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## **APSAC POSITION PAPER ON ALLEGATIONS OF CHILD MALTREATMENT AND INTIMATE PARTNER VIOLENCE IN DIVORCE/PARENTAL RELATIONSHIP DISSOLUTION<sup>1</sup>**

### **INTRODUCTION**

**The American Professional Society on the Abuse of Children (APSAC)** is the leading national organization supporting professionals who serve children and families affected by child maltreatment and violence. APSAC envisions a world where all maltreated or at-risk children and their families have access to the highest level of professional commitment and service. This position paper provides guidance about child safety and well-being when parents are dissolving or have dissolved their relationship.

Approximately half of U.S. marriages terminate in divorce (Kreider & Ellis, 2011), with an increase in the proportion of divorces occurring between couples with young children (*Children Divorce Statistics*, 2013). Unmarried couples with children also dissolve their relationships.<sup>2</sup> Most marriage/relationship dissolutions with children do not involve disputes over child custody and visitation. However, a modest percentage do involve custody/visitation disputes, including cases where child maltreatment and intimate partner abuse are alleged (Hans, Hardesty, Haselschwerdt, & Frey, 2014; Thoennes & Tjaden, 1990). Interpersonal violence is defined in this document to subsume child maltreatment, APSAC's most important concern, and intimate partner violence. Child maltreatment includes child physical, sexual, and emotional abuse, and child neglect. Intimate partner violence includes physical, sexual, economic, and emotional abuse of an intimate partner. Intimate partner violence in the presence of children is psychological child abuse. Childhood experience of and exposure to interpersonal violence constitute child welfare, public health, and legal problems, with lifelong physical health, mental health, and behavioral consequences (Adverse Childhood Experiences Study, <http://www.cdc.gov/violenceprevention/acestudy/>; Centers for Disease Control and Prevention, 2014, <http://www.cdc.gov/violenceprevention/childmaltreatment/consequences.html#>).

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<sup>1</sup> Situations where interpersonal violence leads to relationship dissolution, where it is reported after the relationship has dissolved, and where there is an existing custody/visitation arrangement that is challenged because of concerns about interpersonal violence are all situations to which this position paper applies.

<sup>2</sup> This document is intended to address both relationships where adults are formally married and those where parents were never married, but have children in common.

Allegations of interpersonal violence when parents are separating, separated, divorcing, or divorced elicit skepticism not found in other circumstances when child maltreatment and intimate partner violence are alleged (e.g., Campbell, 2013; Gardner, 1998; Saunders, Tolman, & Faller, 2013). Professionals who encounter these cases in their practice need guidance about: 1) case assessment, 2) case management, 3) standards for assisting agencies and courts, and 4) best practice for intervention. Moreover, professionals need to understand the research findings on: 1) the proportion of these allegations that are true, not true, and uncertain (e.g., Thoennes & Tjaden, 1990; Trocme & Bala, 2005), 2) children as reporters and witnesses of maltreatment (e.g., Bottoms, Najdowski, & Goodman, 2009), 3) the disclosure process for children who have been victimized (e.g., Rush, Lyon, Ahern, & Quas, 2014), 4) current thinking about Parental Alienation Syndrome (PAS) (e.g., Saini, Johnston, Fidler, & Bala, in press), the Alienated Child (Kelly & Johnston, 2001), the Estranged Child (Saini et al., in press), and the more recently articulated Parental Alienation Disorder (PAD) (APSAC, February 24, 2010; Bernet, von Boch-Galhau, Baker, & Morrison, 2010), and 5) the impact of intimate partner violence on parenting ability (Gustafsson, Coffman, & Cox, 2015; Lapierre, 2010). Without knowledge in these domains, professionals are at risk for failure to provide children the highest level of professional commitment and service and potentially contributing to injustice or ongoing child maltreatment.

### **Critical Issues when Interpersonal Violence is Alleged and Parents are Dissolving or have Dissolved their Relationship**

#### **Child safety must take precedence**

In child protection cases addressed in the public child welfare system, child safety is the first priority, followed by child permanency and well-being (Child Welfare Information Gateway, 2013). In situations of partner abuse, victim safety is the first priority (United States Department of Justice. Office on Violence Against Women, 2007). It is APSAC's position that the same safety standards should be employed when there are allegations of interpersonal violence in cases of marital/relationship dissolution. Child safety and well-being should be the highest priority.

It is also APSAC's position that parental rights of access to offspring should not take precedence over child safety. The "friendly parent" standard, which is found in child custody statutes in the majority of states ([http://apps.americanbar.org/legalservices/probono/childcustody/general\\_dv\\_statutes.pdf](http://apps.americanbar.org/legalservices/probono/childcustody/general_dv_statutes.pdf)), should not be invoked when child or parent safety is a significant concern.

Finally, it is APSAC's position that the "best interest of the child" to have contact with both parents should not be used as a rationale for exposing the child to risk of interpersonal violence.

#### **Professionals need to differentiate interpersonal violence investigation/assessment from child custody evaluations**

In situations of marital/relationship dissolution, the allegation of interpersonal violence needs to be addressed before issues of custody and visitation can be addressed. Child protection and law enforcement are mandated by law to investigate allegations of child maltreatment. It is not

appropriate for these mandated professionals to defer to custody evaluators or domestic relations courts. Nor is it appropriate for custody evaluators to undertake evaluations in cases involving interpersonal violence, relying only upon traditional strategies used in custody evaluations (American Psychological Association, 2010). To evaluate allegations of interpersonal violence in custody cases, professionals must have specialized knowledge (Association of Family and Conciliation Courts, 2006; Dalton, Drozd, & Wong, 2006).

### **Best practice for evaluation of allegations of interpersonal violence and relationship dissolution cases**

If the allegations of interpersonal violence are not resolved or appear inadequately addressed by the mandated investigators (child protective services, law enforcement), APSAC recommends a comprehensive family evaluation by mental health professionals with expertise in interpersonal violence and potential reasons for children's preference for one parent over the other. APSAC also recommends, whenever feasible, a team approach be used in evaluation of these cases. A team approach can mediate individual bias.

Evaluators should conduct more than a single interview with children and consider conducting an extended assessment (e.g., Faller & Nelson Gardell, 2010). Evaluators should rely upon multiple methods of data collection. In most cases, these methods are: 1) document review, 2) interviews with all family members, 3) collateral contacts with professionals and others, 4) use of screening measures, and 4) psychological testing of parents and children. When evidence-based screening and testing measures are employed; evaluators should interpret test results through a trauma lens (Dalton et al., 2006; Saunders, 2015) and be aware that psychological test findings cannot determine whether or not a child has been maltreated. Caution should be exercised in employing parent-child interactions because of their potential to traumatize children; how the child and parent behave during such interactions is not a valid indication of whether or not there has been interpersonal violence (Bancroft & Silverman, 2002; Faller, Froning, & Lipovsky, 1991).

Evaluators should consider multiple hypotheses for understanding the allegations of interpersonal violence, using a rule out approach for specific hypotheses, based upon the data gathered. These hypotheses include, but are not limited to: 1) that child maltreatment and/or intimate partner violence have occurred, 2) that there has been inappropriate behavior by one or both parents, but it does not rise to the level of interpersonal violence, 3) that concerns about interpersonal violence are based upon misperceptions and/or misinterpretations of information, 4) that some interpersonal violence has occurred, but it is embellished or exaggerated, 5) that the allegation of interpersonal violence is a consciously made false allegation by a child, parent, or both, and 6) that the child has become alienated from one parent and bonded to the other (see Appendix 1 for definitions of types of alienation). More than one hypothesis/dynamic may exist in a given case.

The evaluation report should include data gathered from all sources: 1) relevant background information, 2) findings from interviews with children and caretakers, 3) findings from any collateral contacts, 4) results from screening and testing of parents and children, if employed,

and 5) observations about parent-child interactions, if employed. The report should provide specific descriptions of any interpersonal violence allegations and most likely explanations for the allegations. The report should include the professional's opinion about whether the interpersonal violence allegations are likely, unlikely, or uncertain (Faller & DeVoe, 1995; Thoennes & Tjaden, 1990)<sup>3</sup> and conclusions about other dynamics in the child and parent relationships.

### **Best practice for case management of marital/relationship dissolution cases with interpersonal violence allegations**

Comprehensive family evaluations may conclude with the following dispositions: 1. interpersonal violence likely, 2. interpersonal violence unlikely, or 3. interpersonal violence uncertain.

If interpersonal violence is determined to be likely, except in very unusual circumstances, the non-violent parent should receive custody. The recommendation for ongoing custody and visitation must also integrate this determination with other facts about the child needs, parent circumstances, and parent behaviors. In cases where there is significant evidence of interpersonal violence, supervised visitation may be recommended. Custody and visitation arrangements in these cases often require regular review to assure the child's safety and well-being.

If intimate partner violence is determined likely, best practice is to screen for severity (e.g., potential lethality), frequency, patterns of violence and coercive control, and primary perpetrator of the violence (Jaffe, Johnston, Crooks, & Bala, 2008). The risk to the child and the victim of intimate partner violence should determine whether there is any contact and safeguards for the child. (See Jaffe et al., 2008 for options for contact with the violent parent.)

If interpersonal violence is determined to be unlikely, the best interest of the child and case specific factors should determine the custody and visitation arrangement. If interpersonal violence is determined unlikely, one possible explanation for the false allegation may be an attempt to alienate the child from a parent. Significant evidence of intentional indoctrination by a parent should be considered in determining best interest. Such indoctrination is a form of psychological maltreatment. If interpersonal violence is determined to be unlikely and the child is alienated from the accused parent, professionals may recommend treatment of the child, treatment of the accused parent-alienated child dyad, or treatment involving both parents and the child to address this alienation (e.g., Deljavan, Saini, & Deutsch, 2015; Johnston & Goldman, 2010; Warshak, & Otis, 2010).

If interpersonal violence is determined to be uncertain, the best interest of the child and case specific factors should determine the custody and visitation arrangement. Professionals need to be mindful that failure to prove interpersonal violence does not prove that violence has not occurred nor that the child has been indoctrinated by the non-accused parent.

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<sup>3</sup> These terms are used to characterize conclusions because it will be atypical for evaluators to be 100% certain that interpersonal violence did or did not occur.

If the child visitation is to be unsupervised, APSAC recommends the following intervention. A therapist for the child who is trained in working on cases involving interpersonal violence should be engaged. The therapist negotiates two contracts, one with the child and the non-accused parent and a second with the child and the accused parent, regarding appropriate and inappropriate touch and behaviors. Each parent should give the child explicit permission to report to the therapist any inappropriate touches or behaviors. For several months, the therapist should meet with the child shortly after visits and specifically inquire about appropriate and inappropriate touches and behaviors involving both parents. (Hewitt, 1991, 2008)

### **Current Status of the Knowledge about Parental Alienation**

Child attitudes and behaviors that reflect alienation of the child from one parent and strong bonding toward the other can occur in the context of divorce/custody disputes, especially in high conflict divorce (e.g., Kelly & Johnston, 2001; Polak & Saini, 2015; Saini, Johnston, Fidler, & Bala, in press). As noted in the assessment section of this paper, evaluators should consider multiple hypotheses when they encounter these dynamics.

There are three challenges regarding the concept of Parental Alienation. The first is the lack of definitional clarity. A second and related issue is its questionable basis as a psychiatric diagnosis. The third is its limited empirical data.

#### **Lack of Definitional Clarity**

With regard to the first issue, Parental Alienation is used to refer to more than one concept. For instance, Parental Alienation may refer to the attitudes and behavior of a child toward a parent (Bernet et al., 2008). It can also refer to the array of tactics a parent may use that have the potential to negatively influence a child's relationship with, beliefs about, and/or wish to spend time with the other parent (e.g., Gardner, 1998). Parental alienation has also been proposed to explain both why allegations of interpersonal violence are false and why false allegations of interpersonal violence arise in situations of parental divorce and relationship dissolution (e.g., Gardner). See Appendix 1 for definitions APSAC accepts for Parental Alienation Syndrome, Parental Alienation Disorder, Parental Alienation Behavior, the Alienated Child, and the Estranged Child.

Using the term, "The Alienated Child," Kelly and Johnston (2001) reformulated the concept and theory to exclude the assumption that one parent is the principal focus of the child's negative stance, allowing multiple factors including neglectful and abusive behavior to be considered as contributing factors.

#### **Questionable Diagnosis**

A second challenge is whether Parental Alienation constitutes a psychiatric diagnosis. Advocates for Parental Alienation Syndrome (PAS) and Parental Alienation Disorder (PAD) sought its inclusion in both DSM-IV and DSM-5 as a specific psychiatric disorder (Bernet, Boch-Galhau, Kenan, Kinlan, Lorandos, Sauber, Sood, & Walker, 2008). The DSM-5 expert panel on childhood disorders determined not to include PAS/PAD into the DSM-5 primarily because it fails to meet the criteria for a psychiatric (mental) disorder within the individual child. At most it

could be viewed as a parent-child relational problem (V code 61.20), which falls under the general category, “Other Conditions that May Be the Focus of Clinical Attention” in the DSM-5 (American Psychiatric Association, 2013).

### **Limited Empirical Basis**

Third, the limitations of the empirical base for PAS/PAD have been noted by a number of professionals (e.g., Faller, 1998; Meier, 2011; Pepiton, Alvis, Allen, & Logid, 2012) and represent another reason it was not included as a distinct diagnostic entity in DSM-5. There is, however, a voluminous body of literature about Parental Alienation, for both professionals and the public. This literature extends across national borders, attesting to the high salience of this matter as a social policy issue. However, closer scrutiny indicates that, at this time, the bulk of this literature is clinical opinion, descriptive and anecdotal accounts, and polemics heavily influenced by advocates (Saini, Johnston, Fidler & Baler, 2012, 2016 in press).<sup>4</sup>

PAS/PAD is, at best, a non-diagnostic syndrome (Myers, 1997). That is, if it is proven that no maltreatment or intimate partner violence has occurred, one possible explanation for the false allegation may be an attempt to alienate the child from the accused parent. Research indicates, however, that the majority of false allegations of maltreatment in the context of divorce/custody/visitation disputes derive from misinterpretations or misperceptions rather than calculated false allegations (Bala, et al., 2007; Faller & DeVoe, 1995; Thoennes & Tjaden, 1991).

### **Protocols and Special Courts for Marital/relationship Dissolution Cases with Interpersonal Violence Allegations**

APSAC recommends the further development of protocols for coordinated investigation/assessment and case management of allegations of interpersonal violence and marital/relationship dissolution (Dalton, Drozd, & Wong, 2006; National Council of Juvenile and Family Court Judges, 2008). APSAC also recommends the piloting of special courts to handle these cases. Special courts have proven effective in fostering better outcomes in child protection cases involving infants and toddlers (Florida Supreme Court, 2014, <http://www.floridasupremecourt.org/>), with adults with substance abuse problems (National Association of Drug Court Professionals, 2014 <http://www.nadcp.org/>), and with adults with mental health problems (Mental Health America, 2014, <http://www.mentalhealthamerica.net/positions/mental-health-courts>). Most jurisdictions in Australia have protocols and special courts for handling cases involving marital/relationship dissolution and interpersonal violence allegations (e.g., Brown, 2002).

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<sup>4</sup> The most comprehensive review of empirical studies on alienation to date (Saini, Johnston, Fidler & Baler, 2012, 2016 in press) indicates they number only 44 plus 11 dissertations. Moreover, systematic rating of the quality of these empirical studies indicates that, as a group, they are methodologically weak with very limited ability to generalize the results (page 435); “They are plagued by small non-random samples, data analyzed retrospectively, the use of descriptive statistics rather than mathematically calculated comparisons, a lack of consensus on the definitions of alienation, and the use of varying, non-standardized measures and procedures (page 405). See Appendix 2 for greater detail about the limitations of the research on PAS/PAD.

## Call for Research

Although there are a number of older U.S. studies that afford an appraisal of allegations of interpersonal violence that have led to custody and visitation disputes (e.g., Faller & DeVoe, 1995; Thoennes & Tjaden, 1991; Trocme & Bala, 2005), there is an urgent need for current research, especially with regard to child maltreatment allegations. A critical issue for research is the long-term outcomes for families and their children in cases with allegations of interpersonal violence and marriage/relationship dissolution (but see Johnston & Goldman, 2010). The Department of Justice, the Centers for Disease Control, and the Children's Bureau are all appropriate federal agencies that could and should support such research.

## Need for Professional Training

APSAC has identified the need for evidence-based training of key professionals who encounter children and families where there are allegations of interpersonal violence and marital/relationship dissolution. Lack of adequate training can result in practice and decisions that do not protect children. APSAC further recommends that state licensing boards and professional membership organizations endorse specialized training for professionals whose practice involves cases with allegations of interpersonal violence and marital/relationship dissolution.

Issues that need to be addressed in training are: 1) appropriate strategies for assessment/investigation of allegations of interpersonal violence, 2) appropriate case management strategies in these cases, 3) prevalence and incidence rates of true, uncertain, and false allegations of interpersonal violence in situations of marital/relationship dissolutions, 4) appropriate custody/visitation arrangements in cases where interpersonal violence has been determined to be a) likely, b) unlikely, or c) uncertain, and 5) the current state of knowledge about parental alienation.

Professionals who require training include clinicians who are providing treatment to children in marital/relationship dissolution situations, judges handling domestic relations court cases, lawyers representing children and adults in domestic relations courts, child custody evaluators in the public and private sector, child protection investigators, and law enforcement officers.

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**Appendix 1: DEFINITIONS OF PARENTAL ALIENATION**

**Parental Alienation Syndrome (PAS)**

References

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Gardner, R. (1998). *The parental alienation syndrome. 2nd edition*. Cresskill, NJ: Creative Therapeutics.

Richard Gardner (1992; 1998) coined and popularized the concept of "Parental Alienation Syndrome" as an explanation for allegations of child sexual abuse, then later domestic violence, and child physical abuse, in divorce. He regarded the vast majority of these allegations as false. He defined PAS as "a child's campaign of denigration against a parent that has no justification and that results from the combination of two contributing factors: programming or brainwashing by one parent, and the child's own contributions to the vilification of the target parent." He identified 8 symptoms in the child and differentiated mild, moderate & severe categories of PAS.

Symptoms in the child are as follows:

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

Gardner's views about why children and parents make false allegations of sexual abuse in divorce, more specifically how children come to possess the sexual knowledge to make these allegations and why parents might make such allegations, are as follows. With regard to children, Gardner describes them as polymorphous perverse. To quote him, "Children normally exhibit just about any kind of sexual behavior imaginable: heterosexual, homosexual, bisexual, and

autosexual." In his opinion, "the normal child experiences and exhibits a wide variety of sexual fantasies and behaviors"(Gardner, 1991, p. 12; 1992, p. 124). To again quote Gardner, "A four year-old girl, for example, may harbor, among her collection of polymorphous perverse fantasies, thoughts of some kinds of sexual encounters with her father" (Gardner, 1992, p. 125). These sexual fantasies may also be triggered by media material on sex and by sexual abuse prevention programs. Gardner also believed that children make these allegations because they are cruel. For example, he has written, "What is striking is the degree of sadism that many of these children may exhibit. In many of these cases I have been impressed by what I consider to be the innate cruelty of these children..." (Gardner, 1992, pp. 119-120).

With regard to mothers, Gardner stated, "Each time the accusers make an accusation, they are likely to be forming an internal visual image of the sexual encounter. With each mental replay, the accusers gratify the desire to be engaging in the activities that the perpetrators are involved in in the visual imagery" (Gardner, 1991, p. 25). Alternatively, he proposed that mothers who make allegations of sexual abuse against their ex- or soon-to-be ex-partners are delusional (Gardner, 1992).

With regard to fathers, Gardner stated the alienated parent has "provided normal loving parenting or, at worst, exhibited minimal impairments in parenting capacity" (Gardner, 1992, p. xviii).

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

### **Parental Alienation Disorder (PAD)**

#### References:

- Bernet, W. (2010). *Parental Alienation: DSM-5 and ICD-11*. Springfield, IL: Charles Thomas Publishers.
- Bernet, W., von Boch-Galhau, W., Baker, A., & Morrison, S. (2010). Parental Alienation, DSM-V, and ICD-11. *The American Journal of Family Therapy*, 38 (2), 76-187.
- Bernet, W, Boch-Galhau, W., Kenan, J., Kinlan, J., Lorandos, D., Sauber, R., , Sood, B., & Walker, J. (2008). *Proposal is submitted to the Disorders in Childhood and Adolescence Work Group for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition to have Parental Alienation Disorder included in the DSM-V*. Available from William Bernet, M.D. Department of Psychiatry, Vanderbilt University, Nashville, TN.

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

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

A. The child – usually the parents are engaged in a hostile divorce – allies himself or herself strongly with one parent and rejects a relationship with the other, alienated parent without

legitimate justification. The child resists or refuses visitation or parenting time with the alienated parent.

B. The child manifests the following behaviors:

- (1) a persistent rejection or denigration of a parent that reaches the level of a campaign
- (2) weak, frivolous, and absurd rationalizations for the child's persistent criticism of the rejected parent

C. The child manifests two or more of the following six attitudes and behaviors:

- (1) lack of ambivalence
- (2) independent-thinker phenomenon
- (3) reflexive support of one parent against the other
- (4) absence of guilt over exploitation of the rejected parent
- (5) presence of borrowed scenarios
- (6) spread of the animosity to the extended family of the rejected parent

D. The child's refusal to have visitation with the rejected parent is without legitimate justification. That is, Parental Alienation Disorder is not diagnosed if the rejected parent maltreated the child.

### **Parental Alienating Behaviors (PAB)**

Reference:

Saini, M., Johnston, J., Fidler, B., Bala, N. (in press). Empirical evidence of alienation: Updated review. In Leslie Drozd, Michael Saini & Nancy Olesen (Eds). *Parenting plan evaluations: Applied research for the Family Court (2<sup>nd</sup> edition)*. New York: NY. Oxford University Press.

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

### **The Alienated Child**

Reference:

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

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

### **The Estranged Child**

Reference:

Saini, M., Johnston, J., Fidler, B., Bala, N. (in press). Empirical evidence of alienation: Updated review. In Leslie Drozd, Michael Saini & Nancy Olesen (Eds.). *Parenting plan evaluations: Applied research for the Family Court (2<sup>nd</sup> edition)*. New York, NY: Oxford University Press.

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

**Appendix 2: LIMITATIONS OF THE RESEARCH ON PARENTAL ALIENATION**

1. In the absence of large, representative samples and randomly-drawn comparison/control groups, there are no defensible estimates of prevalence of PAS/PAD, so that all arguments about expected proportions of PAS/PAD in different populations are speculative.
2. Although there is empirical evidence that the symptoms of PAS/PAD do cluster together to form a characteristic pattern of behavior amongst some children, there is insufficient research and consensus on the etiology, progression of, prognosis for, and treatment of the condition. At most, the symptoms make up a non-diagnostic syndrome.
3. According to definition of PAS/PAD, negative programming by the favored parent is perceived *a priori* as the main cause of the syndrome. This has led to a scarcity of research and assessment on other contributing factors that the might influence the child, including the behavior of the target parent.
4. Although proponents of PAS/PAD (e.g., Baker, Clawar & Rivlin, Gardner, Kopetski, Warshak) agree that substantiated abuse rules out a diagnosis of PAS, there is no agreement about a valid or reliable method for categorically excluding cases of interpersonal violence. Proponents of Parent Alienation mistakenly assume: 1) there is a clear line that differentiates between children who are abused and those who are not, and 2) that there exist reliable and valid ways to differentiate the two groups. These erroneous assumptions leave a whole sub-group of cases in question, where findings of abuse are “uncertain,” including: 1) cases of borderline abusive and inappropriate parental responses to the child’s difficult rejecting behavior, 2) allegations concerning infants and toddlers which cannot be determined because they lack communication skills, and 3) misinterpretations and mistaken perceptions by concerned parents who are no longer communicating with the other parent. All of these situations lie in the grey area between the dichotomy of an abuse/no abuse determination.