Thank you for the opportunity to bring to your attention the following mental health issue that is not mentioned in your draft report, and is not well acknowledged or addressed in Australia or most other countries.

I became aware of this gap when I tried to assist a young person in this situation trying to find competent mental health and legal assistance, and organise other social supports. During this time I experienced the horrific grief and emotional pain suffered by those involved. I found myself feeling unusually helpless and anxious as I tried to find a timely solution to this problem which I realised would otherwise only get worse over time.

THE PROBLEM

I am referring to a phenomenon that often occurs in high conflict (acrimonious) divorce or separation, where one parent intentionally and subtly emotionally and psychologically manipulates a child to turn against and reject the other parent, for no apparent reason, and when there was a previous loving parent-child relationship.

Children have a need and a right to love and be loved by both parents and extended family unless there is some valid reason why it is not in the child’s best interest.

This phenomenon has been described since the 1980s and likely before, by a variety of terms:

- Parental Alienation,
- Programmed and Brainwashed Children (Clawar et al 1991, 2013)
- Pathological Alignment (Wallerstein & Kelly 1980)
- Attachment-Based Parental Alienation (Childress 2013)
- Attachment-Related Pathology Surrounding Divorce" (Childress 2019).
- Contact Refusal
- Contact Failure (P.Marcus, 2018, 2019)
- Maladaptive Gatekeeping

Much controversy has surrounded the term "Parental Alienation", hence some are avoiding this term.

Although there is disagreement about how to label this phenomenon, assess for it and to treat it, there is agreement that the phenomenon exists, and is
traumatising and very damaging to the mental health of the child and parent, as well as extended family who are often alienated also.

- Some are calling for consideration of these families as a **special population group** requiring assessment and treatment by professionals with **specialist knowledge, training, experience, accreditation and supervision**.
- **Levels of severity that the behaviour may progress through have been described - Mild, Moderate and Severe, however** this progression can be rapid.
- The counterintuitive nature of this behaviour, by which therapists and other professionals are often manipulated, and triangulated into the conflict has been pointed out.
- This Contact Refusal/ Contact Failure has been described as a savage and brutal form of **Family Violence** against the ex-spouse, **using the child as a weapon, and thus is also described at its extreme, as a form of Psychological Child Abuse** (Childress, Kruk, Harman, Hines, O'Sullivan).
- **The American Psychological Association has stated that Psychological Abuse is just as damaging as Sexual or Physical Abuse**, and yet it does not seem to attract the same attention, in practice.
- Dr. Jennifer Harman (2019) has stated that the "Alienating Parent " often has significant psychopathology such as:
  - Personality disorders, especially borderline, narcissism, antisocial
  - Delusional disorder
  - Munchausen’s by proxy (false sexual, physical, & emotional abuse)
  - Folie a deux
  - Pathological enmeshment of the child
- There is Disrupted attachment between the child and the “targeted parent”
- This practice is not gender specific but thought to be more commonly carried out by the resident parent.
- **It has been likened to cults, brainwashing, coercive control, mind control, undue influence.** (Hassan & Shah 2019) (Clawar et al)
- **Prevalence** studies have been carried out(O'Sullivan) Clawar & Rivlin (1991), Darnall (1998), most recently by **Harman, Leder-Elder & Biringen (2016) and (2019)** who estimated that 22 million parents in America were affected.
- **child consequences include** poorer self-esteem, depression, adult attachment styles, alcohol misuse, self-direction and cooperation. (Baker 2013)
- **Alienated parents** have high degrees of depression, trauma symptoms and suicide risk (Harman, Leder-Elder & Biringen (2019))
- This Trans-generational Transmission of Trauma, is thought to continue into the next generation, and there are reports of Parents who were alienated from their parents, who are now being alienated from their own children.
GAPS IN SERVICE AVAILABILITY AND ABSENCE OF CLEAR PATHWAYS

- This is a family mental health and child protection issue, however it is usually dealt with in the highly adversarial Family Law System, mostly in the courts, and as a child custody issue, where most mental health and legal professionals lack adequate training, skill, knowledge or experience to identify, and assess, diagnose and develop a treatment plan for the pathology in the family, let alone with outcome measures to evaluate progress.

- By the time these cases reach court, it is too late as the damage is already done. The more entrenched the influence the harder it is to reverse it. The longer there is no contact the more difficult it is to reunify. Time from first signs to complete contact failure can be a little as 3 months (P. Marcus 2019)

- In Australia, my experience is that THERE APPEAR TO BE NO SYSTEMS or clear pathways in place, within or between the Family Law, Child Welfare and Mental Health, Child Support, & other systems eg Education, Suicide Prevention.

- Many Couples Counsellors appear to be not trained or experienced in this area, and if not assessing for this behaviour may miss it or be manipulated by one parent to see the innocent party as the aggressor. This can make matters worse.

- The use of residential time to fix the level of child support distorts decision making about the welfare of the child, and can be gamed, perversely incentivising one parent to deny the other extensive time to maximise their income. The Child Support agency enforces payment, but there is no enforcement of non compliance with court ordered contact with the other parent. This agency seems to operate in isolation from other involved systems.

- Alienated parents need to go to court to fulfil their responsibility to co-parent their child(ren), trying to prove "parental alienation". They are often already highly stressed due to living with a high conflict partner/spouse, grieving over loss of the family, their home, often with decimated financial resources, and now faced with crippling legal fees (often paid to lawyers and mediators, who are not trained in, nor have skills to deal with this phenomenon.

- Commonly people are seeking information and support from peers online (which may or may not be correct, and representing themselves in the court to save money, which often means they are not being as productive as otherwise might have been.

- There is variable competence in court report writers as shown by recent press report.

- Some judges recognise the issues, but don't know how to address, as no clear pathways, or no appropriate treatments available so they can leave children with the alienating parent, where they continue to be psychologically abused.

- This is a PSYCHOLOGICAL EMERGENCY for the children and the "Targeted Parent", and EARLY coordination between Family Law, mental health and child welfare systems is required.

- The situation can be worsened by false allegations of abuse (usually accepted on the word of the complainant, and without evidence). This can result in immediate No
Contact with a child, delay Family Law proceedings, and thus enable worsening of the Contact Refusal/Failure. Thus these allegations need to be investigated immediately and with haste, so orders can be made one way or another.

- The ambulance is at the bottom of the cliff, and we need to act well before the cliff top.
- **This is a POPULATION HEALTH ISSUE** - Alienated children, and children being alienated often have experienced **multiple Adverse Childhood Experiences (ACE studies)** (eg Mental Illness in the family, family conflict, divorce, child abuse (emotional), and are thus predisposed to lifetime mental health and physical health issues.
- ACES outcomes can result in costs to health services, police, juvenile and criminal justice systems and corrections, in short term and longer term, and also from costs of transmission of the trauma into the next generation and repeated patterns including lost productivity.
  
  "there is a compelling state interest in preventing the development of full blown contact failure, in terms of savings in the budgets of court systems in handling these cases and reductions in spending on social services and medical facilities in treating the child victims long-term." (Vezetti 2016)

- These costs to the individual, community and the economy include those from:
  - loss of family resources (**financial, and time**) (increasing child risk of sexual assault (Finkelhor)).
  - **emotional energy**, otherwise available for the child and their development etc,
  - **presenteeism, and also absenteeism of parents trying to set up two homes**, or **representing self** in the adversarial court system, or attending required long-term intensive and expensive specialist psychotherapy to assist recovery from the complex trauma of prior, and cope with effects of ongoing, emotional abuse.
  - attempted and completed suicides by some of these parents without contact,
  - suicide of some effected children in teens, and involvement with police, criminal and juvenile justice and corrections.
  - loss of productivity of next generation

**WHAT IS HAPPENING TO IMPROVE THE SITUATION?**

There have been efforts to improve the situation, mostly driven by people with lived experience, eg:

- a number of national and international information websites and peer support groups, mostly online, as there also are regarding Personality Disorders, and how to recover from abuse in these situations. However, due to the sensitive nature of the issues and privacy needs many potential participants are excluded.
• The USA-based, international Parental Alienation Study Group (PASG) provide storage of their members’ research documentation, website, newsletter, and hold an annual conference.

• California-based Dr Craig Childress Psy D at the CHILDRESS INSTITUTE has developed information available on his Website, Blog, Facebook Page "Alliance to Solve Parental Alienation", and YouTube channel. Publications include:
  o model description in terms of already established psychological constructs and principles of Attachment Trauma, Complex Trauma, Family Systems Pathology, Personality Disorder Pathology, and Neuro-Development of the child in the Parent Child relationship (2015)
  o assessment protocol with tools (Assessment of Attachment-Related Pathology Surrounding Divorce)
  o AB-AB Single Case - "An Attachment Based Model of Parental Alienation: Single Case ABAB Assessment and Remedy"
  o Proposal for a Pilot Program in Family Courts "Key to Solving High-Conflict Divorce in the Family Courts"

• MOVIES eg "Erasing Families" - Ginger Gentile, USA - community screenings

• YOUTUBE education videos and conference presentations on parental alienation and personality disorders

• Australian, Dr David Curl from For Kids' Sake has written some newspaper articles and submissions eg:
  o "Protecting Children - towards an evidence based approach to family violence and family law",
  o "Children Beyond Separation: A Fresh Start" 2017
  o "Childhood Matters - protecting children beyond family separation" 2019

• University of Tasmania -
  o Dr Mandy Matthewson - Clinical Psychologist - research and relationship lab
  o Haines, Matthewson & Turnbull - "Understanding and Managing Parental Alienation: A Guide to Assessment & Intervention " (2019)

• BRAZIL AND MEXICO have made "parental alienation" against the law.

• IRELAND - B. O'Sullivan
  o not a custody or access issue
  o children should not be fought over in the same way as property.
  o damages not only the children and parents it affects right now, will damage many future generations in our society.

• ISRAEL - Philip Marcus, Judge (retired), Jerusalem Family Court.
written in Law journals re rights of the child and responsibilities/duties of the parents within and without the marriage. The family persist but in a separated structure that needs transitioning into.

- Suggests Population Health Approach, and therapeutic jurisprudence

- Gottlieb, L - USA - traditional reunification therapy is harmful, and delays recovery

**WHAT IS NEEDED? A POPULATION HEALTH APPROACH IS NEEDED**

An appropriate and specialised Mental Health Family assessment and treatment system working in conjunction with the Family Law System and other relevant systems is required.

Dr David Curl, of For Kids Sake, in a 2019 Conference presentation suggests a possible model for a SOCIAL IMPACT CAMPAIGN
A Population Health Approach to Prevention of Parental Alienation/ Contact Failure could include:

1. **Primary prevention**: focusing on “the entire population who may be at risk of parent-child contact problems after separation” Fidler, Bala and Saini (2013). The public need to be made aware of the problem, well before people enter into relationships or at least at the outset of their parenting. Targets include:
   - The press; TV; social media
   - High Schools
   - Youth movements
   - Premarital training
   - Religious organisations
   - Community organisations

   - A National Policy linked to Mental Health, Suicide Prevention, Child Protection and other relevant policies, requiring appropriate training, supervision and accreditation of involved Mental Health, Legal and Judicial personnel could assist. Additionally interdisciplinary outcomes monitoring would be helpful.

2. **Secondary Prevention - Early Identification & Intervention**: Alerting and educating professionals (and their professional bodies and peak organisations) in contact with children and their parents regarding warning signs and possibility of triangulation/ emotional cut-off/ contact problems/ parental alienation eg:
   - Identify children at risk
   - Identify parents at risk
   - Identify parental behaviours that indicate strife
   - Identify children’s reactions to parental strife
   - Refer to advice and professional interventions

3. **Tertiary Intervention - is urgent**. This is a Psychological emergency for the child, and needs to be immediate, interdisciplinary, and professional, involving:
   - Lawyers
   - Judges
   - Therapists
   - Social service
Lawyers:
- be made aware of the phenomenon, its causes and effects
- Consider whether lawyers need special training and licensing to deal with cases involving children?
- Lawyers need to file applications for immediate orders for reinstatement of contact where it has already stopped, and for injunctions to prevent parental interference with the child's relationship with the other parent.

Judges
- need special training to deal with contact refusal and failure cases
- determination of guilt or blame only after immediate interim orders to prevent deterioration into full contact failure, and for reinstatement of contact where it has already failed, and for appropriate family treatment
- Orders for contact need to be clear, specific and unequivocal
- Where necessary, orders should specify sanctions for non-compliance, including fines or imprisonment for contempt of court
- Zero tolerance for non-compliance

Social Services
- **Child Protection**: Maladaptive gatekeeping and true alienation by a parent are maltreatment of the child/ child psychological abuse.
- Should child protection officers be involved? If so, when?
- Social workers in the field need to be educated about the phenomenon and when they receive reports or complaints must refer parents and children for immediate specialist intervention

Mental Health Counseling & Therapeutic Services
- Agencies (state, non-profits or commercial) must be competent to give immediate, accessible, affordable appropriate assessment, advice and treatment services for child and parents in cases of contact failure. Time is of the essence.
- Perhaps MBS items for accredited family therapists sessions (and more than 10 per annum) could assist.
- The child needs stability, and skills to help them overcome their situation.
- Services need to include family systems approach and psychodidactic work with the parents, including improving communication skills and problem solving techniques.

It has been suggested that perhaps the onus, instead of being on the applicant parent to prove that the residential parent is alienating the child, or facilitating the child’s unjustified rejection, the residential parent should have the burden of proving that there are justifiable reasons, e.g. severe abuse or violent behaviour by the other parent, severe untreated mental illness, etc for cessation of contact.
References:


