, isolated events can have lasting effects if they occur during sensitive periods of development (Copeland et al., 2018). Children with unattended symptoms of posttraumatic stress disorder (PTSD), particularly those without access to age-appropriate supports and services, can struggle to regain their ability to function if schools and other settings and service systems are not equipped to help them heal and build resilience from past and future challenges (Chafouleas, Johnson, Overstreet, & Santos, 2016).

Trauma-Informed Systems

Growing awareness of the effects of trauma on the social-emotional and physical health of children and adults (Gilbert et al., 2014) has led to a much-needed conversation about what schools can do to become

“trauma-informed” (Chafouleas et al., 2016). At the same time, there is considerable variation in how experts think about and apply this concept (Hanson & Lang, 2016; Herrenkohl, Hong, & Verbrugge, 2019). Previously, we conducted a literature review to determine the most promising school-based, trauma-informed approaches (Herrenkohl et al., 2019). We found that programs range from individualized (i.e., clinical, therapeutic) approaches, mainly based on methods of cognitive behavioral therapy, to those that work at a “systems level” to change how classrooms and schools respond to the needs of children with trauma histories. The goal of these programs is to offer safe and nurturing learning environments that benefit students with and without exposure to ACEs, while at the same time providing targeted supports and interventions for those who require them. A number of programs also include psychoeducation for school professionals, parents, and community service providers, such as youth development workers and clinical specialists, in order to increase their own knowledge and skills related to trauma and the care of vulnerable children.

From this review, we concluded that research supporting the use of any one approach is lacking and that classroom-based and school-wide programs remain largely untested. However, we argue that systems-oriented programs that provide universal and more targeted supports and interventions are theoretically compelling and promising for several reasons. For one, they have potential to reach a wide range of students at relatively low cost. They are also less likely than individualized interventions to stigmatize children in need of assistance, and to avoid a deficit model that stems from viewing trauma as a disorder (Herrenkohl, 2019). We argue that clinical interventions have their place, but they should not stand on their own if the goal is to lessen risks associated with trauma within a population of students. We also note that there is generally little consensus about the core elements of trauma-informed programs that extend beyond the individual, adding to the challenges of trying to test, replicate, and scale promising models. Other scholars, such as Hanson and Lang (2016), arrived at a similar conclusion in their own review of the trauma literature several years before ours. In that child welfare and

juvenile justice tend to serve children with extensive trauma histories (Baglivio et al., 2014), the same logic pertaining to trauma work in schools applies to these other systems (Herrenkohl, 2019). In the section that follows, we touch on certain core principles of a trauma-informed, systems-oriented model and provide a series of recommendations that align with these principles.

Trauma-Informed School Systems

Generally stated, trauma-informed programs and interventions are designed to support the recovery and resilience of children who encounter ACEs by attending to their immediate needs for safety and comfort, while also providing supports and therapeutic interventions that promote and reinforce skills for positive coping (Chafouleas et al., 2016). We call these programs “trauma-informed,” but many of the ideas also apply to models that go by other names, such as “whole child initiatives,” “resilience-building schools,” and “community schools” (Brooks, 2006; Mulloy, 2014; Oakes, Maier, & Daniel, 2017), which also work at a systems level to ensure that children feel safe, supported, and nurtured. These models similarly draw on concepts of risk and protection (protective factors), which are terms used in public health and prevention science to identify levers for intervention (Herrenkohl, Higgins, Merrick, & Leeb, 2015; Herrenkohl, Leeb, & Higgins, 2016; Sanders, Higgins, & Prinz, 2017). The public health model is itself based on social ecological theory, which hypothesizes that transactions between children and their surrounding environments can both promote and inhibit healthy development (Bronfenbrenner, 1979, 1994).

Core Principles and Recommendations for Trauma-Informed Schools

Most children spend a significant portion of each day in a school setting, and it is well-established that school experiences play a role in shaping children’s social, emotional, and academic development (Hawkins & Herrenkohl, 2003; Monahan, Oesterle, & Hawkins, 2010). For many children, schools are viewed as positive settings in which they can acquire

knowledge and skills that will benefit them in years to come (Hawkins & Herrenkohl, 2003). For others, however, schools are experienced as unfriendly and sometimes alienating places that lead to emotional challenges and deepening disconnection (Hemphill et al., 2013; Monahan et al., 2010; Skiba et al., 2011). In extreme cases, as when children are bullied by peers or severely disciplined by teachers for poor conduct, school experiences are extremely painful and traumatic, adding to a child's suffering and vulnerability (Skiba et al., 2011). Because many children who are traumatized have difficulty regulating emotions, staying on task, and relating prosocially with peers, they are apt to be singled out and treated harshly by teachers and other adults in positions of authority if those adults lack awareness of the ways trauma affects cognitions and behaviors. Implicit biases, unexplored trauma histories, deficits in social-emotional competencies, and emotional exhaustion (burnout) all contribute to the difficulties faced by teachers who work in settings with large numbers of children who have been traumatized (Day et al., 2015). Many of these teachers are additionally under considerable stress due to being overworked and underpaid (Jennings & Greenberg, 2009).

For these reasons, it is critically important that these teachers and other school professionals (e.g., classroom aids, specialized services providers, janitorial staff) receive training that advances their understanding of the causes and consequences of trauma in children and also equip them with the tools they need to compassionately serve students with complex social-emotional, and academic needs (Hertel & Kincaid, 2016). Doing so requires enlisting the help of experts who can work in partnership with schools on issues ranging from policies related to school discipline to teachers' self-reflective practice and strategies for proactive classroom management and inclusive teaching (Monahan et al., 2010). It is also critical that teachers have the time and space to regularly step back, reflect on their practice, and find meaning in their work.

Working in trauma-informed schools requires that teachers and support staff are sensitive to culture, ethnic, and linguistic differences in their students, and to the ways children express emotions verbally and

in social interaction with peers and adults (Day et al., 2015). Appreciating diversity and differences works against implicit biases that can lead otherwise well-intentioned adults to respond to children in ways that diminish their self-confidence and personal agency.

Our earlier review of the literature on trauma-informed programs suggests that schools are generally not well positioned to act on recommendations from organizations such as the National Child Traumatic Stress Network that focus on trauma-informed practices and systems (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012). While some programs now in use in schools can improve children's functioning, a majority of school-based programs called "trauma-informed" are actually designed for a fraction of students whose symptoms meet diagnostic thresholds requiring intervention. Programs based in methods of cognitive behavioral therapy do indeed show promise for addressing some symptoms of PTSD and complex trauma in symptomatic children (Cohen et al., 2016). However, many children who experience adversity resulting in traumatic stress do not appear as if they are psychologically and emotionally impaired (Hagan, Sulik, & Lieberman, 2016; Salmon & Bryant, 2002). Rather, they appear as uninterested, defiant, and withdrawn. As such, many children who "need" services and supports do not receive them (Lieberman, Chu, Van Horn, & Harris, 2010). Additionally, acting on symptoms associated with diagnoses fails to account for the delay in trauma reactions, which can occur months or even years after exposure (Cook et al.; Lieberman et al., 2010). Indeed, the developmental processes that link trauma exposure to outcomes are neither consistent or predictable to a degree that one treatment or intervention model will suffice in all cases (Cohen, Perel, Debellis, Friedman, & Putnam, 2002; Hagan et al., 2016).

Still, it is possible to change schools so that their policies and programs align with findings from basic and applied research on best practices in trauma care (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012). Systemic, school-wide approaches start by increasing awareness of the prevalence and impacts of traumatic stress on children. A next step is to create safe, nurturing, and inclusive learning environments that strengthen relationships and

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provide opportunities for children to learn skills for positive coping. Goals include identifying, reducing, and preventing experiences that “re-traumatize” children whose prior experiences place them at high risk for punitive responses from others. Re-experiencing trauma in the form of harsh discipline not only causes children added stress, it also leads them to question their own safety and to mistrust adults in positions of authority, particularly if they view the responses of those adults as biased, unjust, or simply undeserved (Beehler, Birman, & Campbell, 2012; Dorado, Martinez, McArthur, & Leibovitz, 2016; Parris et al., 2015).

The “window of tolerance” is a helpful concept in trauma research and practice advanced by Siegel (1999), who explained that children remain optimally engaged when they are emotionally regulated and supported. When children are forced outside their window of tolerance, as can happen in poorly run schools and classrooms, they have difficulty focusing and staying on task (Corrigan, Fisher, & Nutt, 2011; Salmon & Bryant, 2002). Some withdraw because they are frustrated and uncomfortable, while others resort to behaviors that are highly disruptive and cause concern, as when a child lashes out aggressively against a peer or teacher for a seemingly benign transaction (Holmes, Levy, Smith, Pinne, & Neese, 2015; Lubit, Rovine, DeFrancisco, & Eth, 2003). In these instances, the use of supportive strategies to stabilize and re-engage children who feel triggered or challenged are far better than trying to regain control by use of punishments or exclusionary practices, such as having children stand in isolation or sending them to meet with an administrator whose job is to reinforce rules based in punishment and deterrence (Day et al., 2015).

To nurture is to provide emotional and instrumental supports that benefit all children, including those with trauma backgrounds. Nurturing environments establish a secure base for children whose prior experiences have been anything but secure, stable, or predictable (Dorado et al., 2016). Deep nurturing and caring for others lessens traumatic stress that can result in hypervigilance, persistent fear, anger, shame, and doubt on the part of children about their abilities and self-worth (Dorado et al., 2016). Maintaining

supportive and nurturing environments relies on strong relationships based on trust and compassion (Wolpow, Johnson, Hertel, & Kincaid, 2009).

Trauma-informed schools incorporate teaching about social-emotional skills and positive coping to promote resilience (Hertel & Kincaid, 2016). Social-emotional skills include critical thinking, healthy expressions of emotions, and effective communication (Jones & Bouffard, 2012). Of course, students who feel safe and supported in their environment will also be more prepared and motivated to learn and apply these skills in their daily routines (Frydman & Mayor, 2017; Holmes et al., 2015). For students to develop competency in social-emotional skills, teachers and other school professionals must also be competent in those same skills, aware of their own triggers and biases, and capable of modeling the very behaviors and social interactions they require of their students (Jennings & Greenberg, 2009).

Learning social-emotional skills is enhanced in settings that allow children to experiment and to “test” newly learned skills without the fear of having others judge or disapprove of their attempts (Holmes et al., 2015; Shamblin, Graham, & Bianco, 2016). For students directly and acutely impacted by trauma, skills training in emotion regulation, deep breathing, visualization, and progressive muscle relaxation is also important for day-to-day interactions and long-term development (Ford & Blaustein, 2013; Kinniburgh, Blaustein, Spinazzola, & Van der Kolk, 2005).

Concluding Recommendations

In closing, we offer the following recommendations based on the preceding principles. The ideals reflected in these recommendations are viewed as necessary steps to advance trauma-informed, systems-oriented approaches that are guided by theory and research on best practices, as well as in response to concerns about equity and inclusion.

- Work to ensure that all students feel safe, respected, and valued
- Educate school professionals about the signs and symptoms of trauma in students
- Ensure that school professionals are aware of their own triggers and biases

- Build community
- Model positive relationships
- Minimize risks for re-traumatization of students by lessening the use of punitive discipline
- Communicate and consistently (and equitably) reinforce expectations for behavior in classrooms
- Avoid the use of deficit language to characterize students and their behaviors
- Incorporate teaching on social-emotional skills and positive coping to promote resilience (i.e., social-emotional skills include conflict resolution, critical thinking, healthy expressions of emotions, and effective communication)
- Put support systems in place to address emergent needs related to trauma exposure in students (and school professionals)

Although creating learning environments conducive to serving children exposed to ACEs and trauma is not without its challenges, acting on these recommendations will move schools closer to the model recommended by organizations like SAMHSA, which have worked extensively with researchers, practitioners, and policymakers to advance trauma systems work in schools and other settings (Substance Abuse and Mental Health Services [SAMHSA], 2014). We call upon others to join our own efforts to advance this work by transforming schools and other systems locally and nationally (Herrenkohl, 2019).

About the Author

Todd I. Herrenkohl, PhD, is Professor and Marion Elizabeth Blue Professor of Children and Families at the University of Michigan School of Social Work. His scholarship focuses on the correlates and consequences of child maltreatment, risk and resiliency, and positive youth development. His funded studies and publications examine health-risk behaviors in children exposed to adversity, protective factors that buffer against early risk exposure, and prevention. Dr. Herrenkohl works with policy makers, school and child welfare professionals, and community partners to increase the visibility, application, and sustainability of evidence-based programs and practices in prevention and trauma-responsive care.

Sunghyun Hong, MSW, is a doctoral student in social work and psychology at the University of Michigan. Her interests center on the social developmental shaping of resilience and the ways biological, social, and environmental factors protect and impinge on the functioning of vulnerable groups. Her work currently is examining the reasons why some youth and young adults fare better than others under conditions of extreme stress.

Bethany Verbrugge, MSW, is a 2019 graduate of the University of Michigan School of Social Work. Her clinical interests include trauma-informed interventions and evidence-based risk mitigation strategies.

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Introduction — Parental Alienation: A Contested Concept

Kathleen Coulborn Faller, PhD, ACSW, LMSW

The American Professional Society on the Abuse of Children (APSAC) is pleased to provide articles discounting and supporting the concept of parental alienation (PA) in situations of contested child custody. Consistent with its mission to provide the best professional response to child maltreatment, APSAC has engaged in a number of endeavors related to PA, including the APSAC Position Paper on Allegations of Child Maltreatment and Intimate Partner Violence in Divorce/Parental Relationship Dissolution (2016). In this publication, APSAC provides an evidence-based and balanced approach to investigation, evaluation, and case management of these complex child welfare and child custody cases. This section of the Advisor intends to further articulate the spectrum of controversies related to PA. The reader will be assisted by accessing the Appendix to this Introduction, which provides current definitions of terms employed in the debate over PA along with citations; these definitions are also found, in part, in the APSAC position paper cited above.

In this APSAC Advisor section, there are primary articles in support of (Milchman, 2020, this issue) and in opposition to (Geffner & Sandoval, 2020, this issue) PA. The authors then respond in secondary articles to the arguments in the opposing position.

The Context

Typically, allegations of child sexual abuse are hotly contested in all contexts, both intrafamilial and extrafamilial. They are especially contested in intrafamilial sexual abuse when the non-accused parent attempts to act to protect the victim(s). Cases with these characteristics often are litigated in the domestic relations (divorce) court. In this court, children do not automatically have legal representation as they do in child protection legal proceedings; in this court, parents are separately represented if they have funds to hire attorneys. Children, like property held in common by the parents, are subject to division, as found in custody and visitation requirements. Moreover, there is abiding history of skepticism about allegations of parental bad acts in the domestic relations court (based, in part, on the past requirement of a finding of bad acts by one or both parents) for there to be grounds for divorce (Faller, 2003, chapter 10).

Parental Alienation History

In the 1980s, Richard Gardner, a child psychiatrist in

private practice, proposed an alternative explanation for allegations of sexual abuse when parents are separated, divorcing, or divorced, which he called parental alienation syndrome (PAS). His theory was that there was a collusion between the child and the non-accused parent (90% of the time, the mother) to make false allegations of misdeeds against the accused parent (90% of the time, the father), including the ultimate weapon, an allegation of sexual abuse. The father was either a good parent or had minor flaws as a parent. Gardner further asserted that the vast majority of incest allegations are true, but the vast majority of incest allegations in divorce/separation cases are false (Gardner, 1998).

Gardner's theory had great appeal, both because professionals and lay people are loath to believe sexual abuse and because PAS proved to be a powerful weapon in custody proceedings. PAS was appealing not only to accused parents and lawyers representing them but also to a cohort of mental health professionals conducting custody evaluations and testifying about their results in court. That said, custody evaluators may make findings in support of PAS or against PAS.

The Controversy

Professionals who tend to find PAS liken parental alienations behaviors (PAB) to psychological abuse (Baker, 2009), some describing PAB as a form of family violence (Harman, Kruk, & Hines, 2018). Thus, PAB is placed on an equal plane with child sexual abuse, physical abuse, and neglect and is assumed to have pervasive negative effects on children.

At the other end of the spectrum are professionals who assert that PA is rare and is a smokescreen to obscure child maltreatment and domestic violence in circumstances where the non-accused parent attempts to protect her children and herself (Meier, 2009). These professionals assert that a claim of PA often results in a failure to investigate and assess allegations of child maltreatment or intimate partner violence, resulting in traumatized children and adults being placed in situations of danger (Faller, 2003, chapter 10).

There is a prodigious body of writings, on one hand, in support of PAS. It is frequently cited by PAS proponents as demonstrating the existence of PAS (e.g., Bernet, 2010). On the other hand, those concerned that PAS is used against traumatized children and adults in domestic relations court proceedings are critical of this literature, noting that most of the writings are advocacy pieces, opinion, and research with weak methodology (Saini, Johnston, Fidler, & Bala, 2016).

Further Developments in PA

Gardner (1998) expanded the types of allegations to which he applied the term PAS to include domestic violence and child physical abuse. That said, Gardner's claims remained that these were false allegations to gain traction in divorce cases.

In an effort to get PA into the *Diagnostic and Statistical Manual* (DSM-5) (2013), proponents reformulated it and used the term parental alienation disorder (PAD) (Bernet, 2010). PAD resides in the child rather than being a result of collusion between the child and the non-accused parent, but the assumption remains

that there is no justification for the child's alienation from the accused parent. Although Bernet and colleagues were unsuccessful in getting PAD listed as a child disorder in the DSM-5, their efforts continue as they attempt to get it listed in the *International Classification of Diseases* (ICD-11).

In the United States, criticisms of the utility of PAS/PAD for explaining the child's feelings of alienation and fear of the accused parent reached the National Council on Juvenile and Family Court Judges (NCJFCJ). The NCJFCJ issued a guide that advised against allowing PAS/PAD testimony in disputed custody cases, characterizing its support as "soft science" (Bowles, Christian, Drew, & Yetter, 2008). Despite the existence of this guide, such testimony continues to be heard in courts. Many proponents now merely use the term parental alienation, in part to distance themselves from the criticisms of PAS/PAD (Baker, 2009).

Remedies When PA Is Alleged

A troubling aspect of the debate about PA is the remedy proposed by its proponents. They frequently argue for a change of custody from the parent to whom the child is affiliated to the accused parent. If, in fact, the child has been abused by the accused parent, change of custody places the child in grave jeopardy. More recently has been the growth of reunification programs to "re-program" children into a positive relationship with the accused parent. Often these programs require a no-contact order with the parent to whom the child is affiliated (Mercer, 2019; Warshak, 2015). Some courts have ordered no contact for the child's entire minority.¹

Professionals who dispute these draconian remedies argue that if PA has, indeed, occurred, a more benevolent intervention is treatment (APSAC, 2016). The structure of this treatment should vary based upon the dynamics of the PA, for example, whether the parent to whom the child is affiliated played a role in the child's alienation.

¹ A specific citation cannot be provided for this assertion because it is based upon personal knowledge about individual cases.

Conclusion

The articles in this “contested issues” section are written by very respected custody evaluators. They provide arguments for and against a consideration of PA as an explanation of child maltreatment and intimate partner violence when there is a parental relationship dissolution. Neither the “pro” nor the “con” article is written by professionals at the extreme ends of the controversy. This decision was made so the APSAC audience would be exposed to evidence-based perspectives that consider multiple hypotheses when allegations of PA arise and there is a custody dispute.

About the Guest Editor

Kathleen Coulborn Faller, PhD, ACSW, DCSW, is Marion Elizabeth Blue Professor Emerita of Children and Families in the School of Social Work at the University of Michigan and Co-Director of the Family Assessment Clinic of Washtenaw Co., Michigan. She is involved in research, clinical work, teaching, training, and writing on child sexual abuse, child welfare, and the child welfare workforce. She is the author, editor, or co-editor of ten books. She has published over 100 research and clinical articles. She has been a member of American Professional Society on the Abuse of Children (APSAC) since its inception and served on the APSAC Board of Directors 1991-1997 and the APSAC Executive Committee 1992-1997. She was a member of the APSAC Board (2013-2019) and the Executive Committee (2014-2019). She chairs the Practice Guidelines Committee. She also served as chair of the Publications Committee (2015-2019) and continues to serve on the committee as a member.

Introduction - Parental Alienation: A Contested Concept

American Professional Society on the Abuse of Children (APSAC). (2016). *APSAC position paper on allegations of child maltreatment and intimate partner violence in divorce/parental relationship dissolution*. Columbus, OH: Author. Retrieved from www.APSAC.org

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Appendix

Parental Alienation (PA)

Reference:

Bernet, W., & Baker, A. J. L. (2013). Parental alienation, DSM-5, and ICD-11: Response to critics. *Journal of the American Academy of Psychiatry and the Law*, 41(1), 98-104.

PA is a generic term that refers to situations in which a child is cathected to one parent and alienated from the other. It does not specifically ascribe to the etiology or dynamics of the child's close relationship with one parent and distant relationship with the other parent.

Parental Alienation Syndrome (PAS)

References:

Gardner, R. (1992). *The parental alienation syndrome*. Cresskill, NJ: Creative Therapeutics.

Gardner, R. (1998). *The parental alienation syndrome, second edition*. Cresskill, NJ: Creative Therapeutics.

Richard Gardner (1998) coined and popularized the concept of “parental alienation syndrome” as an explanation for allegations of child sexual abuse, then later domestic violence, and child physical abuse, in divorce. He regarded the vast majority of these allegations as false. He defined PAS as “a child’s campaign of denigration against a parent that has no justification and that results from the combination of two contributing factors: programming or brainwashing by one parent, and the child’s own contributions to the vilification of the target parent.” He identified eight symptoms in the child and differentiated mild, moderate, and severe categories of PAS.

Symptoms in the child are as follows:

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

Research does not support Gardner’s view that the “vast majority” of allegations in the context of parental dissolution are false and hence raises serious questions about Gardner’s theory (Bala, Mitnick, Trocme, & Houston, 2007; Thoennes & Tjaden, 1991; Trocme & Bala, 2005).

Parental Alienation Disorder (PAD)

References:

Bernet, W. (2010). *Parental alienation: DSM-5 and ICD-11*. Springfield, IL: Charles Thomas Publishers.

Bernet, W., von Boch-Galhau, W., Baker, A., & Morrison, S. (2010). Parental alienation, DSM-V, and ICD-11. *The American Journal of Family Therapy*, 38(2), 76-187.

PAD is an updated version of PAS. Beginning in 2008, Bernet and colleagues attempted unsuccessfully to get PAD into the *Diagnostic and Statistical Manual, Fifth Edition* (DSM-5) of the American Psychiatric Association (Bernet et al., 2008).

PAD locates the diagnostic criteria in the child. They are as follows:

Continued on next page...

Appendix, cont.

- A. The child—usually the parents are engaged in a hostile divorce—allies himself or herself strongly with one parent and rejects a relationship with the other, alienated parent without legitimate justification. The child resists or refuses visitation or parenting time with the alienated parent.
- B. The child manifests the following behaviors:
 - (1) a persistent rejection or denigration of a parent that reaches the level of a campaign
 - (2) weak, frivolous, and absurd rationalizations for the child's persistent criticism of the rejected parent
- C. The child manifests two or more of the following six attitudes and behaviors:
 - (1) lack of ambivalence
 - (2) independent-thinker phenomenon
 - (3) reflexive support of one parent against the other
 - (4) absence of guilt over exploitation of the rejected parent
 - (5) presence of borrowed scenarios
 - (6) spread of the animosity to the extended family of the rejected parent
- D. The child's refusal to have visitation with the rejected parent is without legitimate justification. That is, parental alienation disorder is not diagnosed if the rejected parent maltreated the child.

Parental Alienating Behaviors (PAB)

Reference:

Saini, M., Johnston, J., Fidler, B., & Bala, N. (2016). Empirical evidence of alienation: Updated review. In Leslie Drozd, Michael Saini, & Nancy Olesen (Eds), *Parenting plan evaluations: Applied research for the family court* (2nd ed.) (pp. 374-430). New York: Oxford University Press.

Parental alienating behavior (PAB) refers to false, malicious, and unjustified negative beliefs, attitudes, and behaviors by one parent about the other parent that have the purpose of sabotaging a child's relationship with and wish to spend time with the other parent (Saini, Johnston, Fidler, & Bala, 2016).

The Alienated Child

Reference:

Kelly, J. B., & Johnston, J. R. (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review. Special Issue: Alienated Children in Divorce*, 39(3), 249-266.

The Estranged Child

Reference:

Saini, M., Johnston, J., Fidler, B., & Bala, N. (2016). Empirical evidence of alienation: Updated review. In Leslie Drozd, Michael Saini, & Nancy Olesen (Eds), *Parenting plan evaluations: Applied research for the family court* (2nd ed.) (pp. 374-430). New York: Oxford University Press.

An “estranged” child is one who expresses reasonable negative feelings against one parent. A child may be estranged by virtue of having been maltreated by or having witnessed abuse by the target parent. A child can also be estranged because he or she perceives the targeted parent as responsible for the parental relationship dissolution, because of a prior problematic relationship with the targeted parent, because of poor parenting by the targeted parent, or because of parental lack of interest in the child. Problematic parental behaviors such as substance abuse and mental health issues may result in estrangement. Factors such as the child's age, gender, and functioning can contribute to estrangement.

Continued on next page...

Appendix, cont.

An alienated child is one who “expresses, freely and persistently, unreasonable negative feelings and beliefs (such as anger, hatred, rejection and/or fear and avoidance) towards a parent that are disproportionate to the child’s actual experience with that parent.”

Parental Alienation Theory (PAT)

References:

Gardner, R. (1992). *The parental alienation syndrome*. Cresskill, NJ: Creative Therapeutics.

Milchman, M. M. (2017). Misogyny in New York custody decisions with parental alienation and child sexual abuse allegations. *Journal of Child Custody*, 14(4), 234-259. doi:10.1080/15379418.2017.1416723

Parental alienation theory refers to underlying assumptions that result in the child making a false allegation of sexual abuse. Gardner's views about why children and parents make false allegations of sexual abuse in divorce, more specifically how children come to possess the sexual knowledge to make these allegations and why parents might make such allegations, are as follows. With regard to children, Gardner describes them as polymorphous perverse. To quote him, “Children normally exhibit just about any kind of sexual behavior imaginable: heterosexual, homosexual, bisexual, and autosexual.” In his opinion, “the normal child experiences and exhibits a wide variety of sexual fantasies and behaviors” (Gardner, 1992, p. 124).

To again quote Gardner, “A four-year-old girl, for example, may harbor, among her collection of polymorphous perverse fantasies, thoughts of some kinds of sexual encounters with her father” (Gardner, 1992, p. 125). Gardner also believed that children make these allegations because they are cruel. For example, he has written, “What is striking is the degree of sadism that many of these children may exhibit. In many of these cases I have been impressed by what I consider to be the innate cruelty of these children...” (Gardner, 1992, pp. 119-120). With regard to mothers, Gardner stated, “Each time the accusers make an accusation, they are likely to be forming an internal visual image of the sexual encounter. With each mental replay, the accusers gratify the desire to be engaging in the activities that the perpetrators are involved in the visual imagery” (Gardner, 1991, p. 25). Alternatively, he proposed that mothers who make allegations of sexual abuse against their ex- or soon-to-be ex-partners are delusional (Gardner, 1992). With regard to fathers, Gardner stated that the alienated parent has “provided normal loving parenting or, at worst, exhibited minimal impairments in parenting capacity” (Gardner, 1992, p. xviii).

Milchman (2020, this issue) points out that Gardner's theory is fundamentally misogynistic. Moreover, current PAT theory acknowledges there are potentially multiple causes for the child's alienation from a parent. Moreover, alienating behaviors can be engaged in by both mothers and fathers.

Seeking a Bridge Between Child Sexual Abuse and Parental Alienation Experts

Madelyn Simring Milchman, PhD

This article is intended to reduce skepticism among child sexual abuse (CSA) experts and experts in various concepts related to “parental alienation, particularly “parental alienation syndrome” (PAS), “parental alienation disorder” (PAD), or “parental alienation” (PA) conceptualized as a diagnosable entity, regarding their respective claims in divorce cases. Experts on both sides claim to rely on knowledge that is generally accepted in their fields, as legal rules of evidence would require (Melton, Petrila, Poythress, & Slobogin, 2007). However, some PAS/PAD/PA experts (e.g., Baker, 2013; Baker, Burkhard, & Albertson-Kelly, 2012; Clawar & Rivlin, 2013; Lorandos, Bernet, & Sauber, 2013) make inflated claims for the scientific validity of the knowledge supporting theories about alienation (Milchman, 2019; Faller, 2020, this issue; Saini, Johnston, Fidler, & Bala, 2016).

The article begins by acknowledging advances in parental alienation theories since the original misogynistic incarnation of the PAS (Gardner, 1987). It then moves to the limitations in scientific validity studies (Milchman, 2019) that advocates claim support modern alienation theories (Baker, 2013; Baker et al., 2012; Clawar & Rivlin, 2013; Lorandos et al., 2013). This part of the article intends to provide a bridge between CSA and alienation experts by acknowledging advances in theory and research without denying their limitations. The article next briefly discusses New York State (NYS) Appellate Division (AD) divorce cases decided between 2001 and 2017 in which alienation allegations were used to rebut CSA allegations (Milchman, 2017). This part of the article demonstrates the realistic foundation for CSA experts’ skepticism about alienation allegations, while

not denying that false CSA allegations can be used against targets of alienation. The article concludes by discussing the battle of the experts in these cases.

Advances in Theories of Parental Alienation

Today, researchers who focus on alienation vary in the extent to which divorce advocacy influences their scholarship (Emery et al., 2016). A large contingent of alienation scholars conform their work to scientific standards. Their theories recognize multiple possible causes for children’s contact resistance and refusal (CRR) toward one parent other than the deliberate and irrational interference in that relationship by the other parent, which is the hallmark of alienation (Birnbaum & Bala, 2010; Drozd, 2009; Drozd & Olesen, 2004; Drozd, Olesen, & Saini, 2013; Fidler & Bala, 2010; Garber, 2011; Kelly & Johnston, 2001; Johnston, 2003; Johnston, Walters, & Olesen, 2005; Lee & Olesen, 2001; Ludolph & Bow, 2012).

Alienation theories today recognize that both fathers and mothers can alienate their children (Johnston, 2003; Johnston et al., 2005) and that fathers can alienate their children even if they do not live with them (Warshak, 2015). They recognize that alienation can occur in intact families as well as divorced ones, focusing attention on parents’ conflict and its longitudinal history rather than on marital status (Deutsch & Pruett, 2009; Mone & Biringen, 2006). Serious recognition is given to the need to tailor therapeutic interventions to the specific causes of CRR in individual families (Fidler & Ward, 2017; Pruett, Deutsch, & Drozd, 2016).

Guidelines have been developed to apply modern alienation theories to child custody evaluations.

Drozd, Olesen, and Saini's (2013) are the most detailed and systematic. They provide a structured protocol to guide evaluators in collecting and interpreting evidence so that no plausible cause of CRR goes unassessed. Milchman (2019) proposes a protocol to sequence assessment of each cause so that abuse and other legitimate reasons for CRR are ruled out before alienation is assessed. These changes, if applied in practice, should significantly reduce misuse of alienation theories to dismiss CSA allegations against the weight of evidence in custody cases (Meier, 2019; Meier & Dickson, 2017; Milchman, 2017).

This scholarship has developed over approximately the last 17 years. While it is advancing rapidly, much of it is specialized, not scientific, knowledge because it still has limited empirical validation. However, alienation researchers who have a more advocacy-driven agenda overlook or deny the scientific limitations in the research they cite to support the use of parental alienation in court (Baker, 2013; Bernet & Baker, 2013). They fail to recognize that specialized knowledge is also admissible and helpful to the court (Melton et al., 2007). The article now briefly addresses scientific limitations in this advocacy-driven research.

Limitations of Scientific Validity for the Concept of Parental Alienation

Advocacy-driven alienation researchers (Baker, 2013; Bernet & Baker, 2013) mute the significance of the difference between qualitative descriptive research and quantitative empirical research for establishing the validity of parental alienation as a scientific construct. Qualitative descriptive research shows that something exists, and it points to a possible phenomenon, but quantitative empirical research is needed to demonstrate that it can be accurately identified and discriminated from other phenomena (Milchman, 2019). Muting this distinction, they claim scientific validity sufficient to pass a Daubert challenge (Baker, 2013). Their claim is undermined by pervasive deficits in the research designs intended to support it.

These deficits include inadequate assessment instruments, biased selection of subjects, lack of adequate comparison groups, inadequate statistical

analyses, and circular reasoning (Faller, 2020; Saini et al., 2016). Alienation research has not assessed standard scientific validity constructs (Milchman, 2019). It does not assess relationships between alienation and other specific psychological symptoms with which alienation would be expected to be associated (convergent validity). While it shows that children classified as alienated suffer from higher levels of depression, anxiety, acting-out, low self-esteem, substance abuse, decreased self-sufficiency, and attachment problems (Baker & Ben Ami, 2011; Baker & Brassard, 2013; Ben Ami & Baker, 2012; Bernet, Baker, & Verrocchio, 2015), these are symptoms of general distress that could have many explanations other than alienation.

Paradoxically, researchers should not expect alienated children to be generally more distressed than non-alienated children. Since rejecting a parent is supposed to be an internal and external way of coping with parental conflict, it should *lower* general psychological distress, not raise it. Alienation researchers need to demonstrate that symptoms specific to alienation are not associated with other causes of children's CRR (discriminant validity). For example, discriminant validity would be demonstrated if alienated children were shown to be less distressed compared with children who perceive their parents as rejecting them but who do not reject their parents (Khaleque & Rohner, 2002) or compared with abused children who do not reject their abusive parent. To date, research with this level of specificity in assessing discriminant validity has not been conducted.

While convergent and discriminant validity are needed to differentiate alienated from non-alienated children, even if they were established, advocates still could not claim that alienation is the cause of the child's CRR. Convergent and discriminant validity for the concept of alienation could only show that "these behaviors and not those behaviors" are associated with irrational but not with rational CRR. To show that alienation is the cause of the child's CRR (internal validity), alienation researchers must assess parenting practices and the parent-child relationship quality before the divorce process, during it, and after it. They must assess whether the degree of a parent's alienating behavior in any of these time periods was or was not related to the degree of the child's willingness to

engage with the other parent. Finally, other possible causes of CRR must be eliminated. To date, there are no such longitudinal alienation research studies. The lack of scientifically validated criteria for alienation has a direct impact on confusing the kind of evidence needed to corroborate alienation in forensic custody decisions.

Evidentiary Confusion in NYS Appellate Division Divorce Cases: 2001–2017

In these NYS cases, the evidence needed to prove alienation and disprove CSA or vice versa was not understood (Milchman, 2017). On logical grounds alone, since the behavioral criteria for alienation (Lorandos et al., 2013) and for CSA (Friedrich, 1997) are different, disproof of one cannot be interpreted as proof of the other. This does not mean that the separate proofs are unrelated. Good forensic practice in CRR cases would require that evidence for and against alienation and CSA both be addressed when explaining the child's CRR (Drozd et al., 2013). Nevertheless, affirmatively assessing alienation and CSA requires different kinds of evidence.

The author (Milchman, 2017) analyzed the custody decisions made by the NYS Appellate Division (AD) from 2001–2017 in which alienation and CSA allegations were pitted against each other. There were 24 cases. In 22 of them, mothers appealed the trial courts' award of custody to the father against whom CSA was alleged. In 21 of these cases, she lost her appeal. Of these 21 cases in which the alleged abuser obtained custody, 15 contained no affirmative evidence against CSA. In one case the court considered the CSA allegation possible. In the other 20 cases, the CSA allegations were considered "unfounded," which means insufficient evidence to decide one way or the other (Tippins, personal communication, 2017), but the case was nevertheless decided in favor of the alienation allegations. However, in 12 of those cases no affirmative evidence for alienation was presented.

These findings, however, do not support the conclusion that alienation allegations are no more than an adversarial tactic. In the 21 cases in which the accused father obtained custody, eight had affirmative

evidence of alienation and six had affirmative evidence against CSA. In these cases, judicial decisions favoring alienation appear well-founded.

The NYS AD decisions reflect a fairly consistent confusion between failure to prove CSA and disproving it, on the one hand, and between disproving CSA and proving alienation, on the other. While alienation advocates are right that false CSA allegations could be made, the decisions in these NYS cases suggest that parents alleging alienation do not face the same risk of custody loss as do parents who bring true, or at least not disproven, CSA allegations to the court's attention.

Conclusion

Skepticism about the validity of alienation and CSA claims seems to disfavor CSA claims. In many of the NYS cases reviewed, covert misogyny, insufficient evidence, and confusion about the kinds of evidence needed to prove or disprove the allegations appeared to have influenced judicial decisions. If experts for either alienation or child abuse, including CSA, allegations are aligned with advocacy positions, the court is left with the battle of the experts. However, if experts assess alienation and child abuse, including CSA, allegations by collecting the specific evidence relevant to each, and acknowledge the scientific limits of alienation research to date, then they should be able to provide admissible evidence, educate the court, and undermine the ill-founded polarization that weakens their ability to protect children from abuse or from parent loss.

About the Author

Madelyn S. Milchman, PhD, has practiced clinical and forensic psychology in New Jersey since 1986. Her expertise is in trauma, including child sexual and emotional abuse, incest survivors, domestic violence, rape, recovered memory, sexual harassment, PTSD, divorce/custody, parental alienation, and other types of trauma. She won the American Professional Society on the Abuse of Children 2019 Outstanding Frontline Professional Award for her work on the relationship between child abuse allegations and parental alienation allegations. She has served as an expert witness in child custody cases, relocation cases, reunification cases, criminal child sexual abuse cases, and psychological injury cases involving trauma-related issues. Dr. Milchman has presented and published articles nationally and internationally in these and related areas including principles and methods for forensic evaluations and working with psychological experts. She serves as an evaluating expert, a scientific expert, a consulting expert, and a rebuttal expert.

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Parental Alienation Syndrome/Parental Alienation Disorder (PAS/PAD): A Critique of a ‘Disorder’ Frequently Used to Discount Allegations of Interpersonal Violence and Abuse in Child Custody Cases

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Introduction and Terminology

Our opposition to the terms *parental alienation syndrome/parental alienation disorder* (PAS/PAD) is that it is dangerously used in cases where there are child custody disputes. The custody disputes that concern us relate to those in which there are allegations of child maltreatment, intimate partner violence, and other parental bad acts. Parents can and sometimes do engage in intentional alienating behaviors in contested custody cases, but by asserting that all allegations are false claims derived from “parental alienation behaviors,” proponents of PAS/PAD attempt to short-circuit careful investigations of serious allegations. When successful and the PAS/PAD defense is accepted by child custody decision makers, children may be subjected to additional maltreatment, other traumatic experiences, and even placement into the custody of an abusive parent (Meier, 2009).

Presently, there is a split in the child custody field concerning parental alienation syndrome/parental alienation disorder (PAS/PAD). Many mental health and other professionals regard PAS/PAD as junk science; that is, they believe PAS/PAD has been discredited and is no longer seen as relevant in custody disputes. However, there is another group of professionals who advocate for the concepts of PAS/PAD and their relevance in custody disputes.

Currently, the PAS/PAD advocates may merely use the term *parental alienation* (PA), since many courts no longer allow PAS/PAD testimony. This split has led to heated disputes among experts and significant confusion for mental health professionals, attorneys, judges, advocates, and others involved in child custody cases. The term PA now has such strong connotations that it has lost its actual meaning, and even professionals and courts use this term in completely different ways to describe vastly different scenarios.

Factors that are important to the discussion of PAS/PAD/PA include intentionality, level of severity, consequences, mechanisms, appropriate interventions, and research support. The concept of PA, when accurately used, assumes a parent is intentionally attempting to turn a child against the other parent through concerted efforts of verbally denigrating the other parent or acting in other ways to accomplish this goal. The history of PAS/PAD and the more recent term PA is important to the understanding of PA concepts and why their use is dangerous.

Using PAS/PAD to Minimize Allegations of Child Sexual Abuse (CSA) and Domestic Violence

The salient theme of PAS/PAD is removing responsibility from and taking away the focus from an

Parental Alienation Syndrome/Parental Alienation Disorder (PAS/PAD)...

abusive parent's behaviors and placing blame on the child and the parent to whom the child may be more attached. Of perhaps greater importance is that PAS/PAD is typically used as a defense in child custody cases where allegations of child abuse, especially child sexual abuse (CSA), or exposure to domestic violence are present. In situations with child abuse or domestic violence, children would rightly favor the non-abusive parent over the abusive one. However, instead of appropriately and comprehensively investigating abuse, and the various possible reasons a child might refuse contact with a parent, PAS/PAD is brought into the courtroom by those accused of abuse or their attorneys, and it often overshadows any kind of critical thinking or comprehensive investigation of the allegations of interpersonal violence and abuse by child custody evaluators, child protective services workers, law enforcement, or other mental health professionals. Again, it should be noted that Gardner and other PAS supporters do state that if there is actual abuse by the alienated parent, then it would not fit the definition of PAS (Gardner, 2002). However, that assertion appears to be overlooked in many of the cases where the allegations of CSA are dismissed without a comprehensive evaluation or investigation, and where the assumptions that the allegations are false overshadow the case.

Furthermore, proponents of PAS generally suggest the occurrence of high numbers of false allegations of CSA. This claim is inaccurate as demonstrated by research over many years (see summary of studies by Bala, Mitnick, Trocme, & Houston, 2007). Research has consistently shown very low rates of false allegations of CSA suggesting 2% to 10% (e.g., Everson & Boat, 1989; Oates et al., 2000;). In addition, some research also indicates a 50% likelihood of false negatives (Putnam, 2003). Even in high-conflict custody cases and parent separation, research suggests only from 4% to 14% of false allegations of CSA within this special population and set of circumstances (e.g., Bala et al., 2007; Trocme & Bala, 2007).

It should be noted that a *false allegation* is a declaration that a person committed one or more acts of child abuse when in reality there was no abuse, and the false allegation is made intentionally and knowingly, typically with a malicious motive. In

other words, a false allegation means the abuse did not happen, and the person making the allegation knows it did not occur. A false allegation also differs from a misinterpreted behavior and an unfounded or unsubstantiated allegation in that there is no malicious intent. *Misinterpretation* entails believing there has been maltreatment when the actual event or situation is more benign. *Unfounded* and *unsubstantiated* are terms used by child protection agencies. These labels may be used when there has been no abuse or there is insufficient evidence to reach a conclusion about the likelihood of abuse.

There is not sufficient research to indicate how negative statements by a parent (intentional or unintentional) about the other parent noted by PAS/PAD advocates would lead to specific disclosures of child abuse, especially CSA. It is also not clear what mechanisms could lead a child to make untrue negative statements about a parent or disrupt a close attachment between a parent and his or her child. Unfortunately, due to the lack of education or awareness relating to appropriate parenting, trauma, and child psychology, even mild or unintentional negative parental influence has been corrupted and attributed to a nonexistent pathology used by too many custody evaluators and courts in cases of child custody to dismiss allegations of CSA. The PAS label (or more recently just PA) creates significant opportunities for re-traumatization of abused children and victims of domestic violence, while simultaneously suppressing common knowledge and established theories within the field of psychology, especially within the forensic arena.

History of PAS/PAD

It is important to describe how PAS shifted over time from being collusion between the child and the "alienating" parent as Gardner (1992) described, to the alienated child, a condition of the child Kelly and Johnston wrote about (2001), to a child disorder as in PAD (Bernet, 2008) when its proponents attempted to get this listed as a diagnosis in DSM-5. PAS was a term coined by Richard A. Gardner, MD, in a paper he published in 1985. It is important to note that the publication was an opinion paper, and it was not based on research or other evidence. He described the term PAS as:

...a disorder that arises primarily in the context of child-custody disputes. Its primary manifestation is the child's campaign of denigration against the parent, a campaign that has no justification. The disorder results from the combination of indoctrinations by the alienating parent and the child's own contributions to the vilification of the alienated parent. (Gardner, 1985, p. 1)

Gardner used the term to refer to a child's obsession with "deprecation and criticism of a parent—denigration that is unjustified and/or exaggerated" (Gardner, 1985, p. 1). Gardner in his original articles discussed behaviors and symptoms that he attributed to his newly created pathology, but he provided no research, no accepted theoretical framework, or any actual data that a legitimate disorder would possess. Gardner had his own press, Creative Therapeutics, which he used to publish and sell his books. He rarely published articles in peer reviewed research journals (Gardner, 1987; 1992). As a consequence, his writings on PAS were not subject to critical peer review. After receiving criticism that his ideas did not have a theoretical basis or even a framework, Gardner then created eight behaviors that children engage in that would qualify for the child to be diagnosed with PAS (Gardner, 2002, p. 97):

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

These behaviors or symptoms associated with PAS are problematic as they are not based on research data, are not defined, and even contradict basic psychological theories and principles in child development, family psychology, and trauma psychology. One obvious example of this is Number 3 above, "lack of ambivalence."

Evidently, a lack of ambivalence is a behavior *alienated* children engage in according to Gardner. This assertion suggests that children inherently have mixed feelings about those they are close to. Furthermore, unalienated children supposedly do not engage in dichotomous thinking (i.e., that a parent is either all good or all bad). This symptom or behavior associated with PAS negates Kohlberg's (1971) theory of moral development, specifically pre-conventional and conventional stages. Young children (typically before age 9) tend to operate with pre-conventional morality, which is usually self-serving, and they obey rules to receive concrete rewards. In the conventional morality stage, children think in terms of black and white, meaning there is only bad and good. They do not demonstrate moral flexibility, and they are very rule-oriented. Therefore, a "lack of ambivalence" is not characteristic of an alienated child; it is a developmental phase that children go through when developing a sense of morality. The other seven behaviors are equally problematic but won't be discussed here.

Another example of such contradictions comes from Gardner's original article (1985), in which he wrote that if a child suffering from PAS was put in the room alone with the supposed "hated" parent, the child would then behave in a neutral manner because he or she was not really afraid of that parent. This child's neutral behavior supposedly would counter any reason for rejection, such as abuse. However, this scenario does not consider constructs such as accommodating to fear, power differentials, and survival mechanisms that a child may use to cope with the presence of the feared parent. In addition, Gardner did not consider that even an abused child in a room with the abusive parent may be in a perceived safe situation near other people and may not show such fear, trauma, or distrust. Child maltreatment professionals have known for a long time that even children from severe abusive relationships may still love and have positive feelings toward an abusive parent and may show these positive emotions and behaviors when in a safe situation with that parent. Moreover, children may act in various ways in an attempt to cope with the trauma they may be experiencing and therefore hide their true feelings. Thus, this "neutral" behavior may not indicate a lack of abuse, trauma, or fear.

Throughout the 1990s and early 2000s, there were numerous articles published about the negative effects of the use of PAS in custody disputes (e.g., Bruch, 2001; Johnston, 1993; Nelson & Downing, 1999). These did not deter the proponents of PAS from continuing to write about PAS as if such a theory or condition actually existed (e.g., Bernet, 2008; Gardner, 1998).

There was an special outcry from domestic violence and child abuse professionals in the later 1990s and early 2000s that the label of PAS was being used to discount and minimize domestic violence and child abuse and to force children to live with or visit with the parent accused of abuse (e.g., Bruch, 2001; Faller, 1998). Gardner countered that PAS should not be used in cases of actual abuse and therefore if abuse occurred, then it was not a case of PAS because the alienation or a campaign of denigration is supposed to have “no justification,” that is, abuse would be a justification (Gardner, 2002, p. 95). However, many professionals have argued that PAS/PAD continued to be used where there were allegations of interpersonal violence in family court cases in order to minimize or ignore abusive behaviors by a parent (e.g., Bowles, Christian, Drew, & Yetter, 2008; Geffner, Conradi, Geis, & Aranda, 2009; Meier, 2009; Walker, Brantley, & Rigsbee, 2004).

Reformulations: The Alienated Child and Its Causes

In the early 2000s a classic article differentiated a child who is *alienated* (i.e., a child who unreasonably rejects a parent in divorce) and an *estranged* child (i.e., a child who legitimately rejects a relationship with a parent, for example, because the parent is abusive to the child or toward the other parent) (Kelly & Johnston, 2001). Indeed, Kelly and Johnston propose a continuum of children’s responses to parental divorce, from positive relationships with both parents to reasonable fear of the rejected parent and preference for the non-violent parent. They note that alienated children are most commonly found in situations of high-conflict divorce and describe some of the behaviors of the aligned parent that may cause the child’s alienated response. This reformulation has given an important distinction between cases in which a child may be rejecting a parent for various reasons, one of which was a parent

intentionally trying to turn the child against the other parent. This distinction is quite important because it means that a thorough investigation and evaluation must occur to determine possible reasons and hypotheses for why a child may be rejecting a parent. Thus, abuse, poor parenting, boundary issues, neglect, and lack of attachment could all be legitimate reasons for a child to be estranged from a parent and then to reject that parent. These would have nothing to do with parental alienation behaviors.

Research by Baker to Justify PAS

Central to the legitimization of PAS (and later PAD) in the mid-2000s was a study conducted by Baker (2005a; b; 2006). The study was based upon a convenience sample, sought by posting on more than 100 Internet sites and by word of mouth. The sample size varied from 38 to 40, depending upon the article that she wrote, but it is not clear from the articles why the sample size varied. The only screening criterion employed was that cases in which alienation was not a result of parental alienating behaviors were excluded; Baker does not identify how many cases were excluded. This study used a semi-structured interview protocol according to the author. Baker noted that she recorded the 1-hour interviews and transcribed them, and she stated that she used qualitative analysis (grounded theory; e.g., Straus, 1987). However, it appears that Baker was the only data coder; thus, the study lacks intercoder reliability, and it also appears there is a lack of opportunity for systematic feedback from colleagues and participants in the study. Like most qualitative studies, this research lacks generalizability because of the lack of representativeness of the sample. In addition, no provisions of trustworthiness of the data, the procedures, or the coding were provided. Moreover, in describing the results, Baker stated, “It is also important to note that it is not possible to isolate these outcomes as directly resulting from the alienation as opposed to the more general experience of divorce and the parental pathology that was probably underlying the alienation for at least some families” (Baker, 2005b, p. 289). However, the author still attributed all the outcomes to “parental alienation.” The failure to honor other potential sources of bias further compromises the results.

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Research on PAS/PAD has been carefully reviewed by other professionals in child custody and high-conflict divorce. These professionals note the absence of large, representative samples and randomly drawn comparison/control groups (e.g., Drozd, Saini, & Olesen, 2016; O'Donohue, Benuto, & Bennett, 2016). In addition, these authors note that many articles on PAS/PAD are advocacy publications or represent reiterations of Baker's original article in other journals. The study by Baker (2005a, b; 2006) has been frequently cited in publications and often quoted or referred to by those supporting a PAS/PAD diagnosis. The fundamental limitations of Baker's research are not acknowledged by proponents of PAS/PAD.

Other studies have attempted to explain PAS or identify an etiology for PAS. These studies did not necessarily support conclusions proposed by Gardner, and they too were methodologically flawed (see critiques by Baker & Darnell, 2007; Walker et al., 2004). Thus, it is clear that in the more than 30 years since PAS was proposed and its subsequent iterations have been proposed, there is still a lack of legitimate research or evidence to support this theory.

The Reformulation of PAS to Parental Alienation Disorder (PAD)

In 2008, Bernet published an article that reformulated PAS into parental alienation disorder (PAD) (Bernet, 2008). Because the strategy was to get PAD included as a child disorder, the proposed diagnosis focused on the child's behavior (Bernet, 2008). Later, Bernet published a book advocating that PAD be an official diagnosis and placed in DSM-5 (Bernet, 2010). A review of the book and its contents appeared in *Journal of Child Sexual Abuse* in 2012. This critique again found minimal supporting data, research, theory, or framework for such a diagnosis or condition (Pepiton, Alvis, Allen, & Logid, 2012).

There have been other criticisms from child custody, domestic violence, and child maltreatment professionals of PAS/PAD. For example, the National Council on Juvenile and Family Court Judges (NCJFCJ) (Bowles et al., 2008; Dalton, Drozd, & Wong, 2006), which has published judicial guides for

custody cases, has stated that courts should not accept testimony regarding PAS, referring to PAS as a "soft science" that does not pass the Daubert or Frye tests for admissibility in either child abuse or domestic violence court cases. The guides clearly state that PAS should be ruled inadmissible and should be stricken from evaluations, yet many courts have not abided by this admonition.

It is not even clear who would be the person who suffers from this syndrome/disorder: Is it the parent who engages in parental alienating behaviors or the child who is alienated? Was this to be a diagnosis of the child or parent? Additionally, there was no real consensus as to which of the behaviors or "symptoms" would be required criteria, or whether these behaviors could be attributed to negative parental influence separate from PAS/PAD. That is another serious problem with PAS/PAD in that we do not know exactly what criteria or requirements individual commentators or authors utilize. The DSM requires specific criteria and research, and a consensus, for an official diagnosis. For a diagnosis, there are specific symptoms, duration, intensity, frequency, and differentials associated with each so that the criteria are specified. The DSM-5 committee refused to include PAD or PAS as a diagnosis or even an area for future research. The committee held a press conference, and there was an article in the *Washington Times* to state this (Crary, 2012).

Proponents then attempted to indicate that PAS/PAD had been accepted in DSM-5 by suggesting it was classified as Parent-Child Relationship Problems (Harman, Kruk, & Hines, 2018; Warshak, 2015a). However, this code was found in the section for non-diagnosable clinical concerns in the DSM long before PAS/PAD proponents made this claim (American Psychiatric Association, 2000; 2013).

Proposed Interventions for Cases of PAS

Proponents of PAS/PAD believe that such a syndrome is so detrimental to children, despite the lack of sufficient research and the issues previously presented, that if a child is suspected of suffering from this type of alienation, extreme formal intervention would

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be necessary. This treatment has been referred to as a “parentectomy,” wherein the child is immediately removed from the favored or aligned parent and then is placed with the parent with whom the child is having problems or has accused of abuse, often awarding primary custody to the alienated parent and cutting off contact with the preferred parent (e.g., Gardner, 1992; Templar, Matthewson, Haines, & Cox, 2017; Warshak, 2015b). The parentectomy approach has been described by Williams as “the removal, erasure, or severe diminution of a caring parent in a child’s life, following separation or divorce” (Williams, 1990, p. 1). Gardner recommended this kind of deprogramming for moderate to severe cases of PAS. However, it is not clear exactly what defines moderate or severe cases of PAS, how to determine such levels, or the specific criteria that should be used.

Gardner also recommended that, if the alienating parent did not force the child to visit the alienated parent, the alienating parent should then be incarcerated to encourage the parent to enforce the visitation (Gardner, 1992; 1998). Moreover, holding a child in contempt, or putting him or her in a juvenile detention center was also recommended, suggesting that jail could also serve as a transition placement where the “victimized parent” could visit the child (Gardner, 1999, p. 4).

The current versions of parentectomy include reunification programs, of which there are several in the United States. Children may be sent to specific “deprogramming” camps or programs (Williams, 1990). In fact, PAS children have been compared with cult children, and the suggested deprogramming is effective only when the child is removed from direct exposure to the indoctrination by the alienating parent, according to the proponents (Baker, 2005a; 2006; Gardner, 1998).

According to their recommended “intervention,” the children are forced to live with the parent they are less attached to, whom they may have expressed specific desires or fears of living with, and then they are required to engage in a reunification process that is inconsistent with child development, trauma, or family psychology theories or research (Dallam & Silberg, 2016; Mercer, 2019). Ethical implications

associated with these unlicensed “treatment centers” and the re-traumatization that is caused by uprooting children from their primary home, family, school, and community in order to isolate them have been noted by a number of experts (Dallam & Silberg, 2016; Mercer, 2019). These deprogramming centers were essentially designed to pressure a child until he or she recants what the child has said and feels.

As already noted, a parent who intentionally verbally denigrates and repeatedly criticizes the other parent in front of the child is not appropriate and can indeed traumatize a child. However, unlicensed and draconian deprogramming centers should not be sanctioned or utilized in cases where parents engage in alienating behaviors. It is also important to note whether a parent has been informed about the negative effect of her or his actions on the child, has been referred to treatment for such behaviors, or has entered a legitimate treatment program. Whether intentional or unintentional, derogatory statements or behaviors should be halted and addressed through psychoeducation and other non-invasive intervention procedures. Intentional alienating behaviors should be viewed as red flags for the need for therapeutic interventions regarding parenting, co-parenting, and appropriate use of language or communication with children.

It is likely such alienating behaviors form a continuum from unintentional statements around children that could potentially negatively influence them, to the extreme of toxic denigration in which one parent deliberatively attempts to turn a child against the other parent by repeatedly making very negative statements about the other parent, taking actions to ruin the relationship, and behaving in extremely negative ways around the other parent. It should be noted, however, that when one parent actually attempts to negatively influence a child against the other parent, it typically backfires if there has been a positive attachment between the child and the other parent, and it creates even more distance between the negatively influencing parent and the child (Rowen & Emery, 2014; 2018). A parent who speaks poorly about another parent, limits contact without cause or motive, or tells a child that the other parent does not love him or her are all examples of intentional negative behaviors. These are

indeed counterproductive and need to be dealt with appropriately, but this is not a syndrome or disorder and the behaviors can be specifically described and observed.

Current Situation

At this point, one would assume that PAS/PAD would have begun to disappear given that 30 years after it was proposed, there is no solid research to show the mechanisms whereby such a syndrome would exist or occur. Additionally, solid operational definitions and specific criteria have still not been validated, prevalence rates have not been determined, nor has any official organization accepted such a syndrome or disorder. Gardner had acknowledged that many evaluators prefer to use the term *parental alienation*, but that they still recognize such a syndrome (Gardner, 2002).

In addition, the proponents have now been advocating strongly to have a diagnosis of PAS/PAD accepted into ICD-11, and they have been conducting numerous advocacy efforts and trainings in many other countries to promote this (see a counter response to the World Health Organization to these efforts by over 1,000 associations, networks, and individuals; Collective Memo of Concern). Again, the use of the assumptions that were used for PAS when people did not believe the abuse allegations by the child are still occurring in too many child custody cases when adequate or comprehensive evaluations that actually document or observe such behaviors by the “alienating” parent do not occur.

The disconnect in the field and the tendency to use the term *alienation* for both inappropriate parenting as well as the claims brought about by followers of Gardner has caused confusion among professionals and in the field. Hence, there is the need to eliminate the labels and focus on behaviors that can be described and observed. We need to focus on facts, evidence, observable behaviors, and research when conducting thorough evaluations and investigations of child abuse or domestic violence allegations in child custody cases, and not rely on assumptions based upon junk science.

About the Authors

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Can There Be a Bridge Between Interpersonal Violence/Abuse and Parental Alienation Proponents: A Response to Milchman

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Milchman in her article in this special section (2020) attempts to find common ground between those who are experts in interpersonal violence and abuse and those who advocate for parental alienation (PA) in child custody cases. This is a worthy endeavor, and we agree with many of her ideas and approach, but this is bound to fail because of the basic premises by those in these fields. Milchman begins by giving credit to PA experts and advocates as utilizing knowledge that is generally accepted in their field. However, the history of this term PA and how it is used (e.g., see Geffner & Sandoval, 2020, in this issue) cannot be ignored.

The use of the word *expert* implies that one has a knowledge base, research evidence, a recognized theoretical framework, and experience on which to rely. However, many PA proponents are not licensed clinicians, and as of yet, there is still no sound research to support so-called PA, in the first place, and definitely not a clear theoretical framework of any such condition or diagnosis. Therefore, to refer to this group as “experts” is misleading and dangerous as it may inadvertently legitimize PA. Using this term of PA to mean a parent intentionally attempting to turn a child against the other parent is a behavioral issue, and the actions are definitely inappropriate. However, to suggest there is a PA field that evolved from parental alienation syndrome (PAS) or parental alienation disorder (PAD) with a research and theory base is not accurate.

The main use of PA in child custody cases was actually noted over 30 years ago as parental alienation syndrome (PAS) by Gardner (1985) and later parental alienation disorder (PAD) by Bernet (2008). Leaving off the latter words of syndrome and disorder is a more recent occurrence in the past decade when the use of PAS/PAD was becoming more widely discredited. However, in 2002, Gardner wrote that PA should not be used but PAS should be in dealing with child custody decisions and cases because it was more accurate and specific. Nowhere in our mental health or in related fields are syndromes and disorders considered without appropriate research and criteria. Even the studies that attempted to support PAS/PAD did not follow generally acceptable standards of practice as they were often based on flawed methodology with self-selected biased samples, poor data analyses, and a lack of specific operational definitions (e.g., Drozd, Saini, & Olesen, 2016; O’Donohue, Beneuto, & Bennett, 2016; Walker, Brantley, & Rigsbee, 2004). Thus, no sound theory or framework has been produced, and no solid, peer reviewed research has been conducted in over 30 years that would support such a condition or diagnosis of PA.

Different constructs and labels have been used to discuss a child rejecting contact with a parent, and PAS/PAD/PA proponents assume that there is no justification for this refusal and negative reaction by the child so therefore it must be due to alienation. Many labels have surfaced in recent years by various authors (e.g., Allen & Hawkins, 1999; Drozd &

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Olesen, 2004; Fidler & Bala 2010; Gaunt, 2008; Scharp & Thomas, 2016). Such terms as children's contact resistance and refusal (CRR), rejection, estrangement, gate keeping, and PA (without the syndrome or disorder included) have been used in various articles and in reference to supposed alienating behavior by a parent or resistance by a child to have contact with a parent. However, a consensus regarding a definitive cause other than interpersonal abuse (i.e., child maltreatment or exposure to intimate partner abuse) or poor parenting has not been established by these proponents. As Milchman noted, research suggests there are many different causes for CRR (e.g., Drozd & Olesen, 2004; Fidler & Bala 2010), which only provides further support for the importance of considering all hypotheses, conducting a thorough investigation, and considering all information to accurately conceptualize a case instead of putting any label on a situation where a child is resistant toward one parent (Garber, 2007; Lee & Olesen, 2001). Additionally, family discord or conflict, poor parenting boundaries, and a lack of parent-child attachment are just a few possible reasons for these situations, and that is not new. This has been identified in various editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* (American Psychiatric Association, 2000; 2013) in order for clinicians to become aware of family dynamics and incorporate them into treatment plans. Clinicians would then utilize already existing modalities and evidenced-based or promising treatments, and appropriate diagnostic and assessment procedures, and therefore there is no need for specialized interventions or the trauma-inducing "parentectomy" recommended by PAS/PAD advocates (e.g., Gardner, 1998; Templer, Matthewson, Haines, & Cox, 2017; Warshak, 2015; Williams, 1990).

Milchman (2020) states that "specialized knowledge is also admissible and helpful to the court (p. 2)." However, specialized knowledge typically refers to an expertise and superior understanding of, or knowledge regarding, a certain topic. This kind of expertise and specialized knowledge is established through academia, experience, research, discourse, and so on. It has been established that research regarding PA is not sound and thus has not reached a level that could even include academia, discourse, or legitimate experience. In fact, some of the more vocal PA

advocates and researchers are not licensed clinicians as we have noted and therefore have very limited, if any, clinical experience working with the population they feel so inclined to opine on.

In her article, Milchman does point out some of the methodological issues related to PAS/PAD research and mentions that the symptoms that are claimed under this label (i.e., depression, anxiety, substance abuse, etc.) can have other explanations besides alienation. We strongly agree with her. This point can have far more emphasis considering what the field of psychology knows about trauma as well as years of research on adverse childhood experiences (ACEs) (Felitti et al., 1998). Research demonstrates high correlates and patterns of these symptoms claimed by PAS/PAD/PA proponents with childhood trauma and ACEs, as well as interpersonal violence and abuse (Saunders, Faller, & Tolman, 2016). Therefore, to claim these symptoms as something unique to or even significantly correlated with alienation is illogical. Milchman does an excellent job explaining various issues regarding discriminant and convergent validity, which to date have not been demonstrated in PAS/PAD research. This further complicates and hinders any legitimate use of a label such as PAS/PAD/PA in child custody cases.

Of greater importance is the impact of PAS/PAD in the forensic arena, which is also an area highlighted in her article. There appears to be confusion and a misunderstanding by some proponents of PAS/PAD that suggests that child sexual abuse (CSA) and negative parental behaviors by a protective parent cannot co-exist in a case. They definitely can co-exist. The key, though, is that the use of the terms PAS/D or just PA now has not only been used to counter, ignore, or minimize child physical or CSA, or exposure to domestic violence (DV), but is also used when there is any kind of interpersonal violence allegations by the child or parent.

PA advocates are so focused on mainstreaming PAS/D as some kind of formal diagnosis or phenomenon that they negate the implications and detriment it has caused many families and children. The courts and judges are typically at the mercy of the information provided to them by the "experts." However, too

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often the PA advocates use these labels when they do not believe the interpersonal violence allegations and make assumptions about the situation without adequate research, observable behaviors, or facts in the case. As Milchman notes, these circular arguments by PA proponents who do not believe the abuse allegations in cases (without evidence that abuse did not occur) are not helpful or scientific. The allegations of PA take the focus away from the allegations of abuse, minimize them, or change the focus from the alleged offender to the child or protective parent/victim of DV, which is more often the mother. Recent research also notes that this approach tends to work more profoundly in favor of fathers when they use this approach in child custody cases than mothers (Meier & Dickson, 2017; Saunders et al., 2016; Silberg & Dallam, 2019).

Recently, proponents of PAS/PAD/PA have even labeled alienating behaviors as child abuse or family violence, despite a lack of research to define and identify these behaviors in a pathological way, or in association with negative parental influence (e.g., Harman, Bernet, & Harman, 2019; Harman, Kruk, & Hines, 2018). It is interesting that the proponents of PA have now tried to usurp the decades of research that exists concerning child maltreatment, including CSA and DV toward their own ends of promoting PA as a diagnosis of abuse or a separate type of family violence. As we stated in our article in this issue, it is clear there can be situations when a parent intentionally attempts to turn a child against the other parent in disputed child custody cases even when there are no interpersonal violence allegations. However, that should be ascertained by a comprehensive and objective evaluation of all parties without any assumptions (Benjamin, Beck, Shaw, & Geffner, 2018). At this point, with the 30-year historical context of PAS/PAD, the use of any labels is not productive, and even using the words PA is not helpful as a label due to the connotations. However, a lack of research has not precluded the proponents of PA to try to get it somehow included in the *International Classification of Diseases (ICD-11)* (World Health Organization, 2018) when they failed to have it accepted in *DSM-5* (Crary, 2012).

It is time for all of us to cease using labels, including PA or even alienation due to the history and

connotations, and get back to a focus on parenting behaviors, comprehensive evaluations, and appropriate interventions when unhealthy behaviors are found. Specific behaviors can already be identified in our current theories of psychology, child development, attachment, and family psychology without additional labels or diagnoses being added. This is especially important when they are used in cases where there are allegations of child abuse or domestic violence.

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Robert Geffner, PhD, ABPP, ABN, is Founding President of a nonprofit international resource, training and direct services center (Family Violence & Sexual Assault Institute dba Institute on Violence, Abuse and Trauma in San Diego, CA) for 34 years. He was Professor of Psychology at University of Texas-Tyler, now Distinguished Research Professor of Psychology at Alliant International University, San Diego, and editor of four professional journals. He has a Diplomate in Clinical Neuropsychology, is Board Certified in Couple & Family Psychology, is a licensed Psychologist and Marriage & Family Therapist, and directed full-service private practice mental health clinics for 30 years. He has over 100 published professional publications. He has been a researcher, trainer, practitioner, and consultant for 40 years.

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Is a Critique of Parental Alienation Syndrome/Parental Alienation Disorder (PAS/PAD) Timely? A Response to Geffner and Sandoval

Madelyn Simring Milchman, PhD

Dr. Geffner and Dr. Sandoval’s “Critique” (2020, this issue) focuses on Gardner’s (1985, 1987, 1992a) articles on parental alienation syndrome (PAS), now more than 30 years old. Theories about parental alienation have developed significantly over these years (Milchman, 2020, this issue). Why focus on PAS now? Is this bias against a “syndrome” often used by political and legal advocates against child sexual abuse (CSA) victims? The answer is “No.” Current alienation advocacy is not constrained by current theory development about alienation. This article explains why Geffner and Sandoval’s “Critique” of PAS is a timely response to current alienation advocacy.

First, as the “Critique” implies, PAS has been “repackaged” as the parental alienation disorder (PAD) and as parental alienation (PA) *without any change in its presumed behavioral criteria* over the three decades since it was first proposed. By way of contrast, the developer of the Child Sexual Abuse Inventory (Friedrich, 1997), which is the gold standard for differentiating children’s normal sexual behaviors from those that are specific to sexual abuse, modified the interpretation of the CSA criteria less than ten years after the test was first developed (Friedrich, 2005). PAD and PA are old wines in new bottles.

Second, there are no reliable empirical research studies that validate the behavioral criteria whether as originally proposed for PAS, as promulgated today for PAD or PA, or even just as a description of a parent-

child relationship problem without conceptualizing the problem as either a syndrome or a disorder or a diagnosis (Milchman, 2020, this issue; Saini, Johnston, Fidler, & Bala, 2012, 2016). Concern about inadequate empirical research is not just a “research geek” concern. The absence of scientific validity studies means that there is *currently no general way to differentiate between alienated children and abused children*. Nevertheless, as the “Critique” reports, proponents advocate severe solutions for cases they presume to be PAS/PAD/PA cases, solutions that give alleged abusers unfettered access to their alleged victims and prevent the children’s access to the parent who is trying to protect them.

Third, PA advocacy has been aggressive in promoting political and legal action worldwide (Bernet, 2013; Bernet & Baker, 2013; Sheehan, 2019). Whether acknowledged or not, named as a syndrome, a disorder, a diagnosis, or a description, the concept of PA supports shared parenting presumptions, “friendly parent” provisions, and sanctions against parents reporting domestic violence and communicating children’s abuse, especially CSA allegations in court. However, in the absence of validated behavioral criteria for PA, implicit cultural assumptions, not scientific evidence, provide the credibility for these advocacy efforts (Milchman, 2018a). Even though, in theory, mothers and fathers are both known to alienate their children (Fidler & Bala, 2010; Johnston, 2003; Johnston, Walters, & Olesen, 2005; Warshak, 2015), and new research shows gender parity in PA allegations in practice (Meier, 2019), as the “Critique” describes, accusations of PA are more likely to be used

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as a defense, and a successful one, by fathers against CSA allegations communicated by mothers in custody cases (Meier, 2019; Meier & Dickson, 2017; Milchman, 2018b).

Lending further support to the equation in the “Critique” between PAS practice then and PAD/PA practice now, the cultural assumptions, be they implicit or explicit, underlying the legal response to this defense are often misogynistic, just as they were when PAS was first proposed (Meier, 2009, Milchman, 2018a). The assumption that a father, even though rejected, is a safe and competent parent lends credibility to equating unsubstantiated CSA allegations with false ones (Milchman, 2018b). The assumption that a mother who communicates the CSA allegations is malicious or psychologically disturbed lends credibility to concluding that she is an unfit parent (Milchman, 2018b). The assumption that false CSA allegations are common in divorce cases lends credibility to skepticism about them, which, as asserted in the “Critique,” “overshadows any kind of critical thinking or comprehensive investigation (Geffner & Sandoval, 2020, this issue).” These assumptions obfuscate the biases embedded in current PA advocacy, in and out of the courtroom (Meier & Dickson, 2017; Milchman, 2018a, b).

However, scientific evidence and reasoning rebuts these cultural assumptions, revealing that they actually confuse the issues. Unsubstantiated allegations are not false allegations. They haven’t been disproven. They are allegations for which there is insufficient evidence to make a determination. As reported in the “Critique,” deliberately false CSA allegations are rare (2%–14%), even in high-conflict custody cases. The absence of evidence in unsubstantiated cases isn’t affirmative evidence of the absence of abuse. It is well known that some abused children are unable or unwilling to disclose their abuse, especially if parents are the abusers (Hershkowitz, Horowitz, & Lamb, 2005). Moreover, even non-abusive parents can be incompetent or harsh and unattuned parents (Teti, Cole, Cabrera, Goodman, & McLoyd, 2017). Relying on biased cultural assumptions leads to mistakes regarding evidentiary issues, trust in misinformation, and disregard for important distinctions in parenting behavior. There is no scientific basis for the

assumptions on which PA advocacy is based, today or in Gardner’s (1985, 1986, 1987, 1992a,b) day. Changes in nomenclature from PAS to PAD or PA do not correspond to changes in practice.

As the “Critique” asserts, agreeing with PA advocates, PA is a serious parent-child relationship problem. There is little meaningful dispute about that. The dispute is about the accuracy of the behavioral criteria used to identify it and, more precisely, whether that accuracy has been established scientifically. It has not. Assessment criteria for PA, abusive parenting, harsh or insensitive and unattuned parenting, and incompetent parenting must be specific to each cause and differentiate that cause from the other causes. Furthermore, since the criteria are different, evidence for one does not prove or disprove any of the others. Each must be assessed and proven independently (Milchman, 2019). The claims of target parents are insufficient to identify PA cases, even if those claims are buttressed by expert or legal opinions. Until there are scientifically valid studies using independent measures of parenting quality that can distinguish between children who rationally and irrationally reject a parent, PA advocates cannot claim scientific support for identifying alienated children. Recognizing the need for specific assessment criteria and evidence in practice could go a long way toward decreasing polarization in the field.

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Madelyn S. Milchman, PhD, has practiced clinical and forensic psychology in New Jersey since 1986. Her expertise is in trauma, including child sexual and emotional abuse, incest survivors, domestic violence, rape, recovered memory, sexual harassment, PTSD, divorce/custody, parental alienation, and other types of trauma. She won the American Professional Society on the Abuse of Children 2019 Outstanding Frontline Professional Award for her work on the relationship between child abuse allegations and parental alienation allegations. She has served as an expert witness in child custody cases, relocation cases, reunification cases, criminal child sexual abuse cases, and psychological injury cases involving trauma-related issues. Dr. Milchman has presented and published articles nationally and internationally in these and related areas including principles and methods for forensic evaluations and working with psychological experts. She serves as an evaluating expert, a scientific expert, a consulting expert, and a rebuttal expert.

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News of the Organization

Janet Rosenzweig, MS, PhD, MPA, Executive Director

Register NOW for the APSAC 27th Colloquium, June 7 – 11 New Orleans!

The 2020 APSAC Colloquium theme mirrors our mission: *Strengthening Practice through Knowledge: Promoting Excellence in Prevention, Investigation and Intervention*. APSAC's 27th Colloquium will bring high-quality learning opportunities to child maltreatment researchers and practitioners across experience levels and professions. [Registration is now open!](#)

NOTE: the APSAC Board of Directors is monitoring the situation regarding the COVID 19 pandemic on a daily basis for how it might impact the Colloquium. At this time, our plan is to proceed with the Colloquium. We have an outstanding program this year, with wonderful presenters and informative plenaries. If holding the Colloquium in June proves impossible or illegal, we will consider every reasonable alternative to bring you this outstanding program. Please be assured that the health and safety of our presenters, participants, staff and volunteers will take the highest priority in our decision making. We thank you for your continued support.

NEW! An Online Course Featuring More Than 20 National Experts in Child Maltreatment!

APSAC and the Vincent J. Fontana Center for Child Protection of the New York Foundling have launched an online course. These 8 modules feature 29 individual presentations from experts, including

Victor Vieth, David Finkelhor, Jon Conte, Vince Palusci, Lucy Berliner, and more!

- **An Introduction to the Child Welfare System and the Field of Child Maltreatment**
- **Types of Child Maltreatment/ Effect of Abuse and Neglect**
- **Medical Evaluation and Diagnosis of Child Abuse and Neglect**
- **Treatment of Abused and Neglected Children and Their Families**
- **Understanding and Working Within Public Systems**
- **Crimes Against Children**
- **Prevention Models**
- **Professional Development and Self-Care**

Educators are invited to preview the course for use as a teaching resource; please contact onlinetraining@apsac.org to make arrangements. Low-cost registration is available for an introductory period; [learn more and register here!](#)

Share Your Experience— Volunteer Mentors Needed to Support Scholarly Writing

We are proud of the high impact factor of our journal, *Child Maltreatment*, but we know that not everyone has the time or inclination to read entire research articles. APSAC is making research findings more accessible through our Research to Practice Briefs, which translate research findings published in *Child Maltreatment* into plain language with an emphasis on implications for practice and policy. All briefs contain an introduction to the issue, a summary of the research questions, a summary of the findings,

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and the implications for policy and practice; you can [read them here](#). They have been very well received by APSAC members!

We have expanded this effort and are seeking APSAC members to mentor graduate and undergraduate students as they prepare a research to practice brief. If you are interested in contributing 3–6 hours to support the professional development of a young scholar, while producing a resource for your fellow APSAC members, please contact BStormer@apsac.org.

The National Initiative to End Corporal Punishment Announces a Competition—With Prizes!

In an effort to educate people and move parents in the United States away from the use of physical punishment, the U.S. Alliance to End the Hitting of Children and the National Initiative to End Corporal Punishment are sponsoring a competition to generate persuasive anti-physical punishment social media materials.

Entries will be used on social media platforms for the ongoing campaign to change the minds of those who think that physical punishment is an appropriate way to discipline. Winning entries will receive a PRIZE, and there will also be a raffle for an iPad Mini! The contest is open NOW until May 1st!!



New Positive Parenting Resources Available!

Members of the National Initiative to End Corporal

Punishment collaborated to develop a series of handouts for parents offering practical, safe and effective alternatives to corporal punishment to use with children of all ages. [See samples and order here](#).

The APSAC/New York Foundling Webinar Series

APSAC and the New York Foundling have launched a series of six free webinars featuring national experts on current topics. The most recent webinar featured Dr. Vincent J. Felitti, coauthor of the original ACE Study. If you missed the webinar, [you can watch the recording here!](#)

Upcoming topics will include Religion and Faith, Trauma-Focused Cognitive Behavioral Therapy, the Impacts of Corporal Punishment, Psychological Maltreatment, and Special Issues in Forensic Interviewing. [Find complete descriptions and registration information here](#).

APSAC Can Help With Conferences and Training

APSAC makes a great partner for a statewide organization planning a conference. [Contact Jim Campbell](#) if you'd like us to bring our national resources to your state or community. APSAC is now certified to offer CEUs in certain disciplines, further adding value to your event. We now also offer technical support including online registration and credit card payment processing.



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Washington Update

Kelli N. Hughes, JD

Trump Administration Releases Proposed 2021 Budget

Despite the fact that the Trump Administration's 2021 budget adds up to a record \$4.8 trillion dollars, it also includes roughly \$2 trillion in cuts to safety-net programs. For Medicaid, federal housing assistance, and food stamps programs, cuts in spending will likely occur not only as a result of decrease in spending but also of new proposed eligibility requirements, including work requirements that further limit program access.

The budget is particularly hard on the food stamp program, proposing a \$180 billion dollar reduction in funding between the years 2021 and 2030. It also proposes a single set of work requirements—20 hours of work or training—for all adults ages 18–65 who are capable of working, whether they have children or not. Finally, it introduces the idea of providing recipients with a “Harvest Box,” or a box of preselected foods chosen for nutritional value and to benefit United States farmers.

Regarding housing assistance programs, the specific budget cuts would affect programs that help with rental payments for low-income individuals. The budget proposes a 15.2% decrease overall in gross discretionary funding from 2020. Affected programs would include the Community Development Block Grant (flexible funding for resources to address a wide range of unique community development needs), Choice Neighborhoods Program (grants to neighborhoods with deteriorating public and federally assisted housing), and Housing Choice Vouchers (rental assistance programs). The Administration argues that these programs are ineffective and unnecessary and that money would be better spent in other areas, such as National Security.

The budget proposes ending the student loan forgiveness program, which provides loan forgiveness for students who make all regular payments and are employed in the public or nonprofit sector for 10 consecutive years, as well as cutting funding for the Centers for Disease Control and Prevention (CDC) by 9% overall.

CAPTA Reauthorization Updates

By the end of 2019, the bill to reauthorize CAPTA was revised by both Congress and the Senate Health, Education, and Labor Policy (HELP) Committee. Currently, Congress and the Senate are working to reach a compromise on the revisions proposed by each of their bills. They hope to reach an agreement and to have a final bill drafted by the end of 2020.

CRS Clarifies Purpose and Context of the Family First Transitions Act

The Congressional Research Services (CRS) [released a memo](#) clarifying the purpose and context of the Family First Transitions Act, passed in late 2019. This will assist jurisdictions with transitioning their systems to meet the requirements of the act.

New Rule to Remove Regulatory Requirements for Religious Organizations

Early in 2020, the Trump Administration issued a new rule, called [Ensuring Equal Treatment of Faith-Based Organizations](#), to clarify the rights of faith-based organizations applying for federal grants or funds. According to the Administration, the rule is necessary to bring regulations up to date with current executive

branch guidance and Supreme Court caselaw.

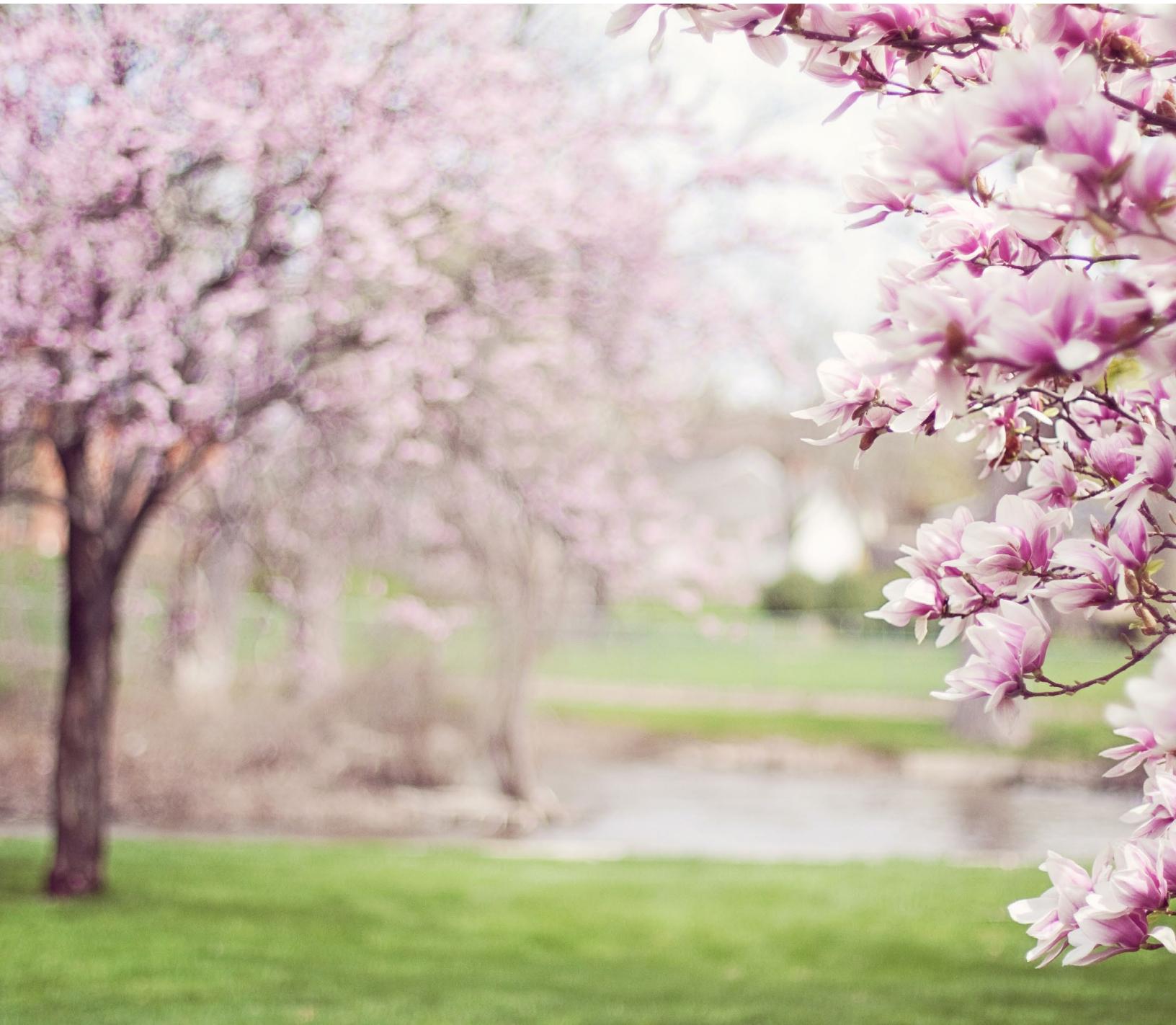
The most notable effects of the new rule eliminate requirements for faith-based organizations, including (1) the requirement that any beneficiary who objects to being provided services by a faith-based organization on the grounds of religion must be referred to other providers, and (2) requirements related to providing notice that are not required of nonfaith-based organizations.

Although the Administration argues that this rule protects faith-based organizations from losing their

Constitutionally-protected and Supreme Court-supported rights of freedom of expression and religious autonomy, opponents of the rule contend that the proposal is another step to chip away at protections for vulnerable populations—including children and families—in addition to infringing on states' rights for those who have passed their own antidiscrimination laws.

About the Author

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Child Neglect in the Broader Context of Child Victimization

Bri Stormer, MSW

Original study authors: Heather A. Turner, Jennifer Vanderminden, David Finkelhor, Sherry Hamby

Introduction

Child neglect is the most common form of child maltreatment, based on both Child Protective Services (CPS) reports (75% of which were for neglect in 2015) and the National Incidence Studies (the NIS-4 found that 61% of the 1.25 million children who were maltreated during the study year were neglected). Despite this, neglect has not been as thoroughly researched as other forms of maltreatment. Furthermore, most neglect research uses CPS reports, which do not provide a complete picture of the issue. The present study uses a nationally representative sample of children in the United States to examine how physical and supervisory neglect are connected to other forms of child maltreatment and, more generally, child victimization issues outside the scope of CPS.

Study Aims

1. Determine how exposure to physical and supervisory neglect may be differentially associated with various components of parental socioeconomic resources including parental education, family income, perceived financial strain, use of public assistance, and parental unemployment history and whether such associations are similar to or different from those evident for other forms of maltreatment;
2. Determine the relative risk of exposure to other forms of maltreatment as well as other forms of nonmaltreatment victimization, given

exposure to physical and supervisory neglect; and measurement.

3. Assess the impact of lifetime exposure to neglect on trauma symptoms, independent of exposure to other forms of maltreatment, nonmaltreatment victimization, and polyvictimization.

Study Sample

The study used an aggregated sample of 7,852 children ages 2–17, collected from the 2011 and 2014 waves of the National Surveys of Children's Exposure to Violence (NatsCEV).

Interviews were conducted by phone. Researchers used the Juvenile Victimization Questionnaire (JVQ) and asked questions related to (1) physical neglect (care neglect, unsafe home neglect, and hygiene neglect); (2) supervisory neglect (parental absence and unsafe people in the home); (3) physical abuse from a parent, caregiver, or adult family member; (4) sexual abuse from a parent, caregiver, or adult family member; (5) emotional abuse from a parent or caregiver; (6) physical assault; (7) sexual assault; (8) witnessing intimate partner violence; (9) witnessing abuse of siblings by parents; (10) peer victimization; (11) dating violence; and (12) conventional crime.

Researchers also assessed for socioeconomic resources through (1) parental education; (2) total family income; (3) financial strain (whether parent agreed that there was not enough money for essential clothes or household items); (4) use of public assistance; and

(5) parental job loss. The Trauma Symptoms Checklist and Trauma Symptoms Checklist for Young Children were used to assess for trauma symptoms in the children.

Findings

When examining differences in neglect by age group, researchers found significantly greater care neglect in children under age 10 than in children ages 10–17 (5.27% vs. 32.4%). There were no significant differences in other types of physical neglect by age. Researchers also found significantly greater supervisory neglect in children ages 10–17 (17.56% vs. 4.58% in children ages 2–9). While some of this variation may reflect developmentally appropriate variations in level of supervision, these findings and the findings related to physical neglect suggest incomplete CPS data, which tend to show much higher rates of neglect in very young children.

Children whose parents have less than a high school diploma were twice as likely to experience physical neglect than children whose parents had received a college education (11.35% vs. 5.68%). Supervisory neglect was also significantly less likely when parents had a college education. No other types of maltreatment were associated with parental education.

Income level was not associated with any type of maltreatment; however, parents who reported financial strain and receiving public assistance had higher rates of physical neglect. No other forms of maltreatment were related to these socioeconomic indicators.

The only socioeconomic indicator significantly connected to all forms of maltreatment was parental job loss. In the case of neglect specifically, children with a parent who had been unemployed were more likely to experience both physical neglect (19.08% compared with 5.19% without job loss) and supervisory neglect (19.08% compared with 8.58%).

The researchers also found strong relationships between neglect and all other types of victimization. Children who were physically neglected were at 9.07 times the risk of sexual abuse, 5.28 times the risk of physical abuse, 3.5 times the risk of emotional abuse, and 9.6 times more likely to witness sibling abuse than

nonneglected children. Children who experienced supervisory neglect were 7.51 times more likely to be sexually victimized by an adult noncaregiver than children with no supervisory neglect.

All types of maltreatment and victimization were related to child trauma symptoms, but the strongest relationship was polyvictimization (total number of victimization types, excluding neglect), which was most significantly related to trauma symptoms. When researchers controlled for polyvictimization, the effects of neglect on trauma symptoms was no longer significant.

Recommendations

This study builds the body of literature examining the nuances of the links between neglect and poverty. Researchers did not find income level to be a predictor of physical neglect but did find that reported financial strain and use of public assistance were linked to physical neglect. Practitioners may consider adding a question about perceived financial strain in their assessments of at-risk families to reflect these findings.

Researchers also found parental education to be significantly linked to both physical and supervisory neglect. Because most education programs do not include instruction on parenting and child development, more research should be done to understand why education showed greater links than other socioeconomic indicators. Parental education and home visiting programs might consider targeting parents with lower levels of education for their services.

Parental job loss was associated with each form of child maltreatment, which could be linked to the stress of job loss or, due to unemployment's links to substance and alcohol use, may be an indicator of family dysfunction. A history of parental unemployment, even if not associated with economic strain, could be an indicator of the need for supportive intervention. Promoting parental employment and economic justice may be an appropriate component for community-based, comprehensive prevention initiatives.

Neglect was also significantly related to all other forms

Child Neglect in the Broader Context of Child Victimization

of maltreatment and victimization. Because neglect is most commonly reported to CPS, workers should be certain to assess for these other forms of maltreatment and victimization when conducting a neglect investigation.

Bottom Line

Neglect is the most common and least-researched form of maltreatment. Understanding its specific relationship to socioeconomic risk factors and other forms of maltreatment and victimization are integral parts to forming evidence-based, targeted interventions and secondary prevention programs to combat it.

Citation

Turner, H. A., Vanderminden, J., Finkelhor, D., & Hamby, S. (2019) Child neglect and the broader context of child victimization. *Child Maltreatment*, 24(3), 265–274.

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