

PE1790/G

Petitioner submission of 12 March 2020

Parental and Familial Alienation

To assist the Scottish Parliament and Scottish Judiciary understand this emotional abuse and very severe subliminal, psychological coercive abuse of children, and severe domestic violence of the affected spouse or ex-spouse. Abuse often resulting in guardianship and financial advantage in a divorce /separation case or as a method to punish a spouse severely. The literature here suggests it is worse in terms of its long term impact on children and affected spouse than even child sexual abuse, but it is not understood by the Scottish Judiciary, social workers or even many psychologists who work for the courts etc. Parental Alienation does not recognise gender, nor does it recognise the actual genetic relationship between the child and the alienator(s).

I prefer to use the term alienation or alienator rather than parental or Familial alienation.

Each case is intrinsically unique and will have its own particular nuances which are peculiar and sui generis to the dynamics of often deep rooted and long standing subtle Parental Alienation behaviours can blend together, it is extremely important to recognise that Fathers, Mothers, Grand Mothers and Grand Fathers can all be Parental Alienators, in fact any person that has significance access to the child can be an alienator, including teachers, childminders, frontline professional services such as social workers, police officers, counsellors, psychotherapists, psychologists, mentors et al. As a very recent freedom of information request sent to every Local Authority Council Social Work Department including Police Scotland has shown that there is NO training or policy and procedure in identifying coached or psychologically coerced children, despite the implementation of the new Domestic Abuse (Scotland) Act 2018.

In extreme cases of alienation, the instigating alienator uses proxies to do their work for them, whilst they remain undetected in the shadows, hide and conceal their involvement when it is them actually manipulating and being in control of the insidious subversive attack by stealth on the targeted parent.

There are four diagnoses in the Child Maltreatment section of the DSM-5

- Child Physical Abuse (V995.54)
- Child Sexual Abuse (V995.53)
- Child Neglect (V995.52)
- Child Psychological Abuse (V995.51)

All those child abuse diagnoses are equal in the severity of damage they cause to the child, they differ only in the type of damage caused.

Child psychological abuse is deeply destructive, it destroys the child from the inside-out.

Physical abuse attacks the child from the outside, its destruction is extensive, yet the damage is the easiest to repair.

Sexual abuse is exceedingly destructive, yet only to some domains.

Child neglect damages basic neurological networks that can't be repaired, it creates lifelong and untreatable damage.

Child psychological abuse destroys the very fabric of the child – the inside everything about the child. Child psychological abuse destroys the child from the inside-out – that is devastating.

There are four diagnoses of child abuse in the Child Maltreatment section of the DSM-5. All of them are equal in the severity of the damage they cause; they differ only in the type of damage.

This is child psychological abuse.

That is the DSM-5 diagnosis for the child's pathology. There is no more severe attachment pathology than a complete severing of the child's attachment bond to a parent. That is as bad as it gets, there is nothing worse. That is the worst attachment pathology possible, a complete severing of a child's attachment bond to a mother or father.

The allied parent is creating a persecutory delusion in the child that entirely destroys the child's attachment bond to the other parent, a shared persecutory delusion with the allied parent as the "primary case"; the "inducer" (American Psychiatric Association, 2000). The allied parent is using the child as a weapon of brutal IPV spousal abuse directed toward the other spouse-and-parent in revenge and retaliation for the failed marriage and divorce.

In revenge for the failed marriage, the allied parent is destroying that which the other spouse most dearly values, the child.

Creating delusional pathology in a child that then completely destroys and devastates half of the child's attachment networks – the most severe attachment pathology possible, a complete severing of the child's attachment bond to the other parent – is Child Psychological Abuse; DSM-5 V995.51.

This is severe child abuse. This is savage and brutal spousal abuse.

If the pathology is a persecutory delusion it *is to inflict brutal and savage emotional abuse on another human being – the targeted parent ex-spouse – then the alienator is the person with extreme mental health issues*, as is any third person or proxies participating in the devastating psychological abuse of the child.

But abusing and traumatising these target parents and participating in the psychological abuse of children - This is brutal and savage spousal abuse - This is devastating psychological abuse of the Child Abuse.

This is child abuse, and this is spousal abuse. Everyone has the responsibility to ensure that child abuse and spousal abuse cease – it's called your "duty to protect."

Any third party participating, is a shared persecutory delusion (ICD-10 F24 Shared Psychotic Disorder).

The alienor(s) are pathological from unresolved childhood trauma, this is understood, the reason for their emotionally violent cruelty and psychological abuse of the child. They are damaged.

Some of those participating in this savage and brutal spousal abuse of the parent and the devastating psychological abuse of the child in order to work through their own unresolved childhood trauma by playing role as the "protective other" in their own trauma narrative.

If you participate in the shared persecutory delusion from the same unresolved childhood trauma in, you.

Others may be simply gratifying their financial gluttony by exploiting the vulnerability of the abused and targeted parent.

The pathology is a shared delusional disorder – they will be waking from the trauma-dream soon. Once the diagnosis is made – we will see you – the shared delusion – in the third person the abusive collaboration.

In clinical psychologist, a pathology is treated, an abuse and trauma pathology.

Standards 2.04, 2.01, 9.01, 3.04, 2.03, duty to protect the child from child abuse, duty to protect the spouse from spousal abuse. ICD-10 F24 Shared Psychotic Disorder. DSM-5 V995.51 Child Psychological Abuse.

If the pathology is a shared persecutory delusion and an individual believes the delusion, then they are part of the shared delusional disorder.

If the purpose of the shared delusion is child abuse and spousal abuse, then the individual is complicit of the abuse, and is also an abuser.