

Parental Alienating Behaviors: An Unacknowledged Form of Family Violence

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Despite affecting millions of families around the world, parental alienation has been largely unacknowledged or denied by legal and health professionals as a form of family violence. This complex form of aggression entails a parental figure engaging in the long-term use of a variety of aggressive behaviors to harm the relationship between their child and another parental figure, and/or to hurt the other parental figure directly because of their relationship with their child. Like other forms of family violence, parental alienation has serious and negative consequences for family members, yet victims are often blamed for their experience. In order to be recognized as a form of family violence and to secure protection for victims under law and social policies, a formal review and comparison of parental alienating behaviors and outcomes to child abuse and intimate partner violence has been sorely needed. The result of this review highlights how the societal denial of parental alienation has been like the historical social and political denial or other forms of abuse in many parts of the world (e.g., child abuse a century ago). Reframing parental alienating behaviors as a form of family violence also serves as a desperate call to action for social scientists to focus more theoretical and empirical attention to this topic.

Public Significance Statement

This article presents parental alienating behaviors as a form of family violence with serious consequences for children and families. Professional recognition of parental alienation and the alienating behaviors that cause it is a necessary first step toward stimulating much needed research in this area and in the development and testing of effective clinical, educational, and legal interventions to prevent and mitigate the damaging effects of this form of family violence.

Keywords: parental alienation, child abuse, intimate partner violence, family violence, domestic violence

Human aggression involves behaviors directed toward another individual with the proximate (immediate) intent to cause harm. Some psychologists have argued that in order to be considered aggression, there must also be a belief that the behavior will cause harm and that the target of the aggression is motivated to avoid it (Anderson & Bushman, 2002). Human aggression has traditionally been characterized as hostile or instrumental in form, with hostile aggression being thoughtless, unplanned behaviors committed while angry in reaction to a perceived provocation, and instrumental aggression describing aggressive behaviors that are premeditated and expressed as a means to obtain some goal other than

hurting the target. With instrumental aggression, the target is essentially hurt in the process of the aggressor trying to obtain their goal (Berkowitz, 1993). Several theories have guided most research on human aggression including cognitive neoassociation theory (Berkowitz, 2012) and social learning theory (e.g., Bandura, Ross, & Ross, 1961), and human aggression can take many forms, such as gossiping, bullying, physical assault, genocide, and war. The goal of the current article is to describe and characterize a specific and complicated form of hostile and instrumental human aggression that has been controversial and largely overlooked by many social science researchers: parental alienation.

Parental alienation refers to a child's reluctance or refusal to have a relationship with a parent (referred to here as the targeted parent or TP) for illogical, untrue, or exaggerated reasons (Bernet, Wamboldt, & Narrow, 2016). Clinicians and researchers have outlined numerous symptoms that are indications that a child has been or is being alienated from a parent (Spruijt, Eikelenboom, Harmeling, Stokkers, & Kormos, 2005), including using a campaign of denigration against the TP, making frivolous rationalizations for their complaints about the TP, using borrowed scenarios

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created by the alienating parent (AP) such that the child's stories about past events are nearly exactly the same as the AP's version (even using identical words), and spreading animosity about the TP to other people. When the child rejects a parental figure, their behavior is often accompanied by a lack of overt ambivalence, guilt, or remorse for their rejection (Baker & Eichler, 2016; Jaffe, Thakkar, & Piron, 2017), and the child will automatically side with the AP in any argument or conflict.

Parental alienation is the outcome associated with alienating behaviors (Baker & Eichler, 2016). While alienating behaviors will not always lead to severe parental alienation, which is the complete rejection and refusal of contact with the TP (Warshak, 2013), they still impact the child and the other parental figure in many negative ways, even in the mildest of circumstances (e.g., Johnston, 2003). These outcomes include, but are not limited to, the child feeling abandoned and experiencing anger and/or rejection of the TP for unjustifiable reasons. There are also potential negative effects in psychological (e.g., depression), educational (e.g., academic decline), legal (time, expense), and physical (e.g., high blood pressure) domains (Harman & Biringen, 2016).

The behaviors that cause parental alienation to occur fall along a broad continuum ranging from mild and subtle to severe and explicit. Parental alienating behaviors are not discrete one-time events; in order to be considered a parental alienating behavior, it is typically enacted over time (Verrocchio, Baker & Marchetti, 2017) and alongside other clusters of behaviors with the intent of hurting, damaging or destroying the child's relationship with that parental figure, and/or to hurt the parental figure themselves (Baker & Darnall, 2006; Gottlieb, 2012; Harman, Biringen, Ratajack, Outland, & Kraus, 2016a; Kelly & Johnston, 2001; Lorandos, Bernet, & Sauber, 2013; Warshak, 2015a). These behaviors are *intended* to harm the other parental figure and their relationship with a child, and the TP is motivated to avoid them. For example, the AP may badmouth the TP to a child and also interfere with the TP's contact with the child (e.g., blocking phone calls when in their care; Reay, 2011). Children are often used as instruments of the AP in these campaigns (particularly among severely alienated children; Warshak, 2013), and they are subsequently directly and indirectly hurt in this process. Parental alienating behaviors are therefore both hostile and instrumental forms of aggression.

Although parental alienating behaviors can occur in intact families (Baker & Verrocchio, 2013; Moné & Biringen, 2006), they are reportedly used more frequently in nonintact families, particularly those that are litigating child custody disputes (Baker & Verrocchio, 2015; Hands & Warshak, 2011). To date, the majority of research on parental alienation has studied it as occurring between two biological parents; however, the AP and TP could be any parental figure in a child's life (step-parent, coparent, grandparent, etc.), and it does not discriminate: Few gender differences have been found in terms of who is the target of alienating behaviors (Harman, Leder-Elder, & Biringen, 2016b). Experts have found that custodial status, rather than gender, is a more important predictor of who is likely to alienate (for a review, see Harman & Biringen, 2016). The prevalence of children who have been alienated from a parent has been challenging to calculate due to the need to accurately diagnose this outcome, but some estimates point to around 29% of children from divorced homes as being alienated from a parent to some extent (Hands & Warshak, 2011). Parental alienating behaviors are

quite common depending on the type of behavior that is being reported (Johnston, Walters, & Olesen, 2005). For example, between 5% and 42% of parents recruited from an online sample report doing at least one alienating behavior themselves; the behaviors that parents report at higher rates (e.g., yelling at the other parental figure in front of a child) occur more frequently than other behaviors consistent with the concept of parental alienation (e.g., moving the child out of state) because there are more opportunities to engage in the former behaviors (Harman et al., 2016b). Although some of these behaviors occur because of routine conflict (e.g., yelling at the other parental figure in front of the child) or because of necessity (e.g., moving out of state), it is the persistent and strategic use of these behaviors that results in parental alienation.

Extant published literature on parental alienation indicates there is consensus among affected family members and mental health professionals about the types of behaviors that APs use to alienate children (Saini, Johnston, Fidler, & Bala, 2016; Templar, Matthewson, Haines, & Cox, 2017). However, there has yet to be an explicit professional recognition in the social sciences of these behaviors as a form of family violence. Indeed, Ron Berglas, a citizen of the State of California, addressed the California Board of Behavioral Sciences on March 3, 2017, with a request that parental alienation be required training for all mental health professionals across the state. At the conclusion of his presentation, a board member stated that parental alienation first needs to be established in the peer-review literature as a form of emotional abuse and domestic violence. After that criterion has been established, then training and education could be required of their practitioners (Berglas, 2017).

Therefore, the purpose of this article is to provide a review of selected literature and research on parental alienating behaviors and their associated outcomes using professionally recognized legal and public health definitions of family violence. This review is the necessary first step before harms to victims can be indexed and assessed. We will discuss intent in a later section of the article because individuals who have denied the existence of parental alienation or minimized its scope have used intent to fuel debates about and to justify the use of this form of family violence. This review is necessary so that greater research attention can be focused on understanding and finding solutions to prevent and treat parental alienation (e.g., allocated funding for basic research, theoretical advancement, and intervention).

Family Violence

Inaccuracies in how family violence has been conceptualized have led to great variability in legal and clinical definitions around the world. It is outside the scope of this article to review the multitude of ways legal and clinical definitions have varied (see legal reviews such as Cutland, 2012 and Meyersfeld, 2004 for some examples), so we will describe here how family violence has generally been defined. The World Health Organization has defined violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation" (p. 4, Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). The Organisation for Economic Cooperation and Develop-

ment (OECD) defines family violence, also known as domestic violence, as any violent act inflicted by one family member onto another, a term encompassing both child abuse and intimate partner violence (IPV). Violence here includes physical, sexual, emotional, and economic violence, as well as neglect (Organisation for Economic Cooperation and Development, 2013).

Legal definitions of family violence have specified several types; for example, the U.S. Department of Justice identifies physical, sexual, emotional, economic, or psychological actions or threats of actions as forms of violence that can intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone (Office of Violence Against Women, U.S. Department of Justice, 2017). State statutes in the United States individually define what violence is, and the majority (42/50) of U.S. states have family violence defined within their criminal or penal codes (Child Welfare Information Gateway, 2017).

In addition to there being great variability in how family violence has been defined, who is considered a victim of family violence also varies greatly across legal jurisdictions and countries (United Nations Office on Drugs & Crimes, 2010). For example, in the U.S., “victims” are often only those individuals who are harmed by specific offenses such as a felony or misdemeanor (National Crime Victim Law Institute, 2011). International law has traditionally not paid significant attention to victims and there is not an international concept of what characterizes one (Romani, 2010). The General Assembly Resolution 40/34 of the United Nations defines “victim” as a person who has suffered harm “including physical or mental injury [and] emotional suffering . . . through acts or omissions that are in violation of criminal laws . . . including those laws proscribing criminal abuse of power” (United Nations General Assembly, 1985). Importantly, this definition has included family and dependents of the direct victim who have suffered harm in assisting the person in distress or in trying to prevent victimization (Romani, 2010).

Legal jurisdictions also vary as to whether children who witness family violence are considered victims. Children can be exposed to violence either directly or indirectly by witnessing violence in their family, community, and/or school (Hillis, Mercy, & Saul, 2017). Child victims exposed to family violence (intimate partner violence or IPV) experience many harmful effects and significant emotional impairments (Ayoub, Deutsch, & Maraganore, 1999; McTavish, MacGregor, Wathen, & MacMillan, 2016). These effects can occur either by witnessing the violent behaviors, being in the home where such events are happening (Hines & Douglas, 2016b) or even just being *aware* of them (MacMillan & Wathen, 2014). The term *child affected by parental relationship distress* (CAPRD) appears in the most recent edition of the *DSM-5*, and it encompasses a wide range of parenting relationship issues that have negative consequences for children, including intimate partner distress and violence and parental alienating behaviors (Bernet et al., 2016). Children who have been exposed to intimate partner conflict and aggression have poorer psychological and social adjustment, poorer academic performance, and higher incidences of behavioral disorders (Amato, 2001; Douglas & Hines, 2016a, 2016b). Parental alienation specialists have argued that severe parental alienating behaviors are a form of child abuse (Templar et al., 2017), and severe parental alienation is an extreme manifesta-

tion of both CAPRD and “parent-child relational problem” in the *DSM-5* (Warshak, 2015a).

Despite the negative consequences that witnessing family violence has on children, only 24 states in the U.S. have recognized that children who witness family violence are collateral victims and have child protection laws written to address this in their criminal or civil codes. In contrast, the Australian Family Law Act, 1975 Sect 4AB specifies that children are exposed to family violence when they see, hear, or experience the effects of family violence (Commonwealth Consolidated Acts, n.d.). Australian courts have applied this definition of family violence to family law cases with alienated children because parental alienating behaviors are recognized as a form of family violence that causes harm to children (e.g., Federal Circuit Court of Australia, 2015).

In 2010, Brazil passed a law criminalizing parental alienation because it was labeled as a *moral abuse* against a child or adolescent, is a violation of the child’s fundamental human right to have healthy family interactions and family life, and is considered a breach of parental duties stemming from parental custody (Brazilian Law No. 12 318, 2010). The examples of parental alienating behaviors described in this law include organizing campaigns to discredit the TP, the undermining of the TP’s parental authority, prevention of contact and visitation between the child and the TP and/or extended family, hiding personal information about the child (e.g., school records) from the TP, making false claims of abuse, and changing the residence or contact information for the child without notifying the TP. The law allows judges to prosecute APs for their abusive behaviors toward the child and the TP, even reversing custody if it is in the best interests of the child.

Despite the implicit and explicit recognition of parental alienating behaviors as being a form of family violence in countries like Australia and Brazil, it has not received legal recognition in other jurisdictions, such as the U.S. There has also been widespread and persistent denial by some researchers, practitioners, and policymakers in the fields of domestic violence and child abuse (e.g., Bruch, 2001; Dallam & Silberg, 2016) about the reality (Clemente & Padilla-Racero, 2015) and prevalence of parental alienation (Rowen & Emery, 2014), particularly concerning whether the problem can be considered a psychological “syndrome” (Parental Alienation Syndrome or PAS; Gardner, 1999; Warshak, 2015a). This denial is reminiscent of the societal-level denial of the existence and prevalence of domestic violence and the abuse of children in the United States and Canada at the start of and throughout the 20th century (e.g., Pleck, 2004; Roy, 1977).

Due to the resistance to accept the reality that parents engage in behaviors to hurt another parental figure and that parental figure’s relationship with their child(ren), parental alienation and the behaviors that cause it have been unacknowledged, treated as an “anomalous” form of aggression. In addition, parental alienation is sometimes described as a story that only abusive fathers use to obtain custody of their children and to abuse the other parent (e.g., Ellis & Boyan, 2010). This denial detracts attention away from a serious public health crisis (Fidler, Bala, & Saini, 2013; Vezzetti, 2016) that is affecting an estimated 22 million or more fathers and mothers and their children in the U.S. (Harman et al., 2016b), and likely millions more across the world.

State of the Research on Parental Alienation

Before we outline how specific parental alienating behaviors map onto professionally recognized (legal and clinical) forms of child abuse, IPV and their associated outcomes, it is important to address the current state of research on parental alienation. To date, more than 1,000 books, book chapters, and articles have been published in mental health or legal professional journals on the subject of parental alienation (Vanderbilt University Medical Center, 2017). However, the majority of documentation regarding the presence and sources of parental alienation are drawn from legal case reviews, expert opinions, clinical case studies, and qualitative research-based accounts (Saini et al., 2016). Conducting research on the prevalence, etiology, diagnosis and assessment, and treatment outcomes of parental alienation is resource intensive. The funding necessary to conduct such research has not been earmarked because parental alienating behaviors have not yet been recognized as a form of family violence. For example, even though there is cross-sectional evidence from surveys and legal cases that greater amounts of parental alienating behaviors are associated with greater hostility and rejection of a parent (Baker & Eichler, 2016; Burrill, 2001), a longitudinal study of a diverse sample of families is necessary to inform causality. Such a study is not possible without substantial funding. Consequently, the majority of empirical studies to date published on parental alienation have been drawn from convenience samples, rely on retrospective reports of TPs and adult children, and utilize cross-sectional designs, often without comparison groups. Professional and public denial of this phenomenon has hindered research progress on this topic because it has blocked researchers' access to funding.

In a recent review of the published research on parental alienation, Saini, Johnston, Fidler, and Bala (2016) used a stringent set of criteria to identify studies (published prior to 2015) that reported sample sizes and methods of selection, the methods of data collection, information about data analysis procedures, and a report of the findings. Their search resulted in 45 published articles and 13 doctoral dissertations published in English. Unfortunately, many of the studies identified had design limitations (e.g., small sample sizes, lack of comparison groups) which limits their generalizability, leading the authors to conclude that the state of the research on parental alienation is in its early stages (Saini et al., 2016). Despite these limitations, it is important for our purposes that the authors found a very high consensus in the finding that "mothers, fathers, children, young adults, and counselors have been able to describe the explicit behaviors that may be perpetrated by one parent and have the capacity to distance, damage, or destroy a child's relationship with the other parent" (p. 418), as well consensus as to what outcomes are associated with different levels of severity of parental alienation in children (Saini et al., 2016). This consensus is found across many different studies using different methods and samples. Therefore, there has been noteworthy professional agreement about the types of alienating behaviors that APs use, and research has demonstrated reliable identification of clusters of symptoms in children who have been alienated (Saini et al., 2016).

In our review, we will draw as much as possible from empirical research studies published on parental alienation to date. However, in areas where less research has been conducted, we will refer to clinical, legal, and expert opinion publications. We will also draw from summarized details of legal cases where parental alienation

was identified (Lorandos, 2013), published testimonies of thousands of adults who attest to having suffered through it as children, and extensive personal interviews conducted by the first two authors of this article with alienated parents (some of which have been referenced in Harman & Biringen, 2016). These sources offer valuable insight into causes and consequences of parental alienation and provide examples of parental alienating behaviors and their outcomes which are important building blocks for an emerging field of inquiry. Whenever possible, we will cite multiple sources for our examples from different perspectives (parent, child, mental health or legal professionals) as independent observations derived from different forms of methodological inquiry demonstrate consensus and can provide greater confidence in the findings.

Parental Alienating Behaviors as Child Abuse

Due to the many ways that child abuse can be perpetrated, defining it has proved to be challenging. Indeed, there are many different and sometimes incompatible definitions of child abuse, and there are often disagreements about the meaning of the term itself (Cameron, Hazineh, & Frensch, 2010). There is also debate about whether child abuse can ever be precisely defined (and therefore measured; Trocmé, Akesson, & Jud, 2016). Child abuse is generally defined as a specific form of harm to children that is *significant* and may be attributed to *human agency* (Cooper, 1993) that is proscribed, proximate, and preventable (Finkelhor & Korbin, 1988). The American Professional Society on the Abuse of Children (1995) defines child maltreatment, which is an even broader term incorporating child abuse and neglect, as behaviors that a caregiver does that result in a child feeling worthless, unloved, and only valued for meeting the caregiver's needs (Bingeli, Hart, & Brassard, 2001).

Many writers have indicated that using parental alienating behaviors to cause parental alienation is a form of child psychological abuse (for a brief review, see Verrocchio, Baker, & Bernet, 2016) and some specific behaviors have been mapped to child outcomes in a qualitative analysis by Baker (2007). Indeed, the tactics used by APs in their alienation are often tantamount to extreme psychological maltreatment of children (Baker, 2010). It is important to note that while some behaviors may be, at face-value, inherently associated with parental alienation (e.g., psychological aggression), other behaviors (e.g., physical aggression) may be only associated with the concept. While empirical evidence and greater theorizing is needed to determine whether this distinction can be made, we believe that regardless of the centrality of specific aggressive behaviors to the concept (e.g., frequency, impact), the behaviors we will review are described and documented as being done to hurt the relationship between the child and the TP, or to hurt the TP directly. Therefore, the reported behaviors are all important for our understanding of this complex form of aggression. Our review here is the first step toward classifying behaviors that have been documented by researchers and experts in the field using a child abuse framework.

Thorough reviews of child abuse behaviors have identified several different forms (e.g., Fakunmoju et al., 2013). We will first review the psychologically aggressive child abuse behaviors that APs use with their children, and then review other forms of child abuse behaviors.

Emotional/psychological aggression. Psychological aggression involves the use of verbal and nonverbal communication with the intent to harm the other person mentally or emotionally. This is the most common form of child maltreatment; it involves attacking a child's emotional and social well-being, and can include spurning, terrorizing, isolating, corrupting or exploiting, and denying emotional responsiveness (Binggeli et al., 2001). Compared with psychological aggression between intimate partners, child abusive forms have not been as clearly differentiated. Alienating parents are extensively documented as using this form of aggression, yet it is one of the more challenging ones to observe directly because they often occur in privacy.

Alienating parents terrorize their children by derogating the TP and creating fear in children that the TP might be dangerous or too unstable to be around (e.g., Baker & Verrocchio, 2013; López, Iglesias, & García, 2014; Verrocchio et al., 2017). Alienating parents will often reject, shame, or make their child feel guilty for showing any loyalty or warmth toward the TP or the TP's extended family (e.g., step-siblings, grandparents; Baker & Darnall, 2006; Harman & Biringen, 2018), or ridicule them for showing the TP affection (López et al., 2014). They may also withdraw love and affection when the child talks positively about the TP (Baker & Verrocchio, 2013, 2015), leading the child to fully and openly reject the TP, or to compartmentalize their feelings and show one "face" to the AP and another to the TP (Dunne & Hedrick, 1994; Garber, 2014). Some APs force and reward their children for rejecting the TP (e.g., not say hello at a sporting event; López et al., 2014; Verrocchio et al., 2017), or for using the same derogatory labels that the AP uses to describe them (Warshak, 2015b). The AP will interrogate children for information after visits with the TP (Baker & Darnall, 2006; López et al., 2014), and even make them throw away all clothing, gifts, or reminders of the TP after they return from visits with them (Harman & Biringen, 2018).

Alienating parents also attempt to corrupt their children and reject part of their own identity by calling another adult mother or father (to replace the TP; Verrocchio et al., 2017), and even change their last name to fully reject the TP (Baker & Verrocchio, 2013; Warshak, 2015c). In one extreme example, Dunne and Hedrick (1994) reported an AP as having conducted a "burial ceremony" with the children to "bury" symbolically their living father in order to start their "new" family. The AP may also allow the child to refer to them by first name in order to make it seem they are their equals in order to create an alliance. Alienated children may even use their AP's surname (e.g., maiden name) socially if it is different from the surname of the TP in order to publicly reject the TP (Harman & Biringen, 2018). Children are asked or even paid to keep secrets from the TP (Reay, 2011; Verrocchio et al., 2017), and are pulled into a state of dependency on the AP that makes them even more susceptible to their manipulations (Gottlieb, 2012).

Alienated parents will also corrupt their children by using gaslighting techniques to accomplish parental alienation. Gaslighting refers to the presentation of false information to the victim with the intent of making them doubt their own memory or perception. Alienating parents will rewrite past history, or use events that the child recalls and then exaggerate or fill in with details that never happened in an attempt to distort the child's memory about the TP and the TP's relationship with them and/or the AP (e.g., brainwashing; Baker & Darnall, 2006; Harman & Biringen, 2016; Reay,

2011; Warshak, 2015a). The AP creates conflict between the child and the TP by telling them false, incomplete, or misleading information about the other parent. For example, the AP may tell the child that the TP was supposed to be picking them up at a certain time (when no such schedule was arranged) to make the child believe the TP rejected them ("your mom/dad forgot about your visit today;" Harman & Biringen, 2018; Lorandos, 2013). The AP will often make the child choose between parents ("you can either live with them or me, not both;" Harman & Biringen, 2018; Verrocchio et al., 2017).

Alienating parents will manipulate their children to help in their campaign against the TP (Smith, 2016). For example, they will put the child in the position to spy on the TP, such as searching a TP's computer for bank account information (Baker & Verrocchio, 2013; Harman & Biringen, 2018; Stahl, 2004; Verrocchio et al., 2017). Alienating parents adultify or parentify one or more of the children such that as child caregivers, they serve and provide for the needs of the AP (Moné & Biringen, 2012; Garber, 2011). In this role, APs often share inappropriate information about financial and legal matters with their children (Balmer, Matthewson, & Haines, 2017; Gottlieb, 2004; López et al., 2014; Moné, MacPhee, Anderson, & Banning, 2011).

Parenting time is often based on a stipulated agreement or is court ordered, and yet APs will give or force their children to make a "choice" as to whether they want to visit the TP (Baker & Darnall, 2006; Baker & Verrocchio, 2013). By doing so, the AP deflects responsibility for violating court ordered visitation ("my child just doesn't want to see them. I cannot force them to go"). This deflection of responsibility for noncompliance of court orders is placed inappropriately onto a child, who is thereby encouraged to act in an antisocial manner (Joshi, 2016). Adolescents have a greater vulnerability to external influences such as parents and peers, and are highly suggestible, making them willing to fill such adult roles (Warshak, 2015c) and be manipulated to act on behalf of the AP.

Child neglect. The World Health Organization (1999) has defined neglect as failure to provide for the development of the child in all spheres of life. Therefore, neglect can include behaviors such as not caring for a child's basic needs (food, health care, clothing, education) or leaving a child with an abusive caretaker. According to Erickson and Egeland (2011), psychological or emotional neglect occurs when parents fail to meet their child's basic emotional needs, such as not comforting children when they are injured. This form of abuse cannot be identified from one specific incident, as it is *chronic* neglect that has significant impact on a child's development (Hornor, 2014). Neglect can result in physical and psychological harm, and it is the most common and deadliest form of child abuse (Child Welfare Information Gateway, 2012). Unfortunately, this form of child abuse has not been well studied (Stoltenborgh, Bakermans-Kranenburg, & van Ijzendoorn, 2013).

Neglect is a fundamental element of parental alienation because the AP's needs are placed ahead of those of the child, and the AP fails to recognize the need for the child to be loved and cared for by the TP (Baker & Verrocchio, 2013; Garber, 2011). Children are simultaneously infantilized (lives are dependent on the AP) and parentified. Parents who alienate their children do so regardless of the impact it has on the child, which demonstrates serious neglect of their basic emotional needs (Johnston, Walters, & Olesen, 2005). Indeed, many APs fight hard to have full custody and

control of their children, with little desire to be with the children themselves (Baker, 2006b). The AP will opt to have third party caregivers for the children rather than allow any parenting time for the TP, and they are emotionally unavailable to the child due to their own psychological pathologies (Garber, 2011; Harman & Biringen, 2016).

One common form of child neglect is *factitious disorder imposed by another* (American Psychiatric Association, 2013), which occurs when a parent fails to seek medical care, seeks out excessive and/or inappropriate care, or is noncompliant with care (alternatively known as Munchausen Syndrome by Proxy, Grace, & Jagannathan, 2015; or medical child abuse, Yates & Bass, 2017). Factitious disorder imposed by another is more common among mothers who have had a history of abuse and who have personality disorders (e.g., borderline personality disorder), and the abusive behaviors increase during times of separation with the child (Yates & Bass, 2017). Some parents will make false allegations of abuse and fabricate illnesses in an attempt to get custody of (Dauver, Dayan, & Houzel, 2003; Lorandos, 2013) and to alienate their children from the TP (De Becker & Ali-Hamed, 2006). In order to make the TP appear incompetent, the AP may also give the TP inaccurate medication treatment information for the children while in the TP's care. The AP then harasses the TP if they do not comply with what are known to be false instructions, and tells the children that only they (the AP) know how to care for their needs (Harman & Biringen, 2018).

Alienating parents are also described by TPs as neglecting the academic needs of the children, such as allowing excessive absences from school to attend appointments that could easily be scheduled outside of school hours (Harman & Biringen, 2018). By appearing busy in attending to the "complex" needs of the children (López et al., 2014), the AP gives the appearance to others as being the "better" and more "concerned" parent, while the child's actual needs are not being met. Alienating parents frequently utilize mental health professionals to "help" their children cope with the alleged behaviors of the TP. If the professional becomes suspicious of parental alienation, or seeks details from the TP to make better sense of the child's real issues, the AP typically fires them and finds another therapist who is more sympathetic and not a threat to the fiction they are trying to maintain about the TP. "Therapist shopping" results in the children's psychological needs not only being neglected, but being exploited and used against them (Campbell, 2013; Harman & Biringen, 2018).

Targeted parents have reported that APs will restrict and control the types of friends or later dating partners that their children have, or in more extreme situations, isolate their children from peers and social networks. For example, the AP may not support a relationship between their teenager and a healthy romantic partner because the romantic partner may question the child's rejection of the TP or because the romantic partner was seen speaking to the TP (Baker & Darnall, 2006; Harman & Biringen, 2018). Limiting the children's social networks in these ways neglects the child's need to develop their own individuality that is separate from the identity of the AP.

Legal and administrative aggression. This form of aggression refers to a partner manipulating legal and administrative systems to hurt the other partner, such as making false claims of abuse to child protective services about the parent (Hines, Douglas, & Berger, 2015; Kruk 1993, 2011). While this form of ag-

gression is primarily used against the TP, APs have had their children testify against the TP in court or to mental health professionals and teachers about false events (e.g., abuse) and perceived or unsubstantiated fears (Harman & Biringen, 2018). Some children are convinced by the APs to tell social workers, teachers, medical providers, and other mandatory reporters about events that never happened, or are exaggerated by the APs to create perceptions of danger to the children, which prompts unnecessary third-party intervention (Dunne & Hedrick, 1994).

Physical and sexual aggression. Physical aggression inflicts pain on a child and has the potential of causing injury or impairment to development. This form of aggression can include slapping or hitting a child, throwing objects at the child, banging a child's head on an object (e.g., wall), or dragging a child on a floor as punishment (e.g., Straus & Hamby, 1997). Sexually aggressive behaviors include exposing a child to sexual behaviors of adults (e.g., having sex or masturbating in their presence), videotaping or viewing a child naked for sexual pleasure, allowing a child to watch pornography, asking the child to perform sexual acts with an adult, and engaging in sexual conversations with a child for sexual pleasure. There is some clinical and survey evidence that children are physically abused (e.g., hit) when they tell the AP they want a relationship with the TP (e.g., Rand, 1997) and that adults who were alienated as children have experienced physical and sexual abuse at the hands of the AP (Baker, 2005). It remains unclear whether this behavior is an inherent component of PA, or whether it is correlated with its occurrence. The AP may also select new partners who put the child at risk for physical or sexual abuse. The TP is often physically and legally prevented from being able to help the victimized child in these situations, and the AP does not intervene. For example, the first author has interviewed several TPs who learned the new romantic partners or spouses of the AP had histories of sex offenses and did not have any legal means to protect their children from harm (Harman & Biringen, 2018).

Parental Alienating Behaviors as Intimate Partner Violence (IPV)

Parental alienating behaviors do not just contribute to child abuse; they are direct and indirect attacks that an AP makes on the TP. Intimate partner violence (IPV) describes aggressive and abusive behaviors perpetrated by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, coparent, dating partner, or ongoing sexual partner; Breiding, Basile, Smith, Black, & Mahendra, 2015) and, like child abuse, has been a difficult form of violence to define due to the many forms it can take. In 1999, the National Center for Injury Prevention (NCIP) at the Centers for Disease Control published a report intended to outline a clear definition of IPV (Saltzman, Fanslow, McMahon, & Shelley, 1999). Since that time, the NCIP has published updated definitions in order to account for behaviors that have long been documented but were not easily categorized before (e.g., stalking; Breiding et al., 2015). The most commonly used form of IPV by APs is psychological aggression, so we will focus primarily on this form here. We will then briefly review other IPV behaviors that APs use in their aggression toward the TP.

Psychological aggression. This form of IPV includes attempts to control the partner or the relationship, demonstrate power, and/or damage the victim's sense of self (Williams, Richardson, Hammock, & Janit, 2012). Perpetrators intimidate, emotionally wound, express anger, restrict, and coerce a partner (Follingstad, 2007). Psychological aggression can also include threats to damage property and falsely accusing a partner of having an affair (Doherty & Berglund, 2008). Most parental alienating behaviors directed at the TP are examples of psychological aggression (Mason, Lewis, Millettich, Kelley, Minifie, & Derlega, 2014). The most recent NCIP report (Breiding et al., 2015) presented numerous types of psychological aggression, and we will provide examples of how APs use this type of IPV in their relationships.

1. *Expressive aggression* entails the use of name-calling, degrading the target of the behavior, humiliation, and behaving in a physically dangerous manner.

Nearly all TPs report that the AP has used some form of badmouthing and derogation, either directly or indirectly, and often in front of a child (Baker & Darnall, 2006; Godbout & Parent, 2012; Harman et al., 2016b; Kruk, 2011; López et al., 2014; McMurray & Blackmore, 1993). This form of psychological aggression is common because it is a "potent technique to undermine the child's love and respect for parents and other relatives" (Warshak, 2015b, p. 13). Alienating parents will go to great lengths to destroy the TP's credibility (Gith, 2013; Lowenstein, 2015). For example, APs have told their children, friends, neighbors, teachers, and other involved adults that their child's father is a "deadbeat," "dangerous," or "inappropriate," or that their mother is "crazy," or only cares about her career (Harman & Biringen, 2016; Rand, 1997; Warshak, 2015b). Belittling of the TP often occurs at parenting exchanges or at children's activities (e.g., sporting events) in front of others. When talking to their children, some APs refer to the TP using their first name in order to undermine the TP's role as parent to the child (Warshak, 2015b), or even use third person pronouns (e.g., "s/he is here to pick you up now") to create a sense that the TP is not worth recognizing as a parent (Baker & Darnall, 2006; Harman & Biringen, 2016; Kruk, 2011). Alienating parents may even forbid or limit all mention of the TP in the AP's presence. This "erasing" of the TP is an extreme form of degradation.

The AP will also use humiliation to hurt the TP, such as mocking their hobbies, personality, job, friends, or family (Baker & Darnall, 2006; Harman & Biringen, 2018), and focusing the child and others on the TP's flaws and mistakes they have made (Warshak, 2015c). For example, a TP reported to one of the authors that the AP in his life put him on speakerphone when he called to speak with his children, and the AP mocked him during calls to make the children see him as a joke.

Much of the yelling and name-calling behaviors that APs use are designed to make the TP seem angry and dangerous. Alienating parents frequently will yell angrily at the TP in front of the child and others, slam doors, and throw things at them (e.g., shoes, rocks; Harman et al., 2016a). These behaviors are intended to scare the TP, particularly because the TP does not want their children to see them in the way the AP portrays them at such times. Unfortunately, this behavior can result in the child subsequently not

wanting to see the TP because they become afraid of them, or they want to avoid exposure to the aggression that occurs during such interactions.

2. *Coercive control* refers to a wide range of behaviors designed to minimize the power of the target by controlling their behaviors. Controlling behaviors include limiting access to transportation, money (financial abuse), friends, and family; manipulation of others to accomplish their goal to control; excessive monitoring of a person's whereabouts and communications; monitoring or interfering with communication (e.g., social media, texting) without permission; making threats to harm the self; and making threats to harm a loved one or a possession. (Breiding et al., 2015)

Having the loyalty of children (and typically legal control over them) affords the AP a considerable amount of power to wield over the TP (Baker, 2006b; Harman & Biringen, 2016; Reay, 2011), and APs use their children as weapons to a great extent when they exercise coercive control. The limitation of access to children, or postrelationship gatekeeping (Saini, Drozd, & Olesen, 2017), is a commonly reported behavior, with as many as two out of three of APs doing it (Baker & Darnall, 2006; Harman & Biringen, 2016; Kruk, 2011). The AP will often prevent visits (e.g., arguing the child is too "sick;" López et al., 2014; McMurray & Blackmore, 1993), change pick-up and drop-off times and locations to make parenting exchanges difficult to coordinate, and put their children in daycare or with another service provider rather than cooperate with the TP to coparent the child (Kruk, 2011). Studies report that APs schedule children's activities (e.g., sleepovers, excessive after school activities) during the TP's parenting time in order to minimize the TP's time with the children (Harman & Biringen, 2018; Reay, 2011).

Similarly, APs will withhold information about the children from the TP and will make the child's medical or academic records nearly impossible for the TP to access or obtain (Baker & Darnall, 2006; López et al., 2014). For example, the AP may change emergency contact information for the children at school so that the TP and/or the TP's family are not informed when their child is ill. Alienating parents often fail to send parent-teacher communication to the TP or tell them about school events, resulting in the child believing the TP does not care about their academic success or involvement in afterschool activities (Harman & Biringen, 2018; Reay, 2011). Alienating parents sometimes do not communicate to the TP that their child is receiving an award at school or provide them wrong information (date, location) about an event, leaving the child disappointed and angry that the TP was not present. The AP will follow up this contrived situation by reinforcing the negative feelings the child has toward the TP ("your mom/dad cares more about work than being here for you," "tell me everything that happened . . ."). Even though most TPs have a legal right to medical information about their children, APs often instruct medical providers to only communicate with them about their children's care, sometimes using their court-appointed sole medical decision-making authority as their rationale (Harman & Biringen, 2018).

Financial abuse is another example of coercive control reported by TPs. Excessive attorney and court fees expended to litigate

custody disputes, defend against false accusations of abuse, and modify child support and/or alimony (see legal and administrative aggression below) leave many TPs financially destitute (Giancarlo & Rottman, 2015; Kruk, 2010, 2015). Alienating parents also hide or delay notifying the TP about changes to their employment or educational enrollment status as a way to continue obtaining money from them (e.g., alimony, child support), or are dishonest about extraordinary expenses spent on their children as a way to extort money from the TP (Harman & Biringen, 2018).

Alienating parents will also limit the TP's access to family and friends. Through the use of derogation and lies about past events, APs typically turn friends, neighbors, teachers, coaches, and other important adults in the child's and TP's lives against the TP (Gith, 2013; Harman & Biringen, 2016; López et al., 2014; Rand, 1997). Nonresident TP fathers have reported that the extended family of the mother of their children often contributed to or drove the conflict that they experienced in trying to parent their children (Lehr & MacMillan, 2001). Many of these adults believe the stories told by the AP about the TP, and fail to consider that there may be another side to the story (Harman et al., 2016a). When TPs try to reach out for support, or act on behalf of the child (e.g., contacting teachers about homework), they are met with a "cold shoulder" and treated with hostility (Harman & Biringen, 2016; Kruk, 2015). In other words, the AP manipulates these adults into acting aggressively toward the TP on the AP's behalf.

The monitoring of the TP's whereabouts and communication is a strategy that TP's report APs have used, and it is quite similar to stalking. For example, APs are reported to have discovered the TP's Internet passwords and subsequently hacked into their accounts to learn details that can be used against them, such as who they are dating, what they are communicating about to their attorneys, and bank account information. Some TPs have reported that their AP has hired spies or enlisted family members to monitor the TP's behaviors. For example, neighbors are asked to inform the AP if the TP is entertaining a new romantic partner and whether the TP is home (Harman & Biringen, 2018). As described earlier, the AP can have the child monitor the TP on their behalf as well.

Alienating parents interfere with contact and communication between the children and the TP (Baker & Verrocchio, 2013). The AP reads the text message and e-mail exchanges between the child and the TP, listens to their voice messages, makes the child communicate by phone while they are in the room to overhear their conversations, and even force the child to communicate with the TP on speaker phone to listen to both parties on the call (e.g., Harman & Biringen, 2016). Targeted parents have reported that their messages (e-mails, voice mails) are not relayed by the AP to the child, and that the AP impersonates the child via text or e-mail to the TP so they do not always know if the communicator is their child or the AP (Harman & Biringen, 2016). The AP will also interfere with symbolic communication between the TP and child, such as throwing away or hiding gifts sent to the child by the TP, or not allowing pictures or mention of the TP in their home (Baker & Darnall, 2006; Reay, 2011; Verrocchio et al., 2017). The AP may also restrict or prohibit contact with the TP's extended family, thereby alienating the child from the TP's social network (Baker & Verrocchio, 2013; Worenklein, 2013). Many TPs have not seen or spoken to their children in many years (even decades), due to the interference of the AP.

Interference of communication also occurs when the child is in the care of the TP. During the TP's parenting time, the AP often texts or calls the child incessantly (López et al., 2014), sometimes sending pictures of their animals or other loved ones who "miss them" to pull their attention away from their time with the TP, or even asking the children whether they are feeling "safe" to imply that they should be concerned for their safety when with the TP (Harman & Biringen, 2018). The interference of parenting time with the TP detracts from the quality of their parenting time, and does not allow the child to be fully present and emotionally available to the TP.

Some APs will threaten to hurt themselves as a strategy to make the TP comply with their wishes. For example, an AP may threaten suicide or say they will become depressed if the TP seeks court intervention to enforce court orders. The TP rarely wants the children to lose a relationship with the AP, even with the amount of abuse that the AP has subjected them to, so the TPs are often coerced into compliance with such threats (Harman & Biringen, 2018). Alienating parents also threaten to harm loved ones or possessions of the TP, such as telling the TP that the children will be financially destitute or psychologically traumatized by a TP's actions in order to control the TP's behavior (e.g., *if you file that motion, your children will be traumatized to be away from their mother/father*). Alienating parents threaten to hurt new romantic partners or family members of the TP (e.g., spread rumors about them), or threaten to call the TP's employer to get the TP fired should the TP not comply with the AP's wishes (e.g., *stay away from the child, give them money*; Harman & Biringen, 2018).

3. *Threat of physical or sexual violence* is a form of psychological abuse that entails the use of words, gestures, or weapons to communicate the intent to cause death, disability, injury, or physical harm.

Alienating parents use these types of threats to coerce the TP to stay away from the children or create the illusion of danger. For example, APs are reported to have had an intimidating adult present (step-parent, friend, even hired help) at parenting time exchanges to be their "bodyguard" (Harman & Biringen, 2018). The presence of a bodyguard conveys the message that the AP needs protection from the TP, and communicates that the TP is in physical danger for being there to see their children. Another example is documented in a legal case from the U.S., in which an alienating father blocked the targeted mother's car in his driveway so she was unable to leave his property while he read the mother's court motion to the children out loud (Lorandos, 2013). Intimidation and threats made by the AP to hurt the TP are often so scary that the TP will have other adults pick up their children when they exercise their parenting time in order to avoid an altercation with the AP or their proxy (Lehr & MacMillan, 2001).

4. *Control of reproductive or sexual health* is a form of psychological abuse that includes behaviors such as refusing to use birth control or coercing a pregnancy termination.

While this type of abuse is not as commonly used by APs due to the fact that many TPs are no longer in an intimate or sexual relationship with them, these behaviors can happen before the

relationship dissolves. For example, a TP interviewed by the first author reported to having been coerced undergo a vasectomy because their AP did not want more children. Immediately after this procedure, the AP filed for divorce and restricted all contact between the TP and his children. While there could be many reasons for the AP's behavior, the TP was devastated because he later wanted children (Harman & Biringen, 2018). More research is needed to determine how common this form of psychological aggression is among TPs.

5. *Exploitations of victim's vulnerability* is a form of psychological abuse that entails exploiting the target's liabilities or vulnerabilities, such as their immigration status, a disability, or an undisclosed sexual orientation that the target is motivated to remain hidden.

The AP often exploits any misstep or mistake that the TP makes (Smith, 2016). Targeted parents have reported being blackmailed by APs to sign court documents or "agreements" out of fear that the AP will share negative information about them (e.g., a prior criminal record) that would hurt their reputation or perceptions of their children. In order to limit the TP's access to the child, APs sometimes exaggerate or inappropriately share medical or mental health information (that has very little to do with their ability to parent) about the TP with others. If an AP moves with the child to another country, the TP may relocate in the hopes of continuing to have a relationship with their child. When this has occurred, APs have made false reports of visa violations as an attempt to have the TP deported. Alienating parents in these situations also exploit the TP's alien status in court, which often has very different rules and procedures than the court from their native land (Harman & Biringen, 2016; Lorandos, 2013).

The amount of parenting time that has been allocated or court ordered to the TP can also be used as a liability by the AP. For example, if a court's temporary order assigns only alternating weekends of parenting time to a TP, APs often use the time period between the temporary and final orders (which can be months or years) as "proof" that they should be the primary custodial parent (Harman & Biringen, 2016; Kruk 1993). This strategy is even encouraged by lawyers to obtain full custody for their clients, because many American and Canadian judges base final parenting orders on what the "normal" distribution of parenting time was prior to the final hearing. Creating an extended temporary order period with imbalanced parenting responsibility provides the AP with power to exploit the TP's limited parenting time in their favor (Kruk, 2011).

Similarly, the AP will also exploit unequal parenting plans in order to obtain and retain sole decision-making regarding the children. For example, the AP will claim that the TP does not "know" the children as well as they do because the TP only visits them twice a month. Therefore, the AP argues to the court that they should be making all decisions because they know their children best. The AP's strategy is initially a power play to obtain full control over the children and strip all parental decision-making from the TP. Once this control is obtained, it is further exploited by the AP to minimize the TP's access to and information about the children (e.g., not providing full medical information to them, telling school personnel to not allow the TP to visit the children at school) and to harass the TP (Harman & Biringen, 2018). For

example, APs often misinterpret the legal meaning of medical decision-making to mean that they have the authority to micro-manage *all* day-to-day medical care of the children while in the TP's care. If the TP does not respond to the AP's overstepping of authority on such matters, APs often exploit such actions to use as "proof" that the TP is not being a good parent, or is being "uncooperative" with them (Harman & Biringen, 2018).

6. *Exploitation of perpetrator's vulnerability* is another form of psychological aggression that includes the exploitation of one's own liabilities to control or limit the target's options.

In this case, the "liabilities" of one's gender can be used to exploit the TP. For example, an alienating mother may use gender stereotypes to her advantage such that she portrays herself as a "victim" of abuse perpetrated by the targeted father (with no supporting evidence). Such claims are often believed because of deeply held beliefs about men being aggressive; these beliefs are then used as justification for how the custody of children is assigned (Harman et al., 2016a). An alienating father may use gender stereotypes to show he is a better "provider" for the children than the mother if she was a stay-at-home parent, particularly if he can also incorporate stereotypes about women being mentally unstable. Being a breadwinner can sometimes be a liability (e.g., he or she may be portrayed as working *too* much), and it can also be exploited to the AP's advantage (Kruk, 2010). Alienating parents may also use a physical ailment or disability to make others have sympathy for them beyond the actual limits these vulnerabilities pose. For example, the AP may have an illness that has the *potential* to limit their working ability, but they portray this illness as "proof" they are completely incapable of working and therefore require lifetime alimony or spousal maintenance while they stay home to care for the children (Dunne & Hedrick, 1994; Harman & Biringen, 2018).

7. *Gaslighting*, a strategy used most often by the AP with the children, is also a form of psychological abuse APs use with the TP.

For example, among married heterosexual couples, men are more likely than women to admit to trying to make their partner feel like they are crazy (Kar & O'Leary, 2013). Alienating parents will send e-mails or other written correspondence that rewrite past events in order to create a new version of reality that better suits their goals. For example, the AP may e-mail the TP and claim that they had agreed in the past to let the children move out of state with them, when such an agreement never happened (Harman & Biringen, 2018). The communication is intended to make the TP question their own memory of past events, and to create a paper trail of "proof" for future use against the parent (e.g., modification of parenting plans). Alienating parents will also use this strategy with medical records by inserting inaccurate information about the TP in the child's medical forms (e.g., claims of alcoholism, mental illness), and with legal affidavits and other legal documents to make such retelling of and lies about past events public record (Harman & Biringen, 2018). Alienating parents frequently accuse the TP of engaging in behaviors that they themselves are doing in order to create confusion on behalf of the TP, and to create the

illusion to others (who only see the outcome of the behaviors) that the TP is doing things that the AP is actually responsible for. This strategy deflects attention and blame away from the real aggressor (Kruk, 2011).

Aside from psychological aggression, APs will also use other forms of aggression to hurt the TP because of their relationship with the child. *Physical violence* is defined as intentional use of physical force with the potential to cause death, injury, harm, or disability (e.g., choking, slapping, use of a weapon). This dimension also includes coercion of others to commit the violent act on behalf of the perpetrator. Targeted parents have reported experiencing physical violence at the hands of the AP prior to leaving their relationship (Godbout & Parent, 2012) and report being physically attacked by APs and/or their AP's new romantic partners/spouses or other family members at parenting time exchanges, sometimes in front of their children (Baker & Darnall, 2006; Harman & Biringen, 2016). *Sexual violence* involves sexual acts that are committed (or attempted) by a person without the consent of another, such as rape and sexual harassment. As with physical violence, TPs have reported being the victims of sexual violence, such as rape, prior to leaving their relationship (Godbout & Parent, 2012).

Stalking behaviors are patterns of repeated and unwanted attention and contact that cause concern for one's safety and the safety of others (e.g., a close friend). These behaviors can include repeated and unwanted phone calls, watching or following the victim at a distance, and leaving gifts when the victim does not want them. These behaviors need to occur multiple times to the same person in multiple forms, and the victim needs to feel afraid or unsafe for their physical safety (Breiding et al., 2015). Stalking behaviors committed by the AP are frequently reported by TPs and documented in legal cases (Lorandos, 2013). In a qualitative interview study, 51% of TPs that were interviewed reported being stalked by the AP after their relationship ended, in some cases (~20%) for nearly a decade (Ratajack & Harman, 2018). Typically, this stalking entails using social media to obtain information about the TP to use against them (e.g., in court, with the police). Alienating parents will also convince domestic workers (e.g., nannies) of the TP to spy on their behalf; have friends, family, and other community members follow TPs in their cars; sit outside their homes to spy on them; and hire people to hack into their home computer network (Ratajack & Harman, 2018). Most research on stalking has been conducted with relationships that have recently ended or never began in the first place (e.g., stalking someone to try to establish a relationship; Cupach & Spitzberg, 2014). Much more research needs to be conducted to understand the types of and motives for stalking TPs in parental alienation cases.

Targeted parents also report experiencing *legal and administrative aggression* at the hands of the AP. While other forms of IPV target the individual and their peer groups to destroy the individual's reputation, this form of aggression uses people in power to exact more devastating consequences on the target (e.g., impose restrictions on visitation, jail time; Hines et al., 2015; Kruk, 2011). With respect to parental alienating behaviors, outside forces such as family court can be used to block or interfere with the TP's relationship with the child (e.g., Balmer et al., 2017). Negative court experiences are cited as one of the most serious concerns for nonresident parents, particularly due to gender biases of court

professionals that favor mothers over fathers in some parts of the world (Ayoub et al., 1999; Kruk, 2011; Lehr & MacMillan, 2001). One of the primary reasons male victims of severe IPV cite for not leaving their abusive spouses is fear that they will not see their children again (Hines & Douglas, 2010). Similarly, many women report staying in abusive relationships out of fear of losing their children (Hardesty & Ganong, 2006). Although both alienating fathers and mothers use legal and administrative aggression, this form of aggression is more commonly and easily used by women against men because people are more likely to believe claims of abuse made by women (Hines et al., 2015; Tilbrook, Allan, & Dear, 2010). In addition, there are gender biases in the granting of court ordered temporary restraining orders favoring women over men who report being victims of IPV (Muller, Desmarais, & Hamel, 2009).

Targeted parents have reported that AP's would often (several to dozens of times) call the police to their home when their children were there in order to associate the TP with "danger" (López et al., 2014; Harman & Biringen, 2018). Allegations of abuse (particularly sexual abuse) are documented (e.g., Vassiliou, 2005) and have been described as the weapon (Lowenstein, 2012) or "silver bullet" in child custody disputes because once a claim is made, the chance of the TP getting custody or being taken seriously by the courts for the parental alienating behaviors they are experiencing is almost eliminated. Indeed, male victims of IPV have reported that their partners manipulated the "system" by filing false restraining orders and manipulating the court system to obtain sole custody of their children (Hines, Brown, & Dunning, 2007).

When parents are court ordered to attend legal mediation to resolve disputes rather than utilize court resources, TPs have reported that APs do not engage in such negotiations in good faith; they would rather engage in adversarial combat using the legal system because it is more expensive (and therefore punitive for the TP), and they want to "win." When legal mediation is "successful" under these circumstances, TPs report that the AP only used the process in a manipulative fashion to "force" an agreement with them, with threats that their outcomes in court would be worse. Alienating parents will break court orders regarding parenting time or decision-making, and will even blame the TP for engaging in this form of aggression when they seek court assistance in enforcing their existing court orders (e.g., compliance with parenting time orders; Harman & Biringen, 2018; Kruk, 2011).

Representatives from social systems, such as social workers, mental health professionals, guardian ad litem, teachers, medical providers, and police officers, can be "blinded" by the AP's stories and engage in legal and administrative aggression against the TP on behalf of them (Rand, 1997). Social system representatives often have negative biases about the TP (e.g., gender or racial biases), poor training in the identification of parental alienation and/or human development (e.g., a belief that children never lie), and will often stop at nothing to limit or interfere with contact or a relationship between the TP and the child (Harman & Biringen, 2016, 2018). The TP's parental rights may even be taken away due to severe injustices in how their cases were handled (e.g., false IPV claims). The act of removing a child from a parent (or removal of a parent from the child) or making sole-parental custody decisions without sufficient evidence of the other parent's inability to parent is also a form of IPV.

Severity and Reciprocity of Parental Alienating Behaviors

The severity of parental alienating behaviors is challenging to quantify as research has yet to clearly determine what specific behaviors and other determinants result in mild, moderate, and severe forms of parental alienation—there is only preliminary empirical research drawing this direct connection based on theory (Baker & Eichler, 2016). For example, we do not yet know whether certain specific behaviors are more damaging than others, and which behaviors, or clusters of behaviors, cause very severe alienation. Badmouthing the TP is not healthy for a child, but are particular characterizations of the TP more damaging than others? Does badmouthing also need to be paired with other behaviors (e.g., interference of parenting time), and to what extent? Severity could also be determined by length of time and frequency with which behaviors are used, regardless of how “bad” individual behaviors are. For example, if an AP only badmouths the TP in offhanded comments that are not blatantly demeaning, does this behavior eventually result in mild, moderate, or severe alienation if done regularly for five or 10 years? There is some evidence that factors such as age of the child (Fidler & Bala, 2010; Kelly & Johnston, 2001) are associated with outcome severity, with older children (adolescents) being more likely to manifest severe parental alienation symptoms (e.g., complete rejection of the TP). Are the severe outcomes due to exposure to very severe behaviors such as blocking all access to the TP or due to persistent exposure of milder clusters of behavior over long periods of time? Or, does the number of behaviors matter, but only in conjunction with particular vulnerabilities at particular stages of social and cognitive development?

From legal and clinical perspectives, the issue of severity is exceptionally important, as it drives how practitioners are to intervene. When an AP causes severe parental alienation due to their behaviors, they are likely guilty of child abuse, but an AP who causes mild or moderate parental alienation may not yet meet the threshold of child abuse. Such cases would need to be determined on a case-by-case basis by specialists who are well trained in the diagnosis of parental alienation, child abuse, IPV, and its precursors. More systematic and empirically based research on the etiology of parental alienation will aid in this diagnosis.

Reciprocation of IPV varies by the type of aggression. About 4% of cases in a large sample of divorcing couples have reported mutual high levels of coercive controlling violence (domination tactics and physical violence; Beck, Anderson, O’Hara, & Benjamin, 2013), although there is evidence that psychological aggression is often reciprocal (Cuenca Montesino, Graña Gómez, & Martínez Arias, 2014; Straus & Sweet, 1992). Psychological (Kar & O’Leary, 2013) and physical aggression (Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012; Madsen, Stith, Thomsen, & McCollum, 2012) among intact couples is typically reciprocal rather than unilateral, yet we know little about how this reciprocity operates or about the balance of power and aggression within the relationships. Research on IPV has been primarily studied with partners in intact relationships, so we know even less about whether such aggressive behaviors are reciprocal among families that have dissolved.

Many professionals believe parental alienation only occurs in relationships that are high in conflict; in other words, both parents

are presumed to be responsible for the conflict that they present to mental health or legal professionals, such as when a parent has to ask for the court to enforce their parenting time. When the parental figures appear in court over this conflict, the judge or magistrate will then assume that both parents must be engaging in parental alienating behaviors (Warshak, 2015c). Using the example above, the court will perceive the parents as having high conflict, despite the conflict being caused by the parental alienating behavior of the AP (e.g., restricting access of the child). While some researchers have found evidence that both parents in divorced families may report alienating behaviors committed by the other (Braver, Coatsworth, & Peralta, n.d.), the reciprocity myth has been debunked by many researchers, legal professionals, and clinicians, because one parent is often responsible for instigating and continuing conflict (Kelly, 2003) and was often an abusive partner before the relationship ended (Godbout & Parent, 2012; Harman & Biringen, 2016). The AP is the more likely parent to engage in controlling and coercive behaviors, display paranoid and hostile behaviors, and promote enmeshment with the child (Warshak, 2015c). Indeed, the AP’s behavior is the primary driver of the child’s rejection of the TP (Baker & Eichler, 2016; Clawar & Rivlin, 2013).

The TP may respond in maladaptive ways to the alienating behaviors of the AP, but it is important to interpret such behaviors in light of the alienation. For example, if an AP has sustained a long campaign of derogation about the TP to friends, neighbors, community members, and extended family, the TP may retaliate in defense of their reputation (Reay, 2011), such as send an e-mail to such individuals calling the AP a liar. Retaliatory behaviors are certainly aggressive and a form of IPV, but they would not be considered parental alienating behaviors, which are clusters of behaviors enacted over extended periods of time with the intent to harm the TP and damage/destroy their relationship with their child (Darnall, 1998). This distinction between the APs’ and TPs’ behaviors is an important one to make for legal and clinical purposes when interpreting the cause and maintenance of parental alienating behaviors.

Although some nonresidential parents can alienate a child (Warshak, 2015c), the custodial parent is most often the AP because they have a monopoly on the child’s physical, mental, and emotional attention, regardless of gender (Harman & Biringen, 2016). Nonresidential TPs often have limited or no contact with their children (sometimes for years at a time), making it almost impossible to reciprocate many of the behaviors outlined above. The TPs we have studied have observed the negative outcomes of alienation in their children and report not wanting to make the situation worse. Despite being the target of severe IPV, none of the TPs in studies by the first authors reported wanting to take their children away from the AP or reverse roles entirely; indeed nearly all of the TPs that we have interviewed and studied (Harman & Biringen, 2016; Kruk, 2010, 2011) want the children to have a *healthy* relationship with *both* parents. These parents make the conscious decision not to reciprocate the aggressive behaviors of the AP. These parents also know that if the TP reciprocates the behavior of the AP, it only serves to justify the child’s negative feelings toward the TP due to their enmeshment or alignment with the AP (Warshak, 2015c).

Some clinicians have argued that TPs are the architects of their own fate, or are partially responsible for the child’s alienation due

to problems with parenting that result from their situation (e.g., Johnston, 2003). Most research has indicated otherwise: The rejection of the TP exists independent of the TP's actual "suboptimal" parenting behaviors (Baker & Eichler, 2016), and TPs want to be actively involved in their children's lives, not passive victims of the AP (Balmer et al., 2017). The parent who is the target of this aggression often resists complaining because they do not want to escalate the aggression or expose the child to ongoing high conflict (Cloven & Roloff, 1993; Newell & Stutman, 1991), and they fear that their reports will not be taken seriously or acted on by legal and mental health professionals. Indeed, IPV and child abuse are often underreported because of the reluctance of police and child protective services to address emotional and psychological abuse. Targeted parents have reported they are afraid to challenge the AP on parenting time violations out of fear that the AP will restrict their time further or stop all visitation entirely. It is because of this fear that many TPs feel helpless about enforcing the little parenting time that they are given (Lehr & MacMillan, 2001).

There is a serious power imbalance in families where alienation is occurring, and the AP holds the power granted to them by social institutions (e.g., court-ordered custody allocation) and the sanctioning of their behavior by personal and social bystanders (Harman & Biringen, 2016; Reay, 2011; Warshak, 2015c). Relationship and family systemic outcomes are more affected by the partner who has greater control over relational resources (Dragon & Duck, 2005; Hanks, 1993), which children by definition are. Despite having more societal-level power than women due to patriarchy, men often feel powerless in their family relationships (Blanton & Vandergriff-Avery, 2001; Walsh, 1989).

Being able to inflict punishment also creates feelings of having more power (Lawler & Bacharach, 1987; Stets & Henderson, 1991; Straus, Gelles, & Smith, 1990). The residential parent serves as a gatekeeper between the child and the nonresidential parent, which places this individual in a strong position of power (Madden-Derdich & Leonard, 2000; Sobolewski & King, 2005). Having a greater amount of parenting time with a child provides the parent with more decision-making opportunities and therefore more power in the daily lives of the children (Kelly, 1993). Nonresidential parents (more often fathers) can have little involvement in decision-making related to their child and are rarely consulted by the other parent about decisions (Furstenberg & Nord, 1985; Kalmijn, 2015). Parents who gatekeep their children have admitted to punishing the other parent when they are not getting what they want (Holcomb et al., 2015).

Outcomes of Family Violence

There are many harms associated with child abuse and IPV. We will now review the outcomes that have been associated with these two forms of human aggression, and compare them with the outcomes that have been documented about and reported by alienated children and TPs. Most of the damage caused by parental alienating behaviors falls under the category of psychological injury; in forensic settings such injuries fall under three types: chronic pain, traumatic brain injury, and posttraumatic stress/distress (Young, 2008). While victims of parental alienating behaviors often develop posttraumatic stress and adjustment disorders, they also experience many other negative outcomes that are associated with family violence such as anxiety and depression.

Outcomes of Child Abuse and Parental Alienation

Outcome severity. Parental alienation has been described as ranging from mild to severe, depending on the intensity, type, and frequency of the alienating behaviors the child is exposed to, the child's age and temperament, the quality of relationship with the TP before the alienating behaviors began, and the amount of quality parenting time the child has had with the TP (see chapters in Lorandos et al., 2013 for a review of the levels of severity and outcomes). In mild cases, the alienated child resists and criticizes the TP, yet still enjoys the company of the TP when away from the influence and interference of the AP (Darnall, 2013). Moderately alienated children have consistently negative attitudes toward the TP whether they are with the AP or not, as they have come to internalize the hostility and negative attitudes of the AP as their own (Worenklein, 2013). These children often openly express hostility toward the TP, particularly during transition times between homes, and will not feel guilt or ambivalence about the impact of their behaviors on the TP. At higher levels of severity, alienated children have more extreme polarized attitudes toward their parents (with the TP being all bad and the AP being all good; Bernet, Gregory, Reay, & Rohner, 2018), will refuse to have a relationship with the TP and anyone associated with them (e.g., extended family), will be hostile and violent toward the TP when in their care (e.g., destroying property), and have irrational and unfounded reasons for their rejection (Warshak, 2013). Some severely alienated children are guided toward simply erasing the TP from their hearts and minds. Besides these indications of parental alienation severity, what outcomes do alienated children experience?

The consequences of child maltreatment are severe and lifelong, and have resulted in a United Nations call to action to eliminate violence against children due to many personal, community, and societal-level costs associated with it (Hillis et al., 2017). Adverse childhood experiences such as experiencing or witnessing abuse increases the risk for a host of negative outcomes such as having shorter lifespans (Brown et al., 2009). Children exposed to maltreatment early in life (0–5 years) are at high risk for developing internalizing behavior problems such as depression, anxiety, and social withdrawal (Johnson et al., 2002) and/or externalizing behaviors such as aggression and acting out (Bongers, Koot, van der Ende, & Verhulst, 2004). Repeated maltreatment of children and exposure to conflict and violence has been associated with severe internal and external outcomes (Li & Godinet, 2014) such as poorer academic performance and physical health (particularly among children in separated families, Corrás, Seijo, Fariña, Novo, Arce, & Cabanach, 2017; Martínón, Fariña, Corras, Seijo, Souto, & Novo, 2017), neurological damage (e.g., negative impact on brain development; Teicher, Dumont, Ito, Vaituzis, Giedd, & Andersen, 2004), and developmental delays. These children also experience physical health problems as adults, such as migraines (Tietjen et al., 2009), cancer, cardiac disease, and asthma (Hyland, Alkhalaf, & Whalley, 2013), as well PTSD and other mental health problems (Kaplan, Pelcovitz, & Labruna, 1999). These outcomes are evident across different cultures (e.g., East Asia and Pacific regions; Fry, McCoy, & Swales, 2012).

Stress and adjustment disorders. Disorders such as posttraumatic stress disorder (symptoms lasting more than a month after a traumatic event), psychosocial adjustment disorders (after a

stressor rather than that required by PTSD as psychological violence), and acute stress disorder (the symptom pattern in acute stress disorder is restricted to a duration of 3 days to 1 month following exposure to the traumatic event) can occur after witnessing family violence, regardless of the frequency or intensity of the violence, or characteristics of the child such as age or gender (Kilpatrick & Williams, 1998). Parental conflict, regardless of marital status of the parents, has been associated with posttraumatic stress symptomology in children (Basile-Palleschi, 2002). Psychosocial adjustment disorders include internalizing and externalizing problems and declines in academic achievement (Forehand, Biggar, & Kotchick, 1998), and alienated children experience these problems more than children who have not been alienated (Barber, Bean, & Erickson, 2002; Johnston, Lee, Oleson, & Walters, 2005). Many alienated children are separated from the TP for long periods of time, and parental separation accompanied by parental alienating behaviors has been associated with poor psychological adjustment among children (e.g., adjustment disorder; Ellis, 2000; Seijo, Fariña, Corras, Novo, & Arce, 2016).

Psychosocial and behavioral outcomes. Psychological control, otherwise known as “intrusive parenting,” undermines children’s autonomous development (Joussemet, Landry, & Koestner, 2008). Psychological aggression results in greater amounts of anxiety in children than the use of physical aggression (corporal or severe; Miller-Perrin, Perrin, & Kocur, 2009). For example, in a study of nearly 2,000 father–mother dyads in China, psychological aggression used by mothers and fathers were unique predictors of children’s anxiety (Wang, Wang, & Liu, 2016), one of the most common psychological disorders among children (Barlow, 2002). These consequences are long term: Even as adults, having an AP was associated with higher levels of anxiety and depression than among those adults whose parents were not APs, regardless of whether the parents were divorced or not (Baker & Verrocchio, 2016). Witnessing family violence while also being maltreated (e.g., neglect) intensifies negative mental health outcomes for children (Ayoub et al., 1999), so the combination of these factors poses particularly high risk for child abuse when an AP uses parental alienation behaviors and also neglects the emotional needs of the child (Lorandos, 2013). When a child has neurotic traits and has frequent exposure to conflict, they have more severe parental alienation than children without these traits or experiences (Zack, 2016).

Although not all children who are exposed to parental alienating behaviors become severely alienated from the TP (Baker & Darnall, 2006); even mild and moderate harms to children that result from the AP’s behaviors are devastating and no different from other forms of child abuse. In retrospective accounts and reports made about children by an AP, children who were exposed to parental alienating behaviors have low levels of self-esteem, insecure attachment, substance abuse disorders, guilt, anxiety, depression, develop fears/phobias, form attachment difficulties, and learn not to trust others or themselves (Ayoub et al., 1999; Baker, 2005; Baker & Ben Ami, 2011; Baker & Chambers, 2011; Baker & Verrocchio, 2015, 2016; Ben Ami & Baker, 2012; Bernet, Baker, & Verrocchio, 2015; Johnston, Walters, et al., 2005; Rand, 1997; Reay, 2007; Verrocchio et al., 2016). For the child, parental alienation is a serious mental health issue based on a false belief that the TP is a dangerous and unworthy parent.

Self-hatred is particularly disturbing among affected children, as children internalize the hatred targeted toward the TP who is part of their own identity. Alienated children are led to believe that the TP does not love or want them and so they are therefore unlovable (Reay, 2011; Verrocchio et al., 2016), and although not openly expressed, will experience severe guilt related to betraying the TP. Their depression is rooted in feelings of abandonment, being unloved by the TP, and being denied the opportunity to mourn their loss. Many children are not even allowed to talk about or recognize the TP while in the AP’s presence (Reay, 2011). These children also experience ambiguous and disenfranchised grief (described in greater detail under Outcomes of IPV and for Targeted Parents and are more likely to engage in nonsuicidal self-injury behaviors the more alienated they are from a parent (Yates, Tracy, & Luthar, 2008).

Even if alienated children appear on the surface to be “normal” or as excelling in a particular domain (e.g., school), they often fall short of their optimal development in other areas, such as psychological, physical, academic, social, and emotional domains. The outcomes of this form of child abuse will manifest most overtly in psychosocial problems (Warshak, 2015c). These children also learn that their experiences of love from the AP are conditional upon their rejection of the TP and they must validate the AP’s worldview in order to retain their acceptance (Verrocchio et al., 2016). Due to being unable to develop a healthy, independent identity, the alienated child has problems in their peer and romantic relationships because they often interpret behaviors in the same dichotomous ways that the AP does (all good or all bad; Carey, 2003; Harman & Biringen, 2016; Moné et al., 2011), lack trust in their own and others judgment (Baker, 2005), and frequently end friendships over disagreements simply because they have not learned strategies to cope with conflict (Kelly & Johnston, 2001).

Parental alienating behaviors are transmitted intergenerationally (Baker, 2005; Sher, 2017), just like other types of family violence. For example, studies of bullying behaviors among teenagers have found that the parenting practices and attitudes of the mother and father, together or separate, create a climate that promotes this form of aggression in children (e.g., Baldry & Farrington, 2005). A child whose parent has been engaging in alienating behaviors is at high risk of becoming alienated from their own children, just as children who are victims of other forms of child abuse are more likely to become abusers as well (Baker & Eichler, 2016).

Early signs of a child becoming alienated from a parent are when children complain or express dislike of the TP, and not engaging in or enjoying—or even resisting—spending time with the TP (Johnston, 2003). At the same time, the child will exhibit anxiety about being separated from the AP. The AP is very intrusive, making it extremely difficult for the child to individuate from the AP and maintain a strong relationship with the TP (Ellis & Boyan, 2010). Unfortunately, the child becomes enmeshed with the AP and unable to develop a healthy identity that is separate from them (Eysenck, 2004). When a child is enmeshed or has formed a coalition with the AP due to the AP’s behaviors, they will sadly act in ways to protect and hold the coalition in higher “esteem” than their relationship with the ousted TP (Lorandos, 2013; Warshak, 2015c). The result of this enmeshment is an anxious or dependent attachment to the AP (Stahl, 2004) and there is preliminary case study data that children who have been alienated have greater difficulties mentalizing, or thinking about the

internal states of others (Faccini & Ramires, 2012), resulting in an inability to feel empathy for others. Over time, the child will strongly reject the TP, or in mild cases act very ambivalent toward them when in their care, and negative toward the TP when in the care of the AP. The reasons the child provides for their rejection are often vague, or the child will use coached language (language that is used by the AP, not the child; Reay, 2011). Due to horizontal power structures (vs. hierarchical; Nixon, Greene, & Hogan, 2012) in the AP's family system, parentified children feel powerful and become manipulative like the AP (Garber, 2011; Stahl, 2004). In other cases, children socially withdraw and lose the few social connections they had due to extreme isolation.

Outcomes of IPV for Targeted Parents

Although it is imperative to consider first and foremost the outcomes of parental alienation behaviors on children, the TP is also seriously affected by these behaviors, which are intended to hurt or destroy them (Darnall, 1998). IPV is a serious public health problem (Center for Disease Control, 2012) because of the substantial physical and psychological costs associated with the outcomes of this type of aggression. The targets of IPV suffer from many mental health problems such as posttraumatic-stress disorder, substance abuse disorders, depression (Zlotnick, Johnson, & Kohn, 2006), and anxiety (Stewart & Vigod, 2017). In addition, many survivors lose economic security and become functionally homeless when they leave their relationship (Johnson & Zlotnick, 2009).

Even after controlling for, or in the absence of other forms of IPV, psychological aggression has been linked to negative physical and mental health outcomes such as posttraumatic stress disorders (e.g., Lawrence, Yoon, Langer, & Ro, 2009), anxiety, depression (Taft et al., 2006), suicidal ideation (and attempts; Marshall, 1999; Sher, 2017), increased substance use (Shorey, Rhatigan, Fite, & Stuart, 2011), limited physical and cognitive functioning (Straight, Harper, & Arias, 2003), increased somatic complaints (Kaura & Lohman, 2007; Próspero, 2007), and an impaired ability to work (Coker, Smith, Bethea, King, & McKeown, 2000). Although the majority of this research has been conducted on female victims of IPV, similar results have also been found with male victims of IPV (Hines & Douglas, 2016a). Victims of psychological aggression report that their experience is as damaging as physical aggression (Williams et al., 2012) and that friends, family, and other individuals (e.g., police) perceive their abuse as harmless or insignificant because it is not visible (Seff, Beaulaurier, & Newman, 2008). Consequently, this form of abuse does not get as much public attention or funding for services, and has resulted in a call to practitioners to take psychological aggression more seriously than they have in the past (Comecancha, Basto-Periera, & Maia, 2017).

The outcomes of parental alienation are no different for TPs than other forms of IPV. Targeted parents have reported being diagnosed with posttraumatic stress disorder due to the behaviors of the AP (Harman & Biringen, 2018; Kruk, 2015), and TPs appraise their situation as highly stressful and severe (Balmer et al., 2017; Harman et al., 2016a). Many TPs report experiencing depression, anxiety, and suicidality (Baker, 2010; Baker & Verrocchio, 2016; Balmer et al., 2017; Sher, 2015). Despite the stress associated with being a TP, most TPs want to remain involved and active in their children's lives, which can fuel the AP's behaviors

even more because their desire for involvement is at odds with their intent (Balmer et al., 2017). A large number of TPs report being unable to work effectively and to devoting nearly all their waking time worrying about and trying to find ways to reconnect with their children (Harman & Biringen, 2018; Kruk, 2015). Consequently, TPs report having lost their jobs, having to move in with family or become homeless, and are unable to form new relationships with others (Giancarlo & Rottman, 2015; Harman & Biringen, 2016). As mentioned earlier, many (but not all) of the AP's behaviors take the form of psychological aggression, so it is not as visible as other forms of IPV; TP's reports of parental alienating behaviors often go unheard, unnoticed, misunderstood, denied, or disbelieved (Warshak, 2015c).

Aside from the emotional, physical, and financial toll that parental alienating behaviors put on TPs, the TP also experiences grief and loss due to the impact of the AP's behaviors on their child (Kruk, 2015). *Ambiguous loss* refers to incomplete or uncertain loss, such as when a loved one is physically present but psychologically absent (e.g., a parent with Alzheimer's disease), or when someone is physically absent but psychologically present (e.g., kidnapped children; Boss, 1999). Targeted parents experience ambiguous loss for one or multiple children because their children may be physically present during their parenting time but may be psychologically unavailable (and even hostile) to them, or they are completely denied access to their child (Baker, 2007).

Like psychological aggression, this ambiguous loss goes largely unrecognized by society and is not acknowledged as a significant loss, resulting in what is termed *disenfranchised grief* (Attig, 2004; Doka, 1989, as cited in Corr, 2002). When one adds the professional and social denial that parental alienation is even a real phenomenon, the disenfranchised grief experienced by TPs is more severe. The TP is unable to mourn for their children publicly, they are often told by others that it will get "better" when the children get older, or are encouraged to just "move on." As a consequence, TPs are often unable to formally process their grief and loss, and have problems moving on with their lives (Abrams, 2001; Kruk, 2011). Indeed, mental health professionals who have worked with TPs have reported feelings of rejection, depression, disbelief, anger, guilt, and loss, and often, the TPs are isolated from others due to other people's ignorance and negative judgments about what they are experiencing (Kruk, 2011; Whitcombe, 2014).

Social support is crucial during times of grief, particularly for individuals experiencing both ambiguous loss and disenfranchised grief (Abrams, 2001). Unfortunately, many TPs fail to seek external support for assistance due to learned helplessness (Kruk, 2011) and the belief that courts and other forms of intervention will not work (Balmer et al., 2017). One of the most common alienation tactics employed by the AP is expressive aggression in the form of derogation of the TP to friends, family, teachers, community members, and any other adult who is willing to listen. The result of this strategy is the isolation of the TP from important sources of personal and social support. Although representative surveys have not found statistically significant differences between men and women in reports of having been alienated from a child (Harman et al., 2016b), men typically do not seek formal mental health or support as often as women (Addis & Mahalik, 2003), and this may explain why researchers have noted a "suicide epidemic" among TPs, particularly fathers (Kposowa, 2003).

The task of parenting as a TP can be extremely challenging. It is very difficult for TPs to be emotionally available to a child who is hostile or holds false beliefs about them (Biringen, Harman, Saunders, & Emde, 2017; Johnston, 2003). The result can inadvertently lead to parental behaviors that confirm what the child believes and can be used to justify or exacerbate their rejection of them (Stahl, 2004). When parents have limited contact or decision-making with their child, their role as a parent can become passive; the AP then gains more power and influence.

Intent and Characteristics of the Perpetrator of Aggression

Regardless of *why* acts of aggression are committed, they are very harmful to their victims. For example, regardless of intent, killing another human being causes great harm to many, not only with the loss of a human life, but in terms of the impact the act has on others in the deceased's life (e.g., family members and friends, cost to society). Intent becomes important when decisions are made about how to respond to aggressive acts. For example, there are many reasons why someone might kill another individual, such as by mistake (e.g., out of self-defense), after being provoked (e.g., crimes of passion), or with premeditation (e.g., murder). These reasons are important for how legal cases against the killer are prosecuted because the intent of the killer determines whether the crime is prosecuted as first- or second-degree murder, or as voluntary or involuntary manslaughter.

Some researchers of parental alienation have posited that APs intentionally behave in a way that turns the child against the other parent (Whitcombe, 2014) and their behaviors are driven by "impacable hostility" (Lowenstein, 2015). Hostile aggression is unplanned aggression in response to a perceived threat or provocation (Anderson & Bushman, 2002) and, as we will discuss below, many APs are predisposed to interact almost automatically with hostility toward the TP and even their own children, due to pathological traits and disorders (e.g., borderline personality disorders) and deeper childhood trauma of their own (e.g., childhood sexual abuse, Lorandos, 2013). While some experts have argued that some parental alienating behaviors can be enacted unintentionally (Whitcombe, 2014), we believe that "unintentional" in this case is a misnomer. Rather, such behaviors can be unplanned or automatic responses to the TP and/or child, and they are intentional. Parental alienating behaviors may also be carefully planned, particularly in adversarial arenas such as family court.

When the child hates and rejects the TP for no legitimate or justifiable reason, it is important to recognize that the AP likely implanted their feelings. In this case, the child is essentially an "instrument of war" or "weapon" against the TP (Smith, 2016), and is an unintended casualty in their assault. Therefore, APs intentionally engage in instrumental aggression by "weaponizing" their child against the TP. In cases of parental alienation, most children had a very positive relationship with the TP prior to the AP's behaviors, and so the child later just serves as a proxy for the AP to hurt the TP. It is likely that many APs are not aware of the impact their behaviors have on the children because they are so preoccupied or obsessed with hurting the TP.

One strategy to prevent aggression and intervene in abusive relationships has been to identify the precursors for abusive potential (Rodríguez, Gracia, & Lila, 2016), such as identifying

personality characteristics or situational factors that lead to the intent to enact aggressive behaviors. For example, personality disorders such as narcissism, borderline, and sociopathic traits have been identified as prevalent among APs (Cunha Gomide, Camargo, & Ferdandes, 2016; Gordon, Stoffey, & Bottinelli, 2008; Harman & Biringen, 2016), and they are typically angry, jealous, emotionally fragile, and dependent on others (even their children) for their self-esteem. Alienating parents also are reported as having poor impulse control, poor management of personal boundaries, see the world in dichotomous ways (e.g., black/white, all-or-nothing, all good or all bad; Stahl, 2004), refuse to accept accountability or responsibility for their own contribution to problems, insist on being "right," and lack remorse or guilt for their behaviors (from the TP's perspective, Kruk, 2015). Attachment concerns are also factors associated with the escalation of parental alienating behaviors (Harman & Biringen, 2016). Alienating parents feel threatened by their child's love for the other parent (attachment anxiety), and TPs report substantial increases in parental alienating behaviors when this occurs, particularly after extended parenting time with the child. Because the focus of our article is on the alienating behaviors and outcomes themselves, we refer the reader to other sources for more details on characteristics of APs (e.g., Harman & Biringen, 2016; Kruk, 2015).

Is the Intentional Use of Parental Alienating Behaviors "Justified?"

Cross-cultural research indicates that severe physical violence (e.g., choking a romantic partner or a child) is perceived as inexcusable and unjustifiable in most human cultures of the world (e.g., Fakanmoju et al., 2013), so intent to harm is presumed when a person commits such an act. But what about those acts that are perceived as more "socially acceptable?" Harman, Biringen, Ratajack, Outland, and Kraus, (2016a) found that although parental alienating behaviors are perceived negatively by adults, they are more "acceptable" when mothers do them than when fathers do them. Do cultural variations in what is considered "abusive" (Reisig & Miller, 2009) impact how we perceive the culpability of the perpetrator? How do these perceptions influence how harm is perceived?

Legal and mental health professionals, victim's rights advocates, and lay people have argued that parental alienating behaviors are justifiable when the other parent is abusive, mentally ill, or dangerous (e.g., Coffman, 2017; Meyer, 2011). The term "justified estrangement" has been used to imply that the child's rejection of the TP is justified because the TP is abusive or "bad," and that the intentional, alienating behaviors the AP uses are acceptable. Calling parental alienation "justified estrangement" reflects a misunderstanding of the difference between parental alienation and *self-estrangement*.

Self-estranging behaviors are those that a parent does to damage their relationship with their own child, typically due to the parent's own shortcomings (e.g., parenting skills; Ellis & Boyan, 2010). In contrast, parental alienating behaviors are those behaviors committed by the AP *against the TP* to hurt the TP and to damage or destroy the relationship between the child and the TP. This distinction is important because self-estrangement refers to behaviors within the estranged parent-child relationship that are the result of the estranged parent's behaviors (or sometimes the child's behav-

iors); parental alienating behaviors refer to the alienating behaviors the AP does to hurt the TP and the TP–child relationship (Whitcombe, 2017). By stating that the actions of the AP are self-estrangement implies that the actions of the AP are the TP’s fault, which blames the victim (Grubb & Turner, 2012).

Dallam and Silberg (2016) have argued that parental alienation researchers encourage clinicians to dismiss claims of abuse when they are evaluating or treating families where there are claims of parental alienation. Their argument implies that researchers who study parental alienation overlook or ignore claims or evidence of abuse, which is an unsubstantiated position. Clearly, claims of abuse should be investigated in order to protect the well-being of the child and family members, as their well-being and safety are of paramount concern. However, claims and evidence of parental alienating behaviors should be considered with the same weight and concern because they are *also* aggressive and abusive—it is as unethical to ignore them because they also cause substantial harm to children and family members.

Like other forms of family violence, we do not believe parental alienating behaviors are *ever* justified—they are abusive to both the child and the TP. When a parent has shortcomings and actually poses risk to the child, it is obviously imperative to protect the child. However, there are strategies that can keep children safe while still promoting a positive relationship with both parents so that one parent does not have to act abusively to “protect” the child. The AP’s portrayal that their aggressive behaviors are in their child’s best interest are justifications for their abuse. Stopping these behaviors is imperative for the promotion of the child’s best interest and to improve the health of the entire family system.

Discussion

In this article, we conclude that causing severe parental alienation is an egregious form of family violence, specifically child abuse and intimate partner violence. The challenges of defining and recognizing the scope of parental alienating behaviors as family violence is rooted in the challenges inherent in defining child abuse on one hand and IPV on the other. There are parallels between the present-day disavowal of parental alienation among some legal and mental health scholars and practitioners, and the historical recognition of both IPV and other forms of child abuse among professional groups and the general public. For parental alienating behaviors to be recognized and accepted as a form of serious child maltreatment and IPV, a clear and precise definition of the phenomenon of parental alienation is needed, and the exact nature of the harms befalling TPs and children as a result of parental alienating behaviors needs to be unambiguous.

We also extensively reviewed the behaviors that APs use to harm the TP and their children’s relationship with the TP. When a parental figure repeatedly uses the behaviors over extended periods of time, they are alienating their child from the other parent. This is the first review to directly map parental alienating behaviors onto categories of child abuse and intimate partner violence behaviors. Even if the child is resilient and does not come to fully reject or hate the TP, the AP’s behaviors still do affect them negatively (Baker, 2005). Therefore, the AP’s aggressive behaviors should no longer be socially or legally sanctioned; there is no legal or psychological justification for parental alienating behaviors. These behaviors should be addressed uniformly as a child protection issue and form of family violence that needs to be dealt

with on a broader structural level, requiring fundamental reform within the mental health and family law systems. We will now briefly describe strategies that will assist in this reform.

Assessment

Patterns of aggressive behaviors are more informative for assessment purposes than single events, because only patterns can demonstrate whether abuse has occurred (Tolman, 1992). Unfortunately, custody evaluators often focus on separate incidents of child abuse and IPV rather than patterns of abuse (Pence, Davis, Beardslee, & Gamache, 2012), which can make it unlikely they will identify parental alienating behaviors when they are occurring. For example, if a parent says something negative about the other parent to a child, an evaluator must assess whether this behavior is a retaliatory and discrete reaction (albeit not healthy) to the behaviors of the other parent (therefore *not* a parental alienating behavior), or whether the behavior is and as part of a larger set and pattern of aggressive behaviors enacted over time (making the behavior a parental alienating behavior). It is important to emphasize a focus on actions and not just the words and claims made by the members of the family system, and to consider how these behaviors are expressed in family systems where the power difference between parents is asymmetrical, with the AP typically having more power than the TP (Warshak, 2015c).

To complicate matters, mental health professionals differ significantly from victims in their perceptions of psychological aggression (which is the most common form of parental alienating behaviors) severity because victims often base their opinions on the intent of the perpetrator of the behavior and not just the behavior itself. When a victim seeks intervention, they are privy to more historical background than the professional, who has available a smaller number of behavioral instances with which to draw an opinion, and even less to infer intent (Follingstad & DeHart, 2000). Unfortunately, the victim is often unable to obtain intervention from these gatekeepers of services due to professional’s inability to properly diagnose the problem. Although there is preliminary evidence that there are particular patterns of alienating behaviors used by particular types of individuals (e.g., narcissistic parents; Baker, 2006a), more research is needed to determine whether there are particular patterns of aggressive behaviors that different types of APs use, which types or clusters of behaviors create the most damage, how frequently different strategies are used, and what adaptive and protective factors there are for TPs and children to resist the parental alienating behaviors of the AP. In order to effectively assess whether parental alienation is occurring, empirically validated and refined assessment tools that consider these patterns and nuances are needed.

Prevention and Intervention

The understanding of intent is important for the prevention of aggression. For example, sentencing criminals who have committed assault to anger management classes will only be effective if the cause of the original assault was due to an inability to manage anger or conflict. Obviously, protection from harm should be the first priority for not only the child, but also the entire family system. In cases where there is an abusive parent, it is not enough to provide therapy only to the child or the parent who is a victim

of abuse. A family systems approach (e.g., Burnette, 2013) is a preferred treatment method, such that treatment is provided to the perpetrator and the victims to prevent future harms.

Primary prevention. Educational programs for adolescents and mass media campaigns are commonly employed as forms of primary prevention for bullying (Saracho, 2017) and IPV (Whitaker et al., 2006), and could be employed for parental alienation. Although many risk factors for child maltreatment have been identified, little is known about factors that can protect children from being abused. However, there is ample empirical evidence that parents' emotional availability, recognition of problems, parents' willingness to seek support, supportive grandparents and extended family, and accessible mental health care may help prevent children from experiencing abuse. As well, there are parenting interventions that successfully prevent abuse (e.g., Mendelson & Letourneau, 2015). There has been relatively little attention in the literature to community and societal protective factors for abuse. An important point of primary prevention for PA are educational programs in schools and the community on effective coparenting as a couple, or with parents living apart before parental alienating behaviors have begun to affect the child (in mild cases).

Clinical interventions. Every child has a fundamental right and need for an unthreatened and loving relationship with their parents, and to be denied that right by one parent without sufficient justification such as abuse or neglect, is in itself a form of child abuse not only given the harms associated with parental alienating behaviors for children, but also the fact that this abuse is preventable (United Nations Treaty Collection, 1989). No form of child abuse is acceptable, including parental alienation (Lowenstein, 2015). A child's spontaneous reunification with a TP is rarely successful without an intact felt bond and acceptance from both parents (Darnall & Steinberg, 2008). Therefore, clinical interventions are necessary for repairing the damaged relationships that result from parental alienating behaviors.

Implementing large scale, evidence based clinical interventions to address child abuse has been challenging because many countries around the world lack professionals with the knowledge base, skills, and expertise, the infrastructure or funding to support such programs, prevalence data to demonstrate the scope of the problem, and the ability to evaluate the programs (Mikton et al., 2013). A number of models of clinical intervention for children with severe parental alienation have been developed (e.g., Friedlander & Walters, 2010), the best-known being Warshak's (2010) Family Bridges Program. Family Bridges is an educative and experiential program focused on allowing the child to have a healthy relationship with both parents, removing the child from the parental conflict, and encouraging child autonomy, multiple perspective-taking, and critical thinking. These interventions are effective because they apply a child abuse model for treatment. Unfortunately, there are few, if any, structured interventions for the treatment of mild to moderate levels of parental alienation.

Some researchers have argued that some interventions designed to address parental alienation such as reversing legal child custody have not been effective, and can actually cause lasting psychological harm to the child (Dallam & Silberg, 2016). Empirical support has not been provided to support these claims; indeed, if this problem is accurately understood as a child abuse matter, it would not be in the child's best interest to leave them in the sole or

primary custody of the abusive parent. The abusive parent needs treatment to prevent further abuse, and the child should be supported in the repair of their relationship with the TP. Measuring the effectiveness of interventions is challenging for all types of child abuse and IPV interventions because what is considered "effective" needs to match the expectations of those who are involved in the intervention itself, as well as measure the expected benefits (Howarth et al., 2015). Therapists who do not recognize parental alienation as child abuse and who use traditional therapeutic approaches to treat it often cause additional harm to children and families (Moore, Ordway, & Francis, 2013), and those who assume that this form of family violence is reciprocal in nature often fail in their treatment of the family (Warshak, 2015a). Modifying the TP's behavior, when they are the victim, is tantamount to only treating the victim of violence or rape. The perpetrator of the abusive action is allowed to continue acting aggressively and to abuse power in the family dynamic. Blaming and treating victims alone is not the solution.

Professionals have argued that parental alienation is a serious form of emotional abuse of children (e.g., Johnston, 2003) and that it needs to be addressed by the child protection system. We extend this position in saying that parental alienation is a child protection matter that warrants attention by child protection authorities in the same manner that other forms of child abuse and neglect are addressed. Child protection is a contested field, focused on best practices using a "best interests of the child" (child removal) versus a "least disruptive" (parental support/family preservation) approach to child abuse and neglect (Kruk, 2011a). In a review of literature pertaining to the best practices for therapists and legal practitioners to address parental alienation, changing the custodial/residential status of the children to be in the primary or equally shared care of the TP, followed by systematic family therapy (Smith, 2016), is an effective strategy to stop this form of abuse (Templar et al., 2017). It is the responsibility of child protection authorities to protect the safety and well-being of children trapped in families where parental alienating behaviors are occurring. It is also the responsibility of these agencies to provide family reunification programs by practitioners with specialized expertise in parental alienation reunification. Evaluation of intervention programs is also needed to assess trauma and abuse effects prior to and after intervention.

Judicial and administrative interventions. Psychological abuse is not often singled out as a specific form of abuse in courtroom settings; however, it is not always ruled out when considering child custody disputes (Verrocchio et al., 2016). Judicial interventions with families where the child fully rejects the TP requires more intensive and collaborative partnerships between legal and mental health professionals, such that confidentiality concerns about treatment should be altered to allow for communication about therapeutic progress to be shared with the court (Sauber, 2013; Walters & Friedlander, 2016). In order to prevent additional conflict, very specific court orders regarding expectations for the family, coparenting time, and clear boundaries for the AP are also needed (Warshak, 2015a). In a review of custody recommendation practices, Saunders (2015) has suggested that joint custody when IPV has been present only allows the abuser to continue to abuse the victim through harassment and manipulation through legal channels. Although written to address a narrower definition of IPV, the same recommendation may apply to other

forms of family violence such as parental alienation. The AP often uses legal channels to abuse the TP, as well as professionals, social networks, and the children to manipulate and harass the TP. If evaluators continue to deny the existence of this form of IPV, millions of adults and children around the world will continue to be victimized by an outdated family law and policy. Family court judges must also be educated about the scientific basis of child custody evaluation and to give guidance to evaluators to look for all forms of family violence, including parental alienating behaviors.

Numerous legal approaches have been recommended to address parental alienation, but unfortunately, many judges are reluctant to take action to address this form of child abuse and IPV because they are unaware or underestimate how the AP's actions will affect the child, and they are concerned about how their decisions will be viewed publicly (Lowenstein, 2015). Expert witnesses have also leaned on the side of "caution" to maintain the status quo, and make recommendations that exacerbate the alienation process, such as recommending therapy only for the child rather than treating the family system (Lowenstein, 2015), or leaving the child in the sole care of the abusive AP. This latter recommendation is based on the erroneous belief that such action will reduce conflict because the AP will have gotten what they want (full control of the child). Unfortunately, parental alienating behaviors do not stop even when a parent has all control, and such recommendations ignore the abuse that the children are suffering at the hands of the AP.

It is vital to protect children and parents who are victims of IPV in legal settings, particularly when child residence is being determined at the dissolution of marriage. Unfortunately, determining whether allegations of IPV are true or not can be difficult, and courts sometimes interpret reports of IPV made by a parent as false when they were true, and this can be used against the parent who is actually being abused (Saunders & Oglesby, 2016). For cases where allegations are made, they are not often substantiated with actual evidence, so there is not an easy way to determine their validity. For example, one large study that examined alleged and substantiated claims of abuse in child-custody disputed cases in California found evidence that claims were made against fathers in 23% of cases (only 6% against mothers), and of these, only 6% of the claims against fathers were actually substantiated with evidence (only 3% for mothers; Johnston, Lee, et al., 2005). The authors also noted that there are much greater numbers of unsubstantiated claims of abuse when custody was at stake than when it was not. When claims of family violence, whether they are about child abuse, IPV, or parental alienation, are used as a strategy to obtain custody and are found to be false and unsubstantiated, the perpetrator should be held accountable for any attempts to damage the relationship between the TP and the child, as it is in the best interest of the child to have a positive and health relationship with *both* parents (Nielson, 2017).

Our exhaustive review of the aggressive behaviors that APs use highlights the need for more theoretical understanding about *why* parents engage in these behaviors. For example, evolutionary theories regarding intrasexual competition have been used to explain why young women use indirect forms of aggression (e.g., gossiping, derogation) against each other (Vaillancourt, 2013). Do evolutionary theories concerning maternal and paternal protection of offspring apply to this form of family violence? Similarly,

lifelong monogamy does not characterize the typical mating patterns for humans, and humans abandon costly relationships by "mate switching" (Buss, Goetz, Duntley, Asao, & Conroy-Beam, 2017). Do alienating behaviors serve as a mechanism to cut losses by erasing the TP from the child's life? Some clinicians have proposed that children become alienated due to *pathogenic parenting*, meaning that the AP, who often demonstrates narcissistic or sociopathic tendencies, relives their own childhood trauma (e.g., abuse) and attachment problems through their relationship with their child. Pathogenic parents are proposed to "protect" the child from the other parent due to a delusion that the other parent is dangerous or abusive, when he or she is in fact not (e.g., Childress, 2014). This latter opinion has not been empirically tested or undergone peer review, but theories such as these are important to empirically test and extend so that a greater understanding of the problem can be reached.

Conclusion

In conclusion, there is emerging consensus that parental alienating behaviors are a form of family violence. However, parental alienation does not result from the individual actions of a parent; its source also lies in social and legal policies. For example, parental alienation flourishes in situations where one parent has exclusive care and control of children, and legal systems that remove a parent from a child's life by means of sole custody or primary residence orders are contributing to parental alienation. Laws that make shared parenting the default parenting plan, which are a legal sanctioning that children have two primary parents, can potentially serve as a bulwark against parental alienation because it limits the abuse of power that can occur when a parent has primary custody. By recognizing this form of aggression as child abuse and IPV, protections for parents and families can be provided by law, funded research can be devoted to advancing the understanding the problem and motives for this form of family violence, and the development and testing of interventions to address the problem can occur. It is time to acknowledge and recognize this form of family violence, and to attend to the needs of parents and children who are its victims.

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Received November 20, 2017

Revision received September 2, 2018

Accepted September 20, 2018 ■

Developmental Psychology

Developmental Psychology and the Scientific Status of Parental Alienation

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Online First Publication, June 2, 2022. <http://dx.doi.org/10.1037/dev0001404>

CITATION

Harman, J. J., Warshak, R. A., Lorandos, D., & Florian, M. J. (2022, June 2). Developmental Psychology and the Scientific Status of Parental Alienation. *Developmental Psychology*. Advance online publication. <http://dx.doi.org/10.1037/dev0001404>