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Children are Harmed when Professionals Reject Science

Giving credence and weight to the voice of the child is the present-day normal in family court proceedings, traditional reunification therapies, sex abuse treatment, and CPS investigations. In alienation cases, however, this is a tragic approach and leads to catastrophic consequences for the child.

One profoundly harmful consequence of this approach arises in an overwhelming percentage of alienation cases, and that is, professional validation—however unwittingly—of the child’s false belief of having been physically and/or sexually abused by the alienated parent. Specialists in alienation have written and presented about brainwashed children not being credible reporters due to their profoundly compromised cognitive and emotional functioning as a result of brainwashing by the alienating parent against the alienated parent. Specialists in alienation liken the brainwashing in alienation to the brainwashing in a cult. An alienated child cannot be expected to report feelings and opinions different from the alienating parent any more than a cult member can report differently than the cult leader. (Warshak,

2003; Gottlieb, 2012; Clawar & Rivlin, 2013; Bernet, Rosen, 2013; Reay 2015)

An untold number of alienated parents have been victimized by false allegations of child abuse and/or child-sex abuse. I have been stunned by the overwhelming number of severely alienating parents who knowingly make false child abuse and/or child sex abuse allegations against the alienated parent and who had manipulated their children to confirm the allegations—despite how profoundly harmful this is to their child. In fact, the behavior of knowingly making a false child abuse allegation is so suggestive of a severe alienator, that the red flag should go up immediately for the very high probability of alienation.

I have been further stunned by the exceedingly high number of therapists, GAL's, lawyers for the child, judges, and CPS personnel who come to believe that the false allegations are true—doing so merely based upon the reporting of the child.

Although I am unaware of any peer-reviewed studies on the prevalence of the phenomenon of false child abuse allegations in alienation cases, I can report about my rates from my evidence-based practice of having treated 700 children who were victims of alienation to some degree. My findings reveal that 80% of the moderate to severe cases—cases totaling about 550 of the 700 children—had at least one knowingly made false child abuse allegation. And in almost all of my severe cases—about 450 of the 550—there was at least one knowingly made false child abuse allegation. And in a significant number of the severe cases, there was a pattern of knowingly making false child abuse allegations. Just to clarify,

when I say that there is a high prevalence of severe alienators knowingly making false child abuse reports, I mean that they either directly made the false report, or they had manipulated their children to report a false abuse allegation to a mandated reporter. I further noted a high percentage of false child abuse allegations in an additional 300+ cases of severely alienated children based upon my review of their case files.

False child abuse and child sex abuse reports are profoundly damaging to children, and any parent who is guilty of knowingly making such a report is committing child abuse. Aside from the very intrusive physical exam that often follows child sex abuse allegations, there are long-term psychological damages to the child from believing the false abuse allegation against a parent. In my experience and opinion, should a child believe the false sex abuse allegations—in particular—the risk potential to the child to suffer PTSD and other psychiatric and interpersonal disorders is virtually as high as if the child had actually been sexually abused.

The harm to the child from believing the false sex abuse allegation is exacerbated by the therapy that typically follows! Although the victimized child is commonly sent to a therapist who specializes in treatment for child sex abuse, it has been my experience that no prior evaluation had been undertaken to rule out for undue influence on the child to have made or confirm the false report. Relying almost exclusively—if not exclusively—on the child's self-report, the therapist then proceeds to treat the child on the premise that the child had been and is now reporting truthfully and that the sex abuse allegation is therefore true and accurate.

Unwittingly, the therapist now validates for the child the false abuse allegation—initially by being an empathetic listener and then by expressing empathetic comments such, “That’s horrible;” “Your mom or dad was wrong for doing that to you;” “I understand why you are so upset and don’t want to see your parent anymore;” “That’s such a violation of trust for a parent to do that to a child;” etc. Then there is my personal favorite response, “Oh, so sorry, I feel your pain and know exactly what you are going through.” These were actual comments made to the child by various sex abuse therapists who had been treating cases that I was brought into. These anti-therapeutic comments were all made in the context of having relied exclusively upon the child’s and alienator’s self-report. These special sex-abuse therapists emphatically rejected to confirm or disconfirm the child’s self-reporting with neutral collateral sources—even refusing to review pediatric records which did not document any physical or other evidence for sex abuse.

I am sickened by the comment that these therapists opine, “The only thing that matters is what the child reports in the therapy room.” These profuse validating comments which I have heard from multiple sex abuse therapists give credence for the child of the false allegations. Furthermore, in the course of the so-called therapy, these sympathetic therapists encourage the child to provide more and more detail about the false allegation. As a result, the child, wanting to please an authority figure and having been coached by the alienating parent ahead of each session, elaborates with more and more bizarre fantasized details. No cognitive dissonance arises for the sex-abuse therapists whom I have experienced in severe alienation cases.

These sex-abuse therapists have then written a report to the court, to the child's lawyer, and to CPS recounting the gross, ever-evolving details reported by the child regarding sex abuse allegations. By "ever-evolving" I mean that new and grander sex abuse incidents mysteriously arise — like a phoenix arises from the ashes—and the stories become more and more elaborate and often bizarre with each additional therapy session. It is no mystery to me as to the source of these details.

Now I want to stress—a sex-abuse allegation should be taken seriously and thereby properly investigated. The key word is "properly." I have not spent my 50-year career working with 5000 children in a variety of settings just to end my career by carelessly dismissing even one allegation of child-sex abuse. Sex abuse is a very serious violation of a child resulting in life-time consequences to the child, which is *exactly* why the allegation must be properly investigated, using the scientific method, to rule sex abuse in or out.

The scientific method requires that a differential diagnosis be determined, when possible, prior to the implementation of a treatment plan. It is the generally accepted standard of practice to develop a differential diagnosis. All plausible hypotheses, therefore, must be generated to determine if the allegation is true and, if not, why not. Developing a differential diagnosis is critical in alienation cases because the treatments are diametrically opposite for actual sex abuse, for having a memory of sex abuse that had *not* occurred, or for having been coached to make or confirm a false sex abuse allegation.

And we do have the science to reach a probability call for alienation to as high as 99%+ clinical certainty when relying upon the scientific method—such as the 5-factor model researched and validated in multiple studies conducted by doctors Amy Baker, William Bernet, and Steven Miller (2019).

I am going to cite a few examples of all too many cases in which I have been involved where the sex abuse therapist had failed to even attempt to make a differential diagnosis in treating a child for a sex abuse allegation:

A five-year girl did not know her age when asked by her sex abuse therapist to provide her age, but the girl was able each week to report back to the therapist about a new alleged sex abuse incident, and each week she was able to announce the new weekly score total of sex abuse incidents. In another case, a therapist had to acknowledge in her testimony that she did not have slightest idea about the level of cognitive development commensurate with her client's age. She was therefore unable to recognize that her 6 year old client had been coached when the girl reported to her in a session— with her alienating mother waiting just on the other side of the office door— “When my daddy did that to me, he was like a dictator who deprived me of my autonomy. I know what my constitutional rights are, and he had no right to do that.”

Should an alienated child have had any vestige of doubt about the sex abuse of which they had been programmed to report, the therapeutic process turns the doubt into certainty.

In another one of my cases, an alienating mother made a sex abuse allegation against the father years after the incident was alleged to have occurred—a very common occurrence in alienation cases. Because there was no documentation in the child’s pediatric record of the sex abuse allegation nor of an examination for the abuse, the mother was asked on the witness stand why she had not taken the child to the pediatrician at the time of the alleged incident. The mother testified, under oath, that she *had* taken the child to the pediatrician for such an examination but that she had requested of the pediatrician not to make a CPS report nor document the examination— an examination, about which the mother also testified, had confirmed sex abuse. The mother testified that the pediatrician complied with her request because the mother had told the pediatrician that, because several prior sex abuse reports she had made to CPS that were all unfounded, her lawyer advised her that she jeopardized her custody if she were to make another report. Now if anyone believes that the pediatrician complied with the mother’s request and did not thereby make a CPS report as a mandated reporter— particularly for having confirmed the sex abuse according to the mother’s testimony—I have a Coronavirus vaccine to sell you. If I had not personally read the mother’s testimony transcripts, I would not have believed that this had been the mother’s testimony. Incredulously, despite the mother’s bizarre testimony—along with a number of other equally bizarre and implausible inconsistencies in the mother’s reporting—CPS indicated the latest sex abuse allegation, and the judge made a finding of sex abuse against the father.

What was the basis for these findings— despite a wealth of quality, material evidence all in the direction of alienation and all in the opposite

direction for the validity of the sex abuse allegation? The indicated CPS finding and the court's finding of abuse against the father was made solely on the basis of the sex-abuse therapist's testimony. The therapist testified that she had reached her finding that sex abuse had occurred based solely upon her belief that her 7-year-old client was a credible reporter. The therapist swore to the child's credibility throughout her testimony— despite numerous inconsistencies in the child's reporting. For example, in each successive weekly therapy session, a new sex abuse incident was alleged to have occurred when the girl was 4 ½ years old. And each successive weekly allegation became more bizarre, more implausible, and more sensational than the prior week's allegation.

What was amazing to me was that the therapist not only failed to recognize the child's theatrics in depicting exceedingly implausible sexual acts, but she also failed to recognize the child's multiple expressions indicative of the manifestation of an alienated child known as "borrowed scenarios." In reaching her finding that the father was guilty of sex abuse, the therapist unforgivably violated several clinical axioms, including but not limited to, have a high degree of suspicion, use proper reasoning, and analyze the evidence. If the therapist had abided by these clinical axioms, she would have been suspicious of the girl's repeated weekly reporting of multiple new sex acts that had involved her and her father's highly disproportionate anatomical parts as well as having involved disproportionately large objects—all of which would have made the incidents, as described by the girl, physically impossible to have occurred. But if the therapist could not have reasoned that for herself, the girl's pediatric records—which the therapist refused to review— did not document the slightest bit of scarring, bruising, or

tearing that would have had to have occurred if her father merely attempted the acts that the girl reported. And the therapist's rationale for declining to review the girl's pediatric records—nor review any other case evidence for that matter—was that “The only thing that matters is what occurs in the therapy room.”

We have substantial peer-reviewed research on the suggestibility of children. For example, research studies by psychologists Julia Shaw (2017) and Elizabeth Loftus (1999, 2000) determined that a false memory can be implanted in children and even in college students by the third weekly interview. In Julia Shaw's research, she was able to implant the false memory in more than 70% of college students that they had committed a crime in adolescence.

Maggie Bruck and Stephen Ceci (1999) have extensively summarized the research on the suggestibility of children to adult influences. They concluded that:

When children are repeatedly and suggestively interviewed about false events, assent rates rise for each interview. For example, children are more likely to assent to a false event in a third interview than in a second interview. Subtle suggestions can influence children's inaccurate reporting of nonevents that, if pushed in follow-up questioning by an interviewer who suspected something sexual had occurred, could lead to a sexual interpretation.

Bruck and Ceci further emphasized that children can sound quite “credible” in their reporting of nonevents but which had been suggested by the interviewer. (P. 432.)

The false memories in the above studies were implanted in these children by strangers. Just imagine how easy it is for a parent, upon whom the child is dependent and who has unfettered access to the child, can manipulate the child to confirm and believe a false allegation of child abuse or child sex abuse.

As I began to confront more and more cases in which alienated parents were being accused of and indicated for false child abuse and child sex abuse allegations, I contemplated my options as how to address this injustice. Because my goal would challenge our customary practice of giving undue weight—if not total weight—to the voice of the child, I realized it would be imperative to heed Dr. Steve Miller’s (2013) advice: That advice being to “follow the science.”

I so resolved to research the science about the role played by lying and deception in childhood development and why children seem to lie and deceive so effortlessly. Not surprisingly, the research confirmed that children lie and deceive instinctively. But I was somewhat surprised by what the research revealed about the role that lying and deception play in adults. So, here goes the surprising science:

Child psychologist Jean Piaget, in his study of moral development, opined, "The tendency to tell lies is a natural tendency...spontaneous and universal."

Seth Slater M.F.A., writing in articles on 9/22/2013 and on 1/31/2018 in *Psychology Today*, affirmed the innateness of deception to evolutionary biology as it is “a valuable tool in the survival kit of any social species.” Discovering that deception is universal and observed in infants as young as age of 6 months, Slater opines further that these findings “also tells us something important about the survival value of lying, at least for social animals – and that lying is a tool we all inherit as a result of the social pressures of evolutionary biology.”

In an 8/5/2003 NY Times article entitled, “Behavior: Truth About Lies,” Richard Friedman, MD, opines, “By the time most children are 4, they have acquired the ability to deceive others, a skill critical to survival. In fact, few human behaviors are viewed as paradoxically as lying. We teach our children that it is wrong, yet we lie every day in the name of civility.”

Although the research of Dr. Daniel Langleben, University of Pennsylvania, found “the brain must exert more effort to lie than to tell the truth,” his research, however, left unanswered whether the increased activity is due to lying or due to the anxiety about having lied. Dr. Langleben amusingly concluded, “So we can all just relax. No one can yet read our minds or hearts. For now, there is no technology that will make lying obsolete.”

Psychologist Robert Feldman, University of Massachusetts, opined, “A decade-long psychological study revealed that 60% of people lied during a typical 10-minute conversation.”

An article published in *The Journal of the Association for Psychological Science*, psychological scientists, Shalvi of the University of Amsterdam and Eldar and Bereby-Meyer, of Ben-Gurion University, investigated the factors that influence deceitful behavior. They found, “Our first instinct is to serve our own self-interest, and people are more likely to lie when they can justify such lies to themselves. According to our theory, people first act upon their self-serving instincts, and only with time do they consider what socially acceptable behavior is...When people act quickly, they may attempt to do all they can to secure a profit—including bending ethical rules and lying. Having more time to deliberate leads people to restrict the amount of lying and refrain from cheating... People usually know it is wrong to lie, they just need time to do the right thing.”

Unfortunately, with severe alienators and alienated children, that time virtually never comes.

In a 7/11/2018 article by Theodore Schaarschmidt published in the *Scientific American* entitled, “The Art of Lying,” the author opines:

“Lying is among the most sophisticated and demanding accomplishments of the human brain... Lying is a major component of the human behavioral repertoire; without it, we would have a hard time coping. Small children love to make up stories, but they generally tell the first purposeful lies about age 4 or five. Before starting their careers as con artists, they must first acquire two important cognitive skills. One is deontic reasoning: the ability to recognize and understand social rules and what happens when the rules are transgressed. For example, if you confess, you may be punished; if you lie, you might get away with it. The other cognitive skill is the theory

of mind: the ability to imagine what another person is thinking. For example, I need to realize that my mother will not believe that the dog snagged the last burger if she saw me scoff on the food.”

Social psychologist Bela M. DePaulo, University of California... undertook a 2015 study with more than 1000 participants in the Netherlands from ages 6 to 77. Children, the analysis found, initially have difficulty formulating believable lies, but proficiency improves with age. Young adults between 18 and 29 do it best. After about the age of 45, we begin to lose the ability to lie persuasively.”

There is no mystery about why alienators are able to so swiftly and successfully manipulate their children to viciously lie about the alienated parent: alienators are working with the child’s instinct for survival! But why do alienated children present so credibly when telling such monstrous falsehoods about their alienated parent.

There are a number of reasons that account for the ability of alienated children to appear so credible. First, the research shows that the severely alienating parent likely suffers from one or more cluster B personality disorders—narcissistic, borderline, and antisocial. Someone with a personality disorder is an expert at mimicking normal behavior, so an alienated child is being trained by a true specialist in deception.

Another reason for alienated children appearing credible is that they are actually telling the truth—as they know the truth to be. According to Dr. Yvonne Skinner, a former prison psychiatrist and President of the Australian and New Zealand Association of Psychiatry, Psychology and Law:

If you reinforce your version of 'the truth' to yourself enough times, you might actually start to believe it. There are people who want to believe their lies so much that it does actually become a truth in their reality.

What Dr. Skinner is describing no better applies than to alienated children. Alienated children have been initially programmed by the alienator to believe the false child abuse allegations. But subsequent to the programming, alienated children have received multiple opportunities to describe and elaborate upon the abuse allegation when reporting weekly to the therapist; then reporting to the custody evaluator, the GAL, the attorney for the child, and to any other professional in the case who will listen. With each additional confirmation and elaboration of the allegation, the false memory takes hold—just as Dr. Skinner has described.

Another reason that the false abuse allegation becomes believable for the alienated child is because the child needs a justification for overriding the powerful, instinctive need for a parent. Because of our long dependency period, the need for a parent is part of the instinct for survival. The override therefore requires a justification equally as powerful as the instinct for a parent; so this explains why alienated children will often exaggerate the programmed false allegation and will, voluntarily, concoct additional horrendous allegations. Do alienated children believe the false abuse allegations—**even when utterly bizarre**—my answer is, at some point likely “Yes.” What begins as lies, often ends up in the memories of alienated children as the truth. Obviously if an the child believes something to be true, the child’s reporting will be quite credible and believable.

Okay, the reader must be wondering, “Aren’t the professionals skilled at detecting lies and deception? Surely years of clinical experience must afford the practitioner the ability to discern when children are telling the truth and when they are not. Doesn’t science support this expertise? The answer is “No!”

Social psychologist, Bella DePaulo, Ph.D., at Harvard, and her colleague, Charlie Bond, summarized all the studies conducted to determine our ability to detect lies. 24,000 participants were involved in their aggregate study. Dr. Paulo opined about the results:

People are pretty lousy lie detectors. In ordinary social interactions, when all we have to go by is what the other persons are saying and how they are saying it, our judgments of whether someone is lying or telling the truth are correct only a little more often than chance. By chance, accuracy would have been 50 percent; the average accuracy across all of the studies was 54 percent.

The great injustice I am addressing is that the customary method of relying upon the child’s self-reporting to validate a child abuse allegation is likely little more accurate than flipping a coin. This is because the practitioner has relied almost exclusively—if not exclusively—on intuitive reasoning that the child is telling the truth. Despite the high fallibility of intuitive reasoning and our ability for lie detection, we have built our family court system, treatment for sex abuse, reunification therapies, and the child protective system on giving weight to the voice of the alienated child—as if they are truthful and accurate reporters. Giving the wishes of alienated children weight in major decisions that

have adverse long-term consequences not merely harms their relationships with their alienated parent. Science has determined that giving voice to the alienated child is not in child's best interests and is actually quite harmful. The detriment to alienated children is massive: Aside from the fact that alienated children usually do not say what they mean or mean what they say, appointing them with decisions about family relationships further empowers already overempowered alienated children and further subjects them to the loyalty conflict, which the American Professional Society on the Abuse of Children (APSAC) described in their 2017 Maltreatment Bulletin as a caretaker abusive behavior known as "terrorizing" the child. APSAC defines the loyalty conflict as "making the child unnecessarily choose to have a relationship with one parent or the other."

In cases in which alienation is alleged, practitioners should not give exclusive or even significant weight to their intuitive reasoning that the child is a reliable reporter. Relying upon intuitive reasoning to the exclusion of analytical reasoning fails to comply with the scientific method for reaching a clinical finding. And failing to employ analytical reasoning when assessing a clinical condition further fails to meet generally accepted standards of clinical practice. As Steve Miller (2013) opines in his chapter entitled, "Clinical Reasoning and Decision-Making," in the *Clinical Guidebook*, clinical findings must be viewed in their context. This clinical axiom to "consider the total clinical picture" is so crucial to reaching a correct clinical finding that Dr. Miller lists it first of all the axioms he cites.

We owe it to the children in whose lives we meddle that we adhere to the best practice standards as determined by science. Giving weight to

the voice of the child without first determining if the voice is that of the ventriloquist alienating parent fails to comply with the standard of the best interests of the child. The very systems that are designed to protect, enrich, and inspire children—along with the professionals in those systems—are making major, formidable, and life-alternating decisions and policies for children that lack any scientific support. Instead, speculation and belief rule these systems with disastrous consequences for children.

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