



*Edited by*

**Demosthenes Lorandos,  
William Bernet and  
S. Richard Sauber**

# Parental Alienation

**The Handbook for Mental  
Health and Legal Professionals**



**Includes:  
Supplemental  
Reference Guide  
on CD-ROM**

- 1000+ Bibliographic Entries
- 500 Cases Examined
- 25 Sample Motions



# **PARENTAL ALIENATION**

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AMERICAN SERIES  
IN  
BEHAVIORAL SCIENCE AND LAW

*Edited by*

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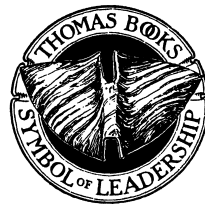
DEMOSTHENES LORANDOS

WILLIAM BERNET

*and*

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*(With 11 Other Contributors)*



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## PREFACE

Each of us has authored and edited many professional textbooks. This book, because of its complexity, has taken more time and commitment than any other writing project. During the last two years, focused devotion was needed to bring this book to completion and finally publication. The easiest part was in the naming the text: *Parental Alienation: The Handbook for Mental Health and Legal Professionals*.

It all began in early 2011, when the publisher of *The International Handbook of Parental Alienation Syndrome: Conceptual, Clinical and Legal Issues* contacted Dr. Demosthenes Lorandos. Publisher Charles C Thomas requested an updated and new book offering a comprehensive text on what has been happening in the field of parental alienation. *The International Handbook* consisted of thirty-four chapters, which were invited and edited by Richard A. Gardner, M.D., S. Richard Sauber, Ph.D., and Demosthenes Lorandos, Ph.D., J.D. A telephone conference between Drs. Lorandos and Sauber took place to discuss the writing project, which resulted in their consideration and commitment to the publisher's request. In February of 2011 Dr. Lorandos and Dr. Sauber invited William Bernet, M.D., to join this editorial challenge. Dr. Bernet is a well-known child and forensic psychiatrist with expertise in parental alienation. His most recent contribution was editing *Parental Alienation, DSM-5, and ICD-11*. He is professor emeritus in the Department of Psychiatry at Vanderbilt University.

The three of us began either weekly, biweekly, or monthly telephone conferences to plan the text. The frequency of our conferences varied according to how much work was required between conference calls. The selection of contributors consisted of careful scrutiny in terms of experts with scientific credibility and fieldwork expertise in clinical and forensic practice in order to obtain an immediate practical perspective as to what was happening in this subspecialty. These cases required a family specialization in order to address clinically and legally the journey of alienated children and their siblings and what was happening to the mothers and fathers assuming such positions of the alienating parent or target parent. Once the contribu-

tors were invited to submit a draft chapter in their specialty, each of the three editors reviewed and communicated with each of the authors to revise and further revise their chapter. The three editors of this text were each responsible for one third of the chapters while reading and critiquing every chapter. The chapter contributors were delighted when they finally received word from the editors that their chapters were accepted to be published in this edition. The book editors were not spared the ordeal of having their chapters critiqued and having themselves to revise their own chapters, often consisting of major rewrites.

The conventions of syntax and standardization of language in this text required major discussion in order that this text would define mild, moderate, and severe alienation. Clarification is offered in terms of the concepts of parental alienation and parental alienation syndrome. Vignettes were used to offer practical significance throughout many chapters to complement the theoretical presentations; actual cases were used in the vignettes, although the authors disguised the real identities of the families described in this book. After reviewing hundreds of references describing the parties in alienation cases from around the world and after a great deal of discussion concerning nomenclature, the editors adopted the convention of “alienating parent” and “target parent” for this project. One contributor requested alternate terminology (“favored parent” and “rejected parent”) so as to be consistent with that author’s previous writings in the field.

Dr. Lorandos was the executive editor and conducted the meetings during each of the ongoing telephone conferences. One could only imagine what it was like to have three chief chefs in the kitchen at one time, three leaders as professors and practitioners in the field, simultaneously speaking to provide input into the project. In August 2012, the three editors met for two days of intensive work in reviewing and concluding most of the project while residing and dining at the home of Dr. Sauber.

We wish to acknowledge the patience and tolerance of the contributors for participating in this ordeal, some of whom had more or less experience in professional writing, as well as other contributors to be named for their assistance in this project. Early on, the litigation firm *Lorandos Joshi* made a commitment to this project that involved hundreds of staff hours in research, editing, and logistics. The editors would like to acknowledge and thank Sarah B. Vasquez, MPH, for her tireless editorial and research help. Ms. Vasquez is the senior researcher at *Lorandos Joshi* and is a Ph.D. student in forensic psychology. Bruce D. Bielawa, J.D., D.M.A., is an associate attorney at *Lorandos Joshi* and his efforts in research and the compilation of material for the supplement took many hours. Researcher Gabriel H. Hinman, B.A. (Philosophy) spent countless hours tracking down research citations from

around the world and changing them into APA format. The editors would also like to thank Dr. Lorandos' editor Ms. Sheani Chanmugam, a Principal Attorney Editor at Thomson Reuters Westlaw. Ms Chanmugam and Thomson Reuters were supportive and helpful in the two years of extended research that went into this text. Bradley W. Freeman, M.D., a forensic child psychiatrist at Vanderbilt University, created the name index for this handbook.

The *Supplemental Reference Guide* was a later idea of Dr. Sauber, given that Dr. Lorandos compiled and annotated 485 PA cases in the United States and in Canada and Dr. Bernet had accumulated the beginning of a major bibliography of scientific and clinical references to parental alienation as cited in his recent book on parental alienation and the *DSM-5* and *ICD-11*. This material should not be omitted from this effort as it went beyond that which could be included in the primary text. Thus, a *Supplemental Reference Guide* was created and expanded with additional new cases in the litigation citations and new journal articles, public media presentations, and books which were added to the current references in the bibliography. This *Supplemental Reference Guide* is intended to be updated every few years as the standard reference source for the subspecialty of parental alienation. It will be accessible and useful for mental health and legal professionals as well as for the family members and victims of parental alienation.

Thus, *Parental Alienation: The Handbook for Mental Health and Legal Professionals* is published as a one-volume hard copy and the *Supplemental Reference Guide* is published on a CD as a sleeve inside the back cover. Also, it will be published as an e-book with both the text and *Supplemental Reference Guide* included. The three sections of the *Supplemental Reference Guide* include sample motions, noteworthy legal case citations in the United States and Canada, and a master bibliography of professional references in the field. The *Handbook* and the *Supplemental Reference Guide* offer the reader the most up-to-date coverage available on the subject of parental alienation from a mental health and legal perspective as well as from a clinical and forensic approach to helping the family of the alienated child(ren), the alienating parent and the target parent.

DL, WB, and SRS  
January, 2013



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# **PARENTAL ALIENATION**





## **Section I**

# **Strategies for Mental Health and Legal Professionals**



## Chapter 1

### OVERVIEW OF PARENTAL ALIENATION

DEMOSTHENES LORANDOS, WILLIAM BERNET, AND S. RICHARD SAUBER

Parental alienation (PA) is a serious mental condition that affects hundreds of thousands of children and families in the United States and comparable numbers in other countries. Mental health professionals (MHPs), family law attorneys, and everyday citizens observe PA on a regular basis, even if they do not know that the phenomenon has a name, where it comes from, or what to do about it. PA is not new. PA has been observed for many decades and has been described and discussed in the scientific literature of MHPs, in legal literature and precedents, and in popular literature, although the condition has been called a variety of names other than “parental alienation.”

PA is a mental condition in which a child—usually one whose parents are engaged in a high-conflict separation or divorce—aligns himself or herself strongly with an alienating parent and rejects a relationship with the “target” parent without legitimate justification.

Several features of the definition should be noted. PA can be conceptualized as a mental condition of the child (e.g., the child has a false belief that the rejected or target parent is evil, dangerous, or not worthy of love) or an aberration in the relationship between the child and the rejected, target parent (e.g., absence of communication and camaraderie between child and parent even though they previously enjoyed a loving, nurturing relationship). We refer to “separation or divorce” because PA often occurs prior to legal divorce and in families in which the parents were never married in the first place. PA may occur in high-conflict marriages when the parents are still living in the same household. It is essential to recognize that the child’s rejection of the target parent is without legitimate justification. If a parent was abusive or severely neglectful, the child’s rejection of that parent is under-

standable or legitimate and does not constitute PA. It is best to follow the convention of most writers, who use “estrangement” to refer to warranted rejection of a parent and “alienation” to refer to unwarranted rejection. Finally, we realize that the target parent may not be a typically “perfect” mother or father and that the target parent may have contributed in some way to the child’s dislike of him or her. However, the essential feature of PA is that the child’s rejection of the target parent is far out of proportion to anything that parent has done to justify the rejection.

### **ALTERNATIVE NAMES FOR THE SAME PHENOMENON**

In the last eight decades, various authors have described the phenomenon of PA but have provided different names for it. For example, Wilhelm Reich (1945) wrote that many divorced parents defend themselves against what he called “narcissistic” injury by fighting for custody of their children. He found that parents who experienced narcissistic injury often defamed each other and did so in front of the children. Louise Despert (1953) said, “It is a sharp temptation for the parent who remains with the child to break down their love for the one who has gone” (p. 52). Westman, Cline, Swift, and Kramer (1970) wrote that a “pattern is found in which one parent and a child team up to provide an effect on the other parent. . . . In these cases one parent appears to deliberately undermine the other through a child.”

Since the 1980s, many MHPs and legal professionals in the United States and other countries have identified, described, discussed, and named the condition that we are calling parental alienation. The proliferation of names has led to confusion and, at times, disagreement among professional colleagues. Here are some examples in chronological order.

Johnston, Campbell, and Mayes (1985) reported the “distress and symptomatic behavior of 44 children . . . who were the subject of post-separation and divorce disputes over their custody and care.” The authors described six primary responses of these children to their parents: “strong alliance,” “alignment,” “loyalty conflict,” “shifting allegiances,” “acceptance of both” with “avoidance of preferences,” and “rejection of both.” Their definition of strong alliance was “a strong, consistent, overt (publicly stated) verbal and behavioral preference for one parent together with rejection and denigration of the other. It is accompanied by affect that is clearly hostile, negative and unambivalent.” They wrote, “The child consistently denigrated and rejected the other parent. Often, this was accompanied by an adamant refusal to visit, communicate, or have anything to do with the rejected parent.”

Child psychiatrist Richard Gardner (1985) introduced the concept of “parental alienation syndrome” (PAS):

[Parental alienation syndrome refers] to a disturbance in which children are obsessed with deprecation and criticism of a parent—denigration that is unjustified and/or exaggerated. . . . The concept of the parental alienation syndrome includes the brainwashing component but is much more inclusive. It includes not only conscious but subconscious and unconscious factors within the parent that contribute to the child’s alienation. Furthermore (and this is extremely important), it includes factors that arise within the child—independent of the parental contributions—that contribute to the development of the syndrome. (p. 3)

Although Gardner never named the condition after himself, PAS has been called “Zespół Gardniera” or “Gardner Syndrome” in Poland.

Wallerstein and Blakeslee (1989) suggested that some mothers could be “entangled with Medea-like rage.” Thus, the “Medea syndrome,” referring to the Greek myth in which Medea avenged the betrayal of her husband Jason by killing their two children.

Stanley Clawar, a sociologist, and Brynne Rivlin, a social worker, published their monumental study, which had been commissioned by the American Bar Association (Clawar & Rivlin, 1991). They used the terms “programming” and “brainwashing” to describe the attitudes and behavior that cause PA. They said,

[One parent may] hinder the relationship of the child with the other parent due to jealousy, or draw the child closer to the communicating parent due to loneliness or a desire to obtain an ally. These techniques may also be employed to control or distort information the child provides to a lawyer, judge, conciliator, relatives, friends, or others, as in abuse cases. (p. 15)

Wallerstein, Kelly, Blakeslee, Johnston, Gardner, Clawar, and Rivlin were writing about the same children and the same clinical phenomenon. When Johnston wrote about the impact of polarizing parents in high conflict cases, she noted that “strong alignments are probably most closely related to the behavioral phenomena Gardner referred to as parental alienation syndrome” (1993). Kelly and Johnston (2001) subsequently renamed the condition “the alienated child” to focus clinical attention on the child rather than on the activities of the parents. In 1994, Ira Turkat argued that custodial parents engage in a variety of direct and indirect behaviors designed to alienate children from the nonresidential parent. Turkat argued that the result was that the children became preoccupied with unjustified criticism and hatred

of the nonresidential parent (Turkat, 1994). He called the process “malicious parent syndrome” (Turkat, 1999). Warshak (2006) defined “pathological alienation” as

a disturbance in which children, usually in the context of sharing a parent’s negative attitudes, suffer unreasonable aversion to a person or persons with whom they formerly enjoyed normal relations or with whom they would normally develop affectionate relations. (p. 361)

### **VARIOUS MEANINGS OF PARENTAL ALIENATION**

There are two sources of confusion regarding the definition of PA. The first is that various authors have used different terms and phrases for the phenomenon that we call PA. Second, various authors use the term parental alienation to identify different, but related, behaviors.

For example, some authors use parental alienation to name the indoctrinating and brainwashing maneuvers of the alienating parent and “parental alienation syndrome” to name the resulting mental condition of the child. Douglas Darnall (2010), for instance, wrote that a definition of PA is

A parent’s purposeful campaign of vilification characterized by anger, resistant and inconsistent compliance with court orders, conscious or unconscious denigration of the child’s other parent, and interference with the other parent/child relationship. (pp. 5–6)

Gardner (2006) made a different distinction between parental alienation and parental alienation syndrome. He said that parental alienation referred to all types of impaired relationship between parent and child:

[Parental alienation] can be caused by parental physical abuse, verbal abuse, emotional abuse, mental abuse, sexual abuse, abandonment, and neglect. . . . A child can also be programmed by one parent to be alienated from another. That particular category of parental alienation is generally referred to as parental alienation syndrome. (p. 6)

Gardner (2002) also criticized the use of parental alienation in court testimony as a watered-down synonym for parental alienation syndrome. Garrity and Baris (1994) used parental alienation and parental alienation syndrome synonymously. They wrote,

Parental alienation is very real. It occurs when one parent convinces the children that the other parent is not trustworthy, lovable, or caring—in short, not a good parent. This persuasion may be consciously malicious and intended to destroy the children’s relationship with the other parent. Or it may take a more insidious, even unconscious form arising from the personality issues as yet unresolved in the childhood of one parent. (p. 66)

## CAUSES OF PARENTAL ALIENATION

There are several psychosocial pathways to PA. The most common is that the alienating parent indoctrinates the child to dislike and/or fear the target parent. Although PA most often arises in the context of a dispute between the parents over the child’s custody, it can arise during the course of other types of conflicts, such as a dispute between a parent and a grandparent. Other family members—such as stepparents or grandparents—may contribute to the creation of PA. On occasion, other individuals—such as therapists and child protection workers—may cause PA to occur by encouraging or supporting the child’s refusal to have contact with the alienated parent (Hellblom Sjögren, 2012).

PA almost always arises in the context of intense conflict between the target parent and somebody else. In circumstances of persistent, passionate conflict, it is possible that a child may develop a mild level of PA even without active brain-washing by one of the parents. That is, “parental alienation without indoctrination” can occur when the child gravitates to one parent and shuns the other parent in order to remove himself from the “war zone of parental battles” (Bernet, 1995, pp. 41–46). However, a common characteristic of severe levels of PA is “intentionality.” As Sauber repeatedly asserts, it is never unintentional, accidental, or naïve behavior by the alienating parent that leads to a full-blown case of severe PA (Sauber, 2006).

We agree with Kelly and Johnston (2001) that PA may be caused by an interaction of several psychosocial processes. The target parent may contribute in some way to the child’s rejection. For example, the target parent may lack an involved, warm style of nurturance. He or she may have devoted insufficient time to parenting activities. For the diagnosis of PA, however, the intensity and duration of the child’s refusal to have contact with the target parent is far out of proportion to the relatively minor weaknesses in that person’s parenting skills.



## DEFINITION OF HIGH CONFLICT

Because PA usually occurs in the context of high-conflict separation or divorce, it is important to have an understanding of the meaning of high conflict. That topic was extensively reviewed by Glenn Gilmour (2004) in a background paper, “High-conflict Separation and Divorce: Options for Consideration,” that he prepared for the Canadian Department of Justice. Gilmour summarized,

In short, the literature indicates that parental conflict is a major source of harm to children, whether the children are in intact families or their parents have separated or divorced. Children whose parents have separated or divorced where there is a high level of conflict between the parents display greater behavioural problems than children from low- or medium-conflict divorced families. (p. 16)

Gilmour sought to arrive at a behavioral or operational definition of “high-conflict separation or divorce.” He reviewed several articles and book chapters that identified external markers of high conflict, including *In the Name of the Child*, a book by Johnston, Roseby, and Kuehnle (now in its second edition, 2009); *Caught in the Middle*, a book by Garrity and Baris (1994); and *The Early Identification and Streaming of Cases of High-Conflict Separation and Divorce* (2001), a review by Ron Stewart. The features of high-conflict separation and divorce listed in Box 1.1 are based on those references.

## CHARACTERISTICS OF ALIENATING PARENTS

Many alienating parents have demonstrable difficulties in their psychosocial functioning. As long ago as 1985, Benedek and Schetky reported that in high conflict custody cases, overly anxious parents tended to act out their mistrust for their former spouses. They wrote that anxious parents may transmit their anxiety to their child, causing the child to feel that he or she will not be safe visiting the other parent. Blush and Ross (1987) described cases of PA in which the personality of the alienating parent served as the force driving the alienation. In some of those situations, Blush and Ross described a pattern they termed the justified vindicator. They wrote,

In this instance, a hostile, emotionally expansive, and dominant female has directly appealed to “experts” in both the mental health and legal communities. She frequently becomes insistent that formal, punitive legal measures be taken via prosecution before reasonable proofs have been demonstrated.

**BOX 1.1**  
**EXTERNAL MARKERS OF HIGH-CONFLICT**  
**SEPARATION OR DIVORCE**

PA typically occurs when a child is exposed to a pathogenic environment: a high degree of conflict between his or her parents. Although there may be variation in the manifestations of high-conflict separation or divorce, the following behaviors or external markers are commonly observed:

- Verbal acts, such as abusive language, threatening violence
- Physical acts, such as slamming doors, throwing things, endangering each other
- Actual or alleged domestic violence
- Actual or alleged child sexual abuse
- Child experiencing emotional endangerment
- A history of access denial
- Family dysfunction, such as substance abuse, severe psychopathology
- Involvement of child welfare agencies in the dispute
- Several or frequent changes in attorneys
- The unusual number of times the case goes to court
- The length of time it takes for the case to be settled
- The large number of documents, such as diaries and affidavits, that have been collected

This list is based on Garrity and Baris (1994); Gilmour (2004); Johnston, Roseby, and Kuehnle (2009); and Stewart (2001).

One of the accompanying phenomena with this type of female parent is that she frequently has concurrent criminal action pending with her domestic legal action.

Many researchers explain that alienating parents tend to be rigidly defended and moralistic. These alienators perceive themselves to be flawless, and virtuous, and they externalize responsibility onto others. They lack insight into their own behavior and the impact their behavior has on others (Bagby, Nicholson, Buis, Radovanovic & Fidler, 1999; Bathurst, Gottfried & Gottfried, 1997; Siegel, 1996). Research literature consistently documents that psychopathology and personality disorders are present in a significant proportion of high-conflict parents litigating over custody or access (Friedman, 2004; Siegel & Langford, 1998). Psychological disturbance—including histrionic, paranoid, borderline, and narcissistic personality disorders or

characteristics as well as psychosis, suicidal behavior, and substance abuse—are common among alienating parents (Johnston, Walters & Olesen, 2005; Rand, 1997a, 1997b; Turkat 1999; Warshak, 2010a).

Two groups of researchers found that the maladaptive personality traits of alienating parents were consistently identified through objective psychological evaluation materials. Concerning the Minnesota Multiphasic Personality Inventory®-2 (MMPI®-2), Siegel and Langford (1998) wrote, “The present study is an attempt to gain understanding of parents who engage in alienating tactics through a statistical examination of their MMPI-2 validity scales.” They tested sixteen female subjects who met the criteria for classification as PAS parents; eighteen female subjects were considered non-PAS parents. The authors concluded,

The hypothesis was confirmed for K and F scales, indicating that PAS parents are more likely to complete MMPI-2 questions in a defensive manner, striving to appear as flawless as possible. It was concluded that parents who engage in alienating behaviors are more likely than other parents to use the psychological defenses of denial and projection, which are associated with this validity scale pattern.

Gordon, Stoffey, and Bottinelli (2008) examined the MMPI-2 data of seventy-six cases where PA was found and eight-two custody cases (controls) where PA did not operate. They found that mothers and fathers who were alienators had much higher scores on measures of psychological dysfunction; that is, test scores that indicated primitive defenses such as splitting and projective identification. Two different MMPI-2 indexes were used to measure these primitive defenses:  $L + K - F$  and  $(L + Pa + Sc) - (Hy + Pt)$ . The first index ( $L + K - F$ ) identifies persistent defensiveness. Elevations on this index would be expected in those cases of parents viewing themselves as an “all good parent” while condemning the former spouse as an “all bad parent.” The second index ( $[L + Pa + Sc] - [Hy + Pt]$ ) is the Goldberg Index (Goldberg, 1965). The Goldberg Index is a regression equation score that is the T score of  $(Lie + Paranoia + Schizophrenia) - (Hysteria + Psychasthenia)$ . Those high pathology scores were much more prevalent in the alienator group; the scores for the target parents were most like the scores of the control parents. Gordon and colleagues (2008) concluded that their overall study strongly supported the definitions Gardner put forward with respect to PAS.

## METHODS FOR CAUSING PARENTAL ALIENATION

Many authors have described the specific behaviors that an alienating parent might use to induce PA in the child. Gardner (1992) gave many examples of alienating strategies he had observed in conducting child custody evaluations. Gardner said that mothers alienated children against their fathers by repeatedly vilifying the father with derogatory names, destroying every item in the house that might remind the children of the father's existence, frequently complaining about how little money the father provided, exaggerating the father's minor psychological problems, and interfering with the father's visitation schedule (pp. 83–91). Gardner said that fathers alienated children against their mothers by failing to encourage the children to spend time with the mother; physically protecting the child from the imagined dangers associated with the mother; concocting a sex-abuse allegation against the mother's live-in boyfriend; seductive maneuvers, such as frequently cuddling and hugging the children; criticizing the mother for "never working a day in her life"; and developing secret codes with the children that were used in the service of hurting the mother (pp. 107–112).

After reviewing 700 cases of family counseling, mediation, and forensic evaluation, Clawar and Rivlin (1991) identified and described the following techniques in the PA context they termed brainwashing: denying and not acknowledging the social existence of the other parent; attacking something about the character, lifestyle, past, present, or future of the target parent; discussing visitation arrangements with the child, thus pressuring the child to make a choice; failing to inform the other parent of educational, social, and religious functions, thus communicating that the other parent lacks importance; creating or exaggerating differences between themselves and the other parent in front of the children; asking the children to ally their sympathies and support with the alienating parent; making moral judgments regarding the target parent's values, lifestyle, friends, and so on; implicitly or explicitly threatening to withdraw affection if the child expresses a desire to be with the other parent; creating the belief that the other parent is not sincere in his or her love for the child; creating the belief that the other parent is unable to properly care for the child; and convincing the child to doubt his or her ability to perceive reality (pp. 15–36).

Amy Baker (2007a) studied adults who said they had been alienated from one of their parents as children. She asked the subjects to describe the strategies that the alienating parent had used to bring about the PA. Baker said that 40 percent or more of her adult subjects reported the following alienating strategies when they were children: general bad-mouthing of the target parent by the alienating parent; limiting contact with the target parent; anger and withdrawal

of love following visitation with the target parent; telling the child the target parent does not love him or her; forcing the child to choose one parent over the other; bad-mouthing specifically to create the impression that the target parent is dangerous; and confiding in the child about adult relationships (p. 64).

Gulotta, Cavedon, and Liberatore (2008) in Italy conducted psycholinguistic analyses of the statements of alienated children and the dialogue between the children and the alienating parents. They provided many examples of the subtle and not-so-subtle messages that an alienating parent might communicate to a child.

In some cases, one or both parents make false allegations of physical or sexual abuse in order to prevent the other parent from obtaining custody or access to the children. These cases usually involve several reports to child protection authorities and the police about the alleged abuse. In some cases, both parents make allegations of abuse against each other, but more frequently it is only one parent who makes a false claim of sexual or physical abuse of a child.

## **PARENTAL ALIENATION AND DOMESTIC VIOLENCE**

Although domestic violence typically includes physical aggression or assault, such as hitting, kicking, shoving, and slapping, it may also involve sexual abuse, emotional abuse, severe neglect, and economic deprivation. Whatever the manifestation of domestic violence, the underlying theme is that the perpetrator controls and dominates his or her victim. In addition to controlling the spouse or domestic partner, the perpetrator of domestic violence often endeavors to control the children also. After the couple separates or divorces, the perpetrator may continue to control the children and alienate them from the former partner as a way to punish him or her.

Jaffe, Johnston, Crooks, and Bala (2008) have been most active in pointing out that aspect of PA. They wrote,

Abusive ex-partners are likely to attempt to alienate the children from the other parent's affection (by asserting blame for the dissolution of the family and telling negative stories), sabotage family plans (by continuing criticism or competitive bribes), and undermine parental authority (by explicitly instructing the children not to listen or obey).

Also, Warshak (2010b) described a pattern he observed in families that featured coercive control and domination; in other words, a parent continues harassing and controlling the ex-partner by manipulating the children to turn against the victim parent.