

Trebamo li se otuđiti od otuđenja? */ Should we Alienate Ourselves from "Parental Alienation"?*

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U znanstvenim i stručnim psihologijским, psihijatrijskim i pravnim krugovima diljem svijeta vodi se rasprava o uporabi koncepta roditeljskog otuđenja. U Hrvatskoj znanstvenoj i stručnoj literaturi prevladavaju tekstovi u kojima se „otuđenje“ promatra kao na znanosti utemeljen konstrukt. Ono što nedostaje su tekstovi koji propitkuju znanstvenu utemeljenost „otuđenja“ i problematiziraju moguće posljedice upotrebe takvog, u ovom trenutku još uvijek, nedovoljno jasno definiranog i operacionaliziranog koncepta, na dobrobit naših korisnika. U ovom radu iznesene su poteškoće s ovim konceptom i stavljene u kontekst prakse temeljene na dokazima te su prikazane potencijalne štetne posljedice upotrebe „otuđenja“ u radu sa ženama žrtvama nasilja i korištenja „otuđenja“ kao još jedne strategije prisile i kontrole nad žrtvama.

/In recent years, there have been discussions within the scientific and professional communities in the fields of psychology, psychiatry and law about the application of the concept of parental alienation. The Croatian scientific and professional literature is dominated by texts in which "parental alienation" is seen as a science-based construct. What is missing are texts that question the scientific soundness of "parental alienation" and examine the possible consequences of using the concept that has still neither been sufficiently defined nor operationalized in the best interest of our patients. This paper presents a number of difficulties related to this concept in the context of evidence-based practice and describes potentially adverse consequences of using "parental alienation" in working with women victims of violence and the application of "parental alienation" as yet another strategy of coercion and control over victims.

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Koliko je znanost živa i promjenjiva najbolje smo mogli pratiti u posljednje dvije pandemjske godine tijekom kojih su novi nalazi dolazili gotovo svakodnevno i tijekom kojih je bilo vidljivo kako su se medicinske i epidemiološke preporuke mijenjale u skladu s tim spoznajama. Inače, promjene u psihologiji i psihijatriji nisu tako brze i događaju se sporije, iako fundus znanstvenih spoznaja svakodnevno raste. Tako smo tijekom povijesti mogli pratiti kako neki entiteti temeljem znanstvenih spoznaja prestaju biti dijagnostičke kategorije (npr. homoseksualnost) te kako se neki novi uvode (npr. poremećaj prejedanja). Radne skupine za novi DSM-5 osnovane su još 2000. godine s ciljem generiranja sumarnih pregleda znanstvenih spoznaja relevantnih za pojedine dijagnoze, otkrivanja gdje još postoje nedoumice i nedovoljno dokaza, s ciljem da se upravo u tim područjima znanstveni interes potakne u budućnosti i donesu konačne odluke o uvrštanju u novo, peto izdanje DSM-a (1).

Na primjeru ovisnosti možemo pojasniti kako nije nevažno koja se terminologija koristi i koliko su važne znanstvene spoznaje prije nego nešto bude prihvaćeno kao dijagnostička kategorija. Nakon što je kumulirano dovoljno dokaza da postoje znatne kliničke, fenomenološke, genetske, neurobiološke i ostale sličnosti između ovisnosti o psihoaktivnim tvarima i ovisnosti o kockanju donesena je odluka da se te dvije dijagnoze stave u istu kategoriju u DSM-5. Time Patološko kockanje postaje Poremećaj kockanja, ali ono što je značajnije - prestaje se dijagnosticirati kao poremećaj kontrole impulsa i počinje se dijagnosticirati kao ovisnost (2).

Ta promjena ima značajne implikacije na tretman i konceptualizaciju poremećaja. Upravo zbog potencijalnih posljedica koje, ne samo dijagnosticiranje, već i samo imenovanje nekih koncepata ima na korisnike naših usluga, iznimno je važno tome pristupati oprezno i utemeljeno na znanstvenim spoznajama. Na primjer, u DSM-III koristio se termin transseksualnost

We were best able to track how vibrant and changing science is in the last two pandemic years, during which new findings were coming almost on daily basis and during which it was evident that medical and epidemiological recommendations were changing in line with the findings. Otherwise, changes in psychology and psychiatry are not taking place so rapidly and usually occur at a slower pace, although scientific knowledge is expanding almost every day. Throughout history, we have been able to track how certain concepts, based on scientific knowledge, cease to be diagnostic categories (e.g. homosexuality) and how some new ones are being introduced (e.g. binge eating disorder). Working groups for the adoption of the new DSM-5 were established back in 2000 with the aim of generating summary reviews of scientific findings relevant to individual diagnoses, discovering the areas where there are still doubts and insufficient evidence with the aim of stimulating future scientific interest in these areas and making final decisions on the inclusion in the new, fifth edition of the DSM (1).

On the example of addiction, we can explain that it is not irrelevant what terminology is used and how important scientific knowledge is before accepting something as a diagnostic category. After collecting sufficient evidence about significant clinical, phenomenological, genetic, neurobiological and other similarities between substance use disorder and gambling disorder, a decision was reached to include the two diagnoses in the same category in the DSM-5. Consequently, the diagnosis of Pathological Gambling (PG) was replaced with Gambling Disorder (GD), and, even more significantly, it is no longer to be diagnosed as an impulse control disorder but rather as an addiction (2).

This change implies significant implications for the treatment and conceptualization of disorders. Precisely because of the potential consequences that not only diagnosis, but also the mere definition of certain concepts have on our patients, it is extremely important to approach this topic with caution and based on scientific findings. For example, the third edition of the DSM used the term "transsexualism" as a disorder classified

i bio je u kategoriji poremećaja koji se pojavljuju u djetinjstvu i adolescenciji. U DSM-IV taj je termin zamijenjen terminom Poremećaja rodnog identiteta i premješten u seksualne poremećaje. Promjena u DSM-5 je ta da je uvedena Rodna disforija i da fokus više nije na identitetu osobe, već na uznemirenosti koju *trans* osobe mogu osjećati kad njihov biološki spol nije uskladen s njihovim rodnim identitetom. Ove su promjene pratile promjene u istraživanjima i kliničkoj praksi, ali i društvene promjene i uvelike su utjecale na to da se o transrodnosti više ne govori kao o poremećaju koji osobe imaju samim time što su transrodne, već se fokus usmjerio na to da neki od njih mogu zbog toga osjećati uznemirenost.

Aktualno, slična rasprava se vodi o konceptu „otuđenja“¹. Prema definiciji „*Otuđenje od roditelja je psihičko stanje u kojem se dijete – najčešće ono kojem su roditelji uključeni u visoko konfliktan razvod – snažno udruži s jednim roditeljem (preferiranim roditeljem) i odbija odnose s drugim roditeljem (otuđeni roditelj) bez opravdanog/legitimnog opravdanja*. Najčešći uzrok „otuđenja“ je indoktrinacija preferiranog roditelja da ne voli ili da se boji otuđenog roditelja.“ (3). Gardner, koji je prvi uveo ovaj termin u literaturu je „otuđenje“ opisao kroz osam ponašanja: ocrnjivanje jednog roditelja (kampanja ocrnjivanja), fenomen djeteta „nezavisnog mislitelja“ (odnosno negiranje utjecaja preferiranog roditelja), absurdni razlozi i racionalizacije za odbacivanje roditelja, nedostatak ambivalencije prema roditeljima, nedostatak krivnje zbog ponašanja prema odbačenom roditelju, slaganje s jednim roditeljem pri roditeljskim sukobima i prezentiranje posuđenog scenarija (4).

U Hrvatskoj se posljednjih godinu dana u medijima i na društvenim mrežama raspravlja o pojmu i upotrebi koncepta „otuđenja“ djeteta.

¹ Termin „otuđenje“ koristit će se kao prijevod termina engl. *parental alienation*. Termin je stavljen u navodne znakove „ kako bi se naglasilo da se radi o konceptu, a ne znanstveno potvrđenom konstruktu.

under “Disorders usually first evident in infancy, childhood, and adolescence”. With the release of the DSM-IV, the term was replaced with the term “gender identity disorder in adults and adolescence” and placed in the category of sexual disorders. The new DSM-5 introduces gender dysphoria, switching the focus from the person’s identity to psychological distress that a transgender individual may experience when there is incongruence between one’s sex assigned at birth and one’s gender identity. These changes went hand-in-hand with changes in research and clinical practice, as well as social changes, and have greatly influenced to fact that being transgender is no longer referred to as a disorder that individuals have only because they are transgender. Instead, the focus is now on the psychological distress that some might feel due to that.

At the moment, a similar debate is going on about the concept of “parental alienation”¹. According to the definition, “*Parental alienation is a mental state in which a child – usually one whose parents are involved in a highly conflicted divorce – allies strongly with one parent (the favoured parent) and rejects a relationship with the other parent (the alienated parent) without a justified/legitimate reason. In most cases, “parental alienation” results from the psychological manipulation of the favoured parent who does not love or is afraid of the alienated parent.*” (3). Richard Gardner was the first to introduce the term into the literature. He described parental alienation by eight symptoms: denigration of one parent (denigration campaign), the “independent-thinker” phenomenon (i.e., the child denies the influence of the favoured parent), absurd reasons and rationalizations for rejecting, lack of ambivalence towards the parents, absence of guilt over behaving towards the alienated parent, support of one parent in the parental conflict and presence of borrowed scenarios (4).

In the last year, there has been much discussion in Croatian news and social media about the term

¹ The term “parental alienation” is put in inverted commas to emphasize that it is a concept rather than a scientifically validated construct.

Pri tome nismo jedinstveni, slična se rasprava vodi ili se vodila u mnogim zemljama i dovela je u nekima od njih i do uvođenja zakonskih odredbi (npr. u Španjolskoj je u travnju 2021. donesen novi Zakon o zaštiti djece u kojem je jedna od velikih promjena uklanjanje upotrebe Sindroma roditeljskog otuđenja) (5). Nažalost, trenutno kod nas nedostaje literatura koja iznosi suvremene znanstvene spoznaje o konceptu „otuđenja“.

Nekoliko je osnovnih pitanja koja se postavljaju, a na koja prema našem mišljenju još uvijek nije odgovoren na adekvatan način. To su:

1. Što protivnici „otuđenja“ imaju protiv „otuđenja“?
2. Radi li se o pseudoznanosti ili ne?
3. Radi li se o stavljanju interesa žena žrtava nasilja ispred interesa njihove djece?
4. Kamo i kako dalje?

Prvo je važno potpuno razjasniti da protivnici koncepta „otuđenja“ ne negiraju postojanja ponašanja koja su vidljiva u kliničkoj praksi – djeca koja iskazuju otpor ili odbijaju druženja s jednim roditeljem, roditelji koji ocrnuju jedne druge pred djecom, interferiraju sa susretima i koriste druge strategije kako bi narušili odnos između djeteta i drugog roditelja, te da takva ponašanja mogu imati štetne posljedice za djetete. Jednako tako ne negiraju ni potrebu da se ta ponašanja prepoznaju, procjenjuju i da se s roditeljima i djecom radi na poboljšanju odnosa (u slučajevima kad nema sumnje na nasilje). Međutim, kad ono što opažamo nazivamo nekim terminom, a posebno terminom koji pretendira postati dijagnoza, onda se više ne radi samo o opisu ponašanja, već i prepostavljanim mehanizmima kako do tog ponašanja dolazi te prepostavci da se ono jasno identificira i razlikuje od sličnih koncepata.

I tu nastaje problem! Jer, u posljednjih 36 godina, od kad je Gardner (6) uveo termin otuđenja u psihologisku literaturu, nije akumulirano dovoljno znanstvenih dokaza da možemo reći

and the use of the concept of “parental alienation” In this, we are not unique, as similar discussions have been taking place in many other countries, in some resulting with the adoption of legal provisions (e.g. a new Child Protection Act was adopted in Spain in April 2021, according to which one of the major novelties is the elimination of “Parental Alienation Syndrome”) (5). Unfortunately, in Croatia, there is a lack of literature that would present contemporary scientific findings about the concept of “parental alienation”.

There are several basic questions that are being raised, and, in our opinion, they have not been adequately answered so far. These are:

1. What do opponents of “parental alienation” have against “parental alienation”?
2. Is it pseudoscience or not?
3. Is it about putting the interests of women victims of violence before the interests of their children?
4. In which direction and how to proceed?

First of all, it is important to fully clarify that opponents of the concept of “parental alienation” do not deny the existence of certain behaviours that are visible in clinical practice, e.g., children showing resistance or refusing to spend time with one parent, parents denigrating each other in front of children, interfering when contact takes place or using other strategies to disrupt the relationship between the child and the other parent, nor the fact that such behaviours can have detrimental consequences for the child. To the same extent, they do not disregard the need to recognise and assess such behaviours and to work with parents and children to improve their relationship (in cases where there is no suspicion of violence). However, when we use a term for something under observation, and especially if that term might become a diagnosis, it is not a matter of the description of a particular behaviour, but of the assumed mechanisms leading to that behaviour and the assumption that it has to be clearly identified and distinguished from similar concepts.

And this is where the problem arises! In the last thirty-six years, since Gardner (6) introduced the

da upravo ta ponašanja stoje iza tog pojma, da upravo ti mehanizmi objašnjavaju to ponašanje te ne znamo koja su ponašanja specifična upravo za „otuđenje“. Dakle, protivnici „otuđenja“ protivnici su korištenja tog pojma kao dijagnostičkog, znanstvenog i psihološkog konstrukt-a u kliničkim procjenama ili vještačenjima te protiv donošenja odluka temeljem korištenja tog pojma (7). Sam Bernet, jedan od najvažnijih zagovornika „otuđenja“ (8), kaže da nije bitno koji se termin koristi dok se god slažemo da govorimo o istoj stvari. No, ne govorimo o istoj stvari. Jer, kad govorim o „otuđenju“, Bernet i ostali zagovornici tog koncepta govore, ne samo o ponašanjima djeteta, već, polazeći iz psihanalitičke perspektive, podrazumijevaju i cijeli niz mehanizama, ponašanja i motivacije koja se nalazi u podlozi ponašanja „otuđujućeg“ roditelja, a koja za cilj imaju odvajanje djeteta i drugog roditelja (9). Prema njima termin „otuđenja“ odnosi se na skup pretpostavki koje okrivljuju roditelja s kojim dijete ostaje vezano i taj skup pretpostavki nije dovoljno utemeljen na znanstvenim spoznajama, niti njima potkrijepljen (10).

Postavljanje dijagnoze i imenovanje nekog psihičkog stanja ima svoje jasne koristi. Između ostalog osigurava pravi tretman, olakšava komunikaciju među stručnjacima i omogućava da osoba ima temeljem toga neke beneficije. Ali jednakom tako znamo da to sa sobom nosi i neke negativne posljedice – nekad je teško, zbog sličnosti u simptomima postaviti točnu dijagnozu, a ako se postavi kriva dijagnoza onda to može imati značajne i štetne posljedice za osobu. Neke dijagnoze sa sobom nose i značajnu stigmu i diskriminaciju, naročito kad se neprimjereno koriste. To može dovesti do nepoštenog odnosa prema toj osobi, uskraćivanja usluga ili prilika i ostalih negativnih reakcija od drugih osoba (11). Cijeli proces postavljanja dijagnoze ili imenovanja nekog psihičkog stanja je vrlo osjetljiv i može imati dalekosežne posljedice za sve uključene osobe. Zbog toga

term into the psychology literature, insufficient scientific evidence has been accumulated to be able to claim that these behaviours fully define the concept and that these mechanisms explain this type of behaviour. In other words, we lack knowledge about what behaviours are specific to “parental alienation”. Thus, opponents of “parental alienation” refuse to use the term as a diagnostic, scientific and psychological concept in clinical assessments and expert opinions and stand against making decisions based on the use of the term (7). Bernet himself, as one of the most prominent proponents of “parental alienation” (8), said that it did not matter which term was used as long as we agreed to talk about the same thing. However, we are not talking about the same thing. When Bernet talks about “parental alienation”, he and other proponents of the concept do not talk only about the child’s behaviour. Starting from a psychoanalytic perspective, they also imply a whole range of mechanisms, behaviours and motivations underlying the behaviour of the “alienating” parent, the aim of which is to separate the child from the other parent (9). According to them, the term “parental alienation” refers to a set of assumptions blaming the parent with whom the child remains attached and this set of assumptions has not been sufficiently founded in scientific knowledge nor substantiated by scientific evidence(10).

Establishing a diagnosis and naming a mental state have clear benefits. Among other things, in that way the right treatment can be provided and effective communication between professionals facilitated while the patient can get certain benefits. On the other hand, this can also result in some negative consequences, i.e., it is sometimes difficult to make an accurate diagnosis because of similar symptoms and if a misdiagnosis is made, it can have significant and harmful consequences for the patient. Some diagnoses can also carry a lot of stigma and discrimination, especially if they are used inappropriately. In turn, this can lead to unfair treatment of the patient, denial of services or opportunities, or various other negative reactions from others (11). The whole pro-

kritičari „otuđenja“ zagovaraju da treba ostati na razini deskriptivnih termina, ograđujući se od zaključaka koje ne možemo nedvojbeno dokazati. A dosadašnja literatura pokazuje da se „otuđenje“, kako ga definiraju zagovornici, ne može nedvojbeno dokazati.

ZNANSTVENA UTEMELJENOST „OTUĐENJA“

Kako bismo odgovorili na pitanje radi li se u slučaju teorije „otuđenja“ djeteta o pseudoznanosti ili ne, važno je staviti stvari u malo širi kontekst prakse temeljene na dokazima i jaza između teorije i prakse (engl. *science-practitioner gap*). Gotovo sve pomagačke znanstvene discipline suočene su s problemom dualnosti – s jedne strane nalaze se znanstvenici koji svoj rad temelje na znanstvenim dokazima, a s druge praktičari koji se na njih oslanjaju vrlo malo ili nikako (12). U prvoj su kategoriji znanstvenici koji provode znanstvena istraživanja i kojima znanost služi i kao zaštita od vlastitih pristranosti u zaključivanju. Stručnjaci/praktičari u ovoj kategoriji aktivno prate znanstvene spoznaje i implementiraju ih u svoju praksu (dijagnostiku i tretman). U drugoj su grupi praktičari koji su nakon svojih temeljnih studija zanemarili proučavanje znanstvenih istraživanja, praćenje najnovijih spoznaja i temeljem toga prilagodbu prakse. Razlozi toga su mnogobrojni i dio ih se odnosi i na zatvorenost znanstvene zajednice, njihovu čestu nerazumljivost u komunikaciji i udaljenost u istraživačkim temama od onog što praktičare zanima i/ili mori u svakodnevnoj praksi. Stoga se ti stručnjaci u svojoj praksi oslanjaju na svoje kliničko iskustvo, ono što su naučili od autoriteta tijekom studija ili kasnijih edukacija, ili na vlastitu intuiciju. Zbog svega navedenog nisu bez razloga sve češće u literaturi iznošene tvrdnje da su znanstveni temelji kliničke psihologije i srodnih struka na sve klimavijim nogama i da je jaz između znanstvenika i praktičara

cess of making a diagnosis or naming a mental state is very sensitive and can have far-reaching consequences for everyone involved. For this reason, the critics of “parental alienation” advocate that it should remain at the level of a descriptive term, disassociated from conclusions that cannot be conclusively proven. The available literature shows that “parental alienation” cannot be conclusively proven as defined by its proponents.

SCIENTIFIC FOUNDATION OF “PARENTAL ALIENATION”

In order to establish whether the theory of “parental alienation” falls in the domain of pseudoscience or not, it is important to put things in a broader context of evidence-based practice and the science-practitioner gap. Almost all ancillary scientific disciplines are faced with the problem of duality. On the one hand, there are scientists who base their work on scientific evidence, and on the other, there are practitioners who rely on them very little or not at all (12). Scientists conducting scientific research for whom science also serves as a protection against their own biases in reasoning belong to the first category. Professionals/practitioners belonging to this category actively monitor scientific knowledge and implement it in their practice (diagnostics and treatment). Practitioners who tend to neglect the scientific research, fail to follow the latest findings and adapt their practice after having completed their basic education belong to the second category. The reasons for this are numerous and partly related to the fact that the scientific community is rather closed, often incomprehensive in communication and distanced in research topics from what practitioners are interested in or striving to resolve in everyday practice. In their practice, they have to rely on their own clinical experience, what they learned during their studies or subsequent training, or on intuition. Because of the above mentioned, it is not without reason that the literature nowadays claims more frequently that the scientific foundations of clinical psychology and relat-

sve veći. U prilog tome idu i istraživanja koja pokazuju da je većina stručnjaka mentalnog zdravlja skeptična prema praksi temeljenoj na dokazima (13) te da pri odabiru intervencija odluku više temelje na svom kliničkom iskuštu, intuiciji ili teorijskoj orientaciji nego na rezultatima istraživanja (14,15). Znanost ponекад kasni za aktualnim problemima iz prakse, a mnoga istraživanja ne daju jednoznačne rezultate i jasne smjernice za praksu. Osim toga, broj znanstvenih časopisa i objavljenih istraživanja je u geometrijskom porastu i nije jednostavno pratiti sve relevantne znanstvene spoznaje, a praktičari za to često nemaju ni vremena u svom svakodnevnom radu. S druge strane, znanstvenici rjeđe izlažu na stručnim konferencijama kako bi približili znanstvene nalaze praktičarima. Teret odgovornosti za ovakav jaz je dakle na obje strane i važno je raditi na tome da se on smanji. Jer nažalost, posljedice ove dualnosti u najvećoj mjeri osjećaju korisnici naših usluga.

Kao što smo gore naveli, neki stručnjaci mentalnog zdravlja koriste nepodržane, neprovjene i na druge načine problematične tretmane i dijagnostičke metode. Nažalost, istraživanja ukazuju da su neki praktičari presamovjereni u svojim procjenama i predikcijama, da imaju mnogo pristranosti u zaključivanju i konceptualizaciji klijentovih problema i da često koriste tehnikе koje su znanstveno upitne ili kontroverzne (12). Neki nažalost, vrlo samovjereni koriste dijagnoze čija se utemeljenost i valjanost tek treba potvrditi, kao što je to slučaj kad je u pitanju „otuđenje“ djeteta (16). Problem s upitnim dijagnozama je posebno naglašen u sudskim procesima gdje se temeljem njih donose dalekosežne posljedice za sve uključene (17). Pri tome je važno biti potpuno otvorena uma na činjenicu da je znanost živa, da se svakodnevno objavljuju nove spoznaje i da će nešto što je trenutno upitne znanstvene valjanosti možda biti potvrđeno u budućim istraživanjima. No, teret dokaza je na onima koji zagova-

ed professions are on increasingly shaky legs and that the gap between scientists and practitioners has been widening. This is supported by research showing that most mental health professionals are sceptical of evidence-based practices (13) and that when choosing interventions, they base their decisions more on their clinical experience, intuition or theoretical orientation than on the results of research (14:15). Science sometimes legs behind current problems in practice and many studies do not provide unambiguous results and clear guidelines for practice. In addition to that, the number of scientific journals and published research is on a geometric rise. It is not easy to follow all relevant scientific findings and practitioners often do not even have enough time to do it in their day-to-day work. On the other hand, scientists present their findings at professional conferences less frequently to bring scientific findings closer to practitioners. The burden of responsibility for this gap, therefore, lies on both sides and it is important to exert effort to reduce it. Unfortunately, the consequences of this duality are largely felt by those who use our services.

It follows that certain mental health professionals use unsupported, unchecked and in other ways problematic treatments and diagnostic methods. Unfortunately, research suggests that some practitioners are overconfident in their assessments and predictions, exert a lot of bias when reaching conclusions and conceptualizing patient problems, and often use techniques that are scientifically questionable or controversial (12). Sadly, some of them very confidently use diagnoses the foundation and validity of which have yet to be confirmed. This is the case with “parental alienation” (16). The problem with questionable diagnoses is particularly evident in court proceedings as they have far-reaching consequences for all parties involved (17). Nevertheless, it is important to keep a completely open mind and embrace the fact that science is alive and dynamic; new insights are published daily and something that is currently of questionable scientific validity may be confirmed by future research. However, the burden of proof lies with those who advocate a

raju neku teoriju ili tehniku, a ne na njihovim kritičarima (18).

Što dosadašnji dokazi govore o znanstvenoj utemeljenosti „otuđenja“? Svi se stručnjaci slažu da u praksi, naročito kad rade s djecom roditelja koji prolaze kroz složeni razvod, često opažaju ponašanja odbijanja jednog roditelja i preferencije drugog roditelja. Manipulacija je jedno od mogućih objašnjenja opaženog ponašanja i u ovoj fazi predstavlja opisni, teoretski koncept. No, da bi postao znanstveno potvrđeni konstrukt, pogodan za korištenje u praksi, potreban je cijeli niz istraživanja koja trebaju dokazati, ono što se u znanosti naziva konstruktnom valjanosti tog koncepta (jer je ona temelj znanstvene valjanosti). Konstrukt treba biti definiran u opažajnim terminima kako bi se mogao objektivno mjeriti i procjenjivati (19). Da pojednostavimo, da bi „otuđenje“ bilo znanstveni, psihološki konstrukt potrebno je definirati koja to ponašanja i obilježja imaju „otuđena“ djeca kako bi se to moglo jasno i jednoznačno procjenjivati. Pri tome su dvije važne odrednice konstruktne valjanosti – konvergentna valjanost i diskriminativna valjanost. Dva komplikirana termina koja opisuju jednostavne odrednice. Konstrukt, u ovom slučaju „otuđenje“, mora imati očekivanu povezanost sa sličnim konstruktima te istovremeno mora imati jasna distinkтивna obilježja koja omogućavaju da se razlikuje od sličnih koncepata. Dakle, „otuđenje“ mora biti opisano na način da smo u procjenama sigurni da se radi o njemu, a ne o nečem drugom kao npr. separacijskoj anksioznosti, slaboj privrženosti djeteta i roditelja ili nečemu trećem. Da bi „otuđenje“ bilo priznato kao znanstveni konstrukt, istraživanja moraju utvrditi njegovu konvergentnu i diskriminativnu valjanost.

Ako se zbog jednostavnosti zadržimo na samo dva ponašanja koja Gardner navodi kao ona koja ukazuju na „otuđenje“ - ocrnjivanje jednog roditelja i fenomen djeteta „nezavisnog misliatelja“, znanstvena istraživanja trebaju jasno

particular theory or technique, and not with their critics (18).

What does current evidence say about the scientific rationale of “parental alienation”? All experts agree that in practice, and especially when working with children of parents going through a complex divorce, they often perceive behaviours such as rejection of one parent and preference of the other. Manipulation is one of possible explanations of the observed behaviour and, at this stage, it represents a descriptive, theoretical construct. However, in order to become a scientifically validated concept suitable for use in practice, a whole series of research avenues is needed to prove something that science calls the construct validity of a construct (which is the very basis of scientific validity). A concept should be described in observable terms in order to be objectively measured and assessed (19). To simplify, in order for “parental alienation” to be a scientific psychological construct, it is necessary to define what behaviours and characteristics “alienated” children have in order to be able to provide clear and unambiguous assessment. In doing so, two important determinants of construct validity have to be taken into account, i.e., convergent validity and discriminant validity. These are two complicated terms used to describe simple determinants. The concept of “parental alienation”, therefore, has to be linked with similar concepts and, at the same time, it has to have clear and distinctive characteristics that allow it to differ from similar concepts. Thus, “parental alienation” has to be described in a way that allows us to be certain of it while making our assessments so that we do not confuse this construct with, for example, separation anxiety, poor attachment relationship between child and parent or something else. In order for “parental alienation” to become recognized as a scientific concept, research has to determine its convergent and discriminant validity.

If, for simplicity, we take into consideration only two types of behaviour to which Gardner points out as the behaviours indicating “parental alienation”, i.e., the campaign of denigration of one

dokazati da su opisana ponašanja nešto što je specifično i jedinstveno za „otuđenje“. I da nisu prisutna u nekim drugim slučajevima, kao što su npr. loši roditeljski postupci. Može li odbijanje i ocrnjivanje roditelja biti posljedica loših iskustava djeteta s roditeljem koji s njima ne provodi vrijeme, ne reagira na njihove potrebe i ne iskazuje nježnosti? Vjerujemo li djeci kad nam kažu da su to njihova iskustva, a ne da ih je na to nagovorio drugi roditelj? Možemo li to i kako dokazati? Jer upravo činjenica da negiraju da ih je na to nagovorio drugi roditelj stručnjacima je dokaz da je fenomen nezavisnog misliloca prisutan.

U pokušajima dokazivanja znanstvene utemeljenosti koncepta „otuđenja“ često se koriste anegdotalni primjeri, odnosno iskustva žrtava „otuđenja“. Apsolutno je važno razumjeti da anegdotalni dokazi mogu biti početak konceptualizacije nekog koncepta (kao što je slučaj s „otuđenjem“) i da su iskustva žrtava važna. Međutim, istraživači moraju vrlo jasno dokazati da se u opisanim primjerima radi o „otuđenju“, a ne o prethodnom zlostavljanju ili reakciji na loše roditeljstvo. Korištenje primjera slučaja kao znanstvenih dokaza je uvijek rizično jer se prikazuje individualno iskustvo pojedinca, njihova perspektiva te njihovo tumačenje slijeda i uzroka događaja. U slučajevima „otuđenja“ moramo biti sigurni da se ne radi o reakciji na razvod roditelja ili na pojačavanju prijašnjih problema, odnosno da nije moguće ni jedno drugo alternativno objašnjenje. Upravo zbog toga, jednaku znanstvenu rigoroznost treba primijeniti na ove podatke kao i na podatke prikupljene znanstvenom metodologijom.

Druga vrsta dokaza su dokazi proizašli iz znanstvenih istraživanja. Ni oni do sada nisu uspjeli dokazati konstruktnu valjanost otuđenja. Uz prisutnost značajnih metodoloških poteškoća (nepostojanje adekvatnih mjernih instrumenata, pristranost u regrutaciji sudionika, izostanak kontrolnih skupina, korištenje neadekvatnih statističkih analiza i korištenje cirkularnih

parent and the “independent-thinker” phenomenon, scientific research should unambiguously prove that those behaviours are specific and unique to “parental alienation”. In addition to that, they should not be characteristic for other cases, such as poor parental practices. Can rejection or denigration of one parent result from bad experiences that the child has experienced with the parent who does not spend time with him or her, fails to react to the child’s needs and does not show affection? Do we believe children when they tell us that these are their experiences and that they were not talked into it by the other parent? Can we prove it and how? For professionals, the fact that the child denies being persuaded by the other parent is a proof of the “independent-thinker” phenomenon.

The attempts to prove the scientific rationale of the concept of “parental alienation” oftentimes use anecdotal examples, i.e., experiences of victims of “parental alienation”. It is absolutely important to understand that anecdotal evidence can be used in the beginning of the conceptualization of a concept (as is the case with “parental alienation”) and that victims’ experiences are important. However, researchers have to unambiguously prove that the examples they use are cases of “parental alienation” and not cases of previous abuse or a reaction to poor parenting practices. Using case examples as scientific evidence is always risky as it presents an individual experience, a certain perspective and interpretation of a sequence and causes of events. To establish a case of “parental alienation”, we have to be certain that certain behaviour is not a reaction to divorce or amplification of previous problems, or, in other words, that no other alternative explanation is possible. For this reason, the same scientific rigor should be applied to this kind of data as to the data collected from scientific examination methodologies.

Evidence emerging from scientific research is the other category of evidence and, so far, such evidence has not been able to prove the construct validity of alienation. Due to significant methodological flaws (lack of adequate measuring instru-

objašnjenja), konvergentna i diskriminativna valjanost „otuđenja“ nisu potvrđene (20). Najviše je poteškoća u razgraničavanju „otuđenja“ od psihološkog zlostavljanja. Nakon akumulacije dokaza da je „otuđenje“ nemoguće razlikovati od psihološkog zlostavljanja, zagovornici „otuđenja“ navode da je „otuđenje“ zapravo oblik emocionalnog zlostavljanja (21,22). Do sada istraživanja nisu dokazala kako je „otuđenje“ povezano sa zlostavljućim ponašanjima (odbijanjem, teroriziranjem, izoliranjem, iskorištavanjem, uskraćivanjem emocionalne pažnje i zanemarivanjem) te koje su posljedice „otuđenja“ koje bi ukazivale da se radi o emocionalnom zlostavljanju (23).

Posebni su problemi vezani uz razvoj mjernih instrumenata za procjenu „otuđenja“. Pregled dosadašnje literature pokazuje da, do sada razvijeni mjerni instrumenti [od kojih neki npr. Bakerov upitnik otuđenja (21), Upitnik prihvatanja-odbijanja roditelja (24)], nisu uspjeli zadovoljiti kriterije kojima bi dokazali da mjerne ono što bi trebali mjeriti, odnosno da mjerne „otuđenje“ te da je s njima moguće jasno dokazati, odnosno potvrditi „otuđenje“.

Jedno od prijepornih pitanja u stručnoj i znanstvenoj raspravi je i korištenje kvalitativne metodologije kao osnovne metodologije u konceptualizaciji, operacionalizaciji i potvrđivanju ovog koncepta. Važno je istaknuti da kritičari „otuđenja“ ne kritiziraju kvalitativnu metodologiju *per se* kao izvor znanstvenih podataka, već način na koji tu metodologiju koristi prvo Gardner, a onda kasnije i ostali istraživači koji njima potvrđuju „otuđenje“. Radi se o neadekvatnom korištenju pristupa utemjeljene teorije (engl. *Grounded theory method*), triangulacije, regrutacije sudionika i sl. koji nažalost ukazuju na nedovoljno poznavanje znanstvene teorije i metodologije samih autora (za detalje pogledati ref. 25), a ne na poteškoće s kvalitativnom metodologijom koja može biti iznimno vrijedan izvor znanstvenih podataka. U posljednjem objavljenom sustavnom pregledu

ments, bias in the recruitment of participants, absence of control groups, use of inadequate statistical analyses and use of circular explanations), the convergent and discriminant validity of “parental alienation” have not been confirmed (20). The biggest problem is how to distinguish “parental alienation” from psychological abuse. After having accumulated evidence that “parental alienation” is impossible to distinguish from psychological abuse, those who advocate “parental alienation” see it as a form of emotional abuse (21:22). So far, research has neither proven that “parental alienation” is associated with abusive behaviours (rejection, terrorisation, isolation, exploitation, denial of emotional attention and neglect) nor what are the consequences of “parental alienation” that would indicate emotional abuse (23).

Moreover, there are particular problems related to the development of instruments for the assessment of “parental alienation”. An overview of the current scientific literature indicates that the instruments developed so far (e.g. the Baker Parental Alienation Syndrome Questionnaire (21), Parental Acceptance-Rejection Questionnaire (24)) have failed to meet the criteria to prove that they measure what they are supposed to measure, i.e. “parental alienation”, and that by using them it is possible to clearly prove or confirm “parental alienation”.

One of the controversial questions in professional and scientific discussions is the question of the use of qualitative methodology as the basic methodology in the conceptualization, operationalization and validation of this concept. It is important to point out that critics of “parental alienation” do not criticize the qualitative methodology *per se* as a source of scientific data, but the way in which this methodology has been used, first by Gardner, and later on by other researchers who have been using it to corroborate “parental alienation”. This is a case of inadequate use of the grounded theory method, triangulation, recruitment of participants, etc., which, unfortunately, indicates that the authors lack knowledge in scientific theory and methodology

literature objavljenom 2019. godine opisana su 42 provedena istraživanja od 2000. do 2018 godine koja su bila dominantno kvantitativna. Rezultati pokazuju da dominantna istraživačka metodologija posljednjih godina više nije kvalitativna, međutim da objavljena istraživanja pate od ozbiljnih metodoloških nedostataka (26).

Dodatac problem vezan uz pregled literature u ovom području su izvori citirane literature. Mnogi zagovornici „otuđenja“ kao relevantne izvore citiraju radove koje su objavili Gardner te Bernet i suradnici, uključujući i knjigu koja predstavlja temeljnu literaturu u ovom području – Roditeljsko otuđenje, DSM-5 i ICD11 objavljenu 2010. godine. Međutim, kad se pogleda popis literature te knjige vidljivo je da su najveći dio njegovih referenci filmovi, TV emisije, knjige i članci koje nisu pisali stručnjaci te je vidljiv izostanak referenci koje ne podržavaju ovu dijagnozu, kao i manjak recenziranih istraživanja koji podržavaju dijagnozu. Citirano je jako malo istraživanja koja su objavljena u recenziranim istraživačkim časopisima. Rasprave u javnosti nisu dovoljan kriterij da se nešto uvede u dijagnostičke priručnike niti je dokaz znanstvene valjanosti. Upotreba neznanstvenih citata kao dokaza znanstvene valjanosti pojma je potpuno neprihvatljiva (25).

Zaključno, kada zagovornici koncepta „otuđenja“ o njemu govore, navode da se radi o globalno prihvaćenom dijagnostičkom, znanstvenom, psihološkom i pravnom konceptu a da se ne osvrću na jednako tako globalne kontroverze koje se uz njega vežu (7). Lilienfeld i suradnici (12) iznose znakove upozorenja pomoću kojih razlikujemo znanstvene od pseudoznanstvenih metoda i koncepcija. Neki od njih su izostanak samokorekcije, izbjegavanje recenzija kolega stručnjaka, naglasak na potvrđivanju umjesto na opovrgavanju, obrnuta logika tereta dokaza, pretjerano oslanjanje na svjedočenja i anegdotalne primjere, izostanak jasnih granica (jasnih određenja kad nešto jest, a kad to nije). Kon-

(see ref. 25), rather that there are difficulties with a qualitative methodology that can serve an extremely valuable source of scientific data. The last published systematic review of literature from 2019 describes 42 studies conducted from 2000 to 2018 that are predominantly quantitative. The results show that the dominant research methodology applied in recent years has no longer been qualitative, but that published studies suffer from serious methodological deficiencies (26).

An additional problem related to the review of literature in this area emerges from the sources of the cited literature. Many proponents of “parental alienation” quote papers published by Gardner and Bernet et al., as well as the fundamental book in this field published in 2010 - *Parental Alienation, DSM-5 and ICD-11* – as the relevant source. However, a closer inspection of the references in that book reveals that the majority of references are films, TV shows, and books and articles that have not been written by experts in the field. There is a noticeable absence of references to support the diagnosis in question, as well as a lack of peer-reviewed research. Very few studies published in peer-reviewed research journals have been quoted. Public discussions are not sufficient criteria to introduce something into diagnostic manuals, nor is it evidence of scientific validity. The use of unscientific quotations to establish evidence of scientific validity of the term is completely unacceptable (25).

In conclusion, when proponents of “parental alienation” talk about the concept, they state that it is a globally accepted diagnostic, scientific, psychological and legal concept, neglecting to address controversies associated with it, which are equally global (7). Lilienfeld et al. (12) list warning signs that can be used to distinguish between scientific and pseudoscientific methods and concepts. Some of those signs include the absence of self-correction, evasion of peer-review by fellow experts, an emphasis on confirmation rather than refutation, reverse logic of the burden of proof, overreliance on testimonial and anecdotal evidence, absence of boundary conditions (well-articulated limits under which predicted phenomena do and do not

cept „otuđenja“, promatrajući ove znakove, još je uvjek bliži pseudoznanosti nego znanosti.

PROBLEMI S DEFINICIJOM POJMA

Pojam sindroma „otuđenja“ djeteta od roditelja uveo je Richard Gardner 1985. godine i prvi ga je put predstavio u neznanstvenom časopisu *Academy Forum* (6). Od tada, unatoč nekoliko promjena imena, od sindroma poremećaja do samo „otuđenja od roditelja“, sama definicija i dijagnostički znakovi te značenje pojma nisu se puno promijenili (27).

Sindrom „otuđenja“ djeteta od roditelja, kasnije promijenjen u poremećaj „otuđenja“ djeteta od roditelja (PAD) u dva se navrata pokušalo uvesti u službene dijagnostičke sustave, a najrecentniji je pokušaj da se uvede u Međunarodnu klasifikaciju bolesti – 11 izdanje (MKB-11, koji izdaje SZO) te u 5. izdanje DSM-a koji izdaje Američka psihijatrijska organizacija (APA). Kolege okupljene oko Williama Berneta napravile su pregled razloga zašto bi PAD trebao biti službena dijagnoza i ti su argumenti kasnije objavljeni u ranije spomenutoj knjizi Roditeljsko otuđenje, IDC11 i DSM-5 (28). Prema navodima samog autora ta je knjiga do tada najbolji i najopsežniji skup dokaza o valjanosti, pouzdanosti i prevalenciji „otuđenja“. Pokušat ćemo detaljno analizirati koje su sve poteškoće s ovim pojmom, njegovom definicijom i operacionalizacijom te zašto su upravo ti problemi, kad se sagledaju u kontekstu znanstvenih dokaza, racionala za odbacivanje ovog termina i zabranu korištenja u sudskim postupcima i kliničkim procjenama.

Prema definiciji osnovni kriterij prema kojem bi se „otuđenje“ trebalo dijagnosticirati je snažno povezivanje djeteta s jednim roditeljem i odbacivanje drugog bez legitimnog opravdanja i objašnjenja. Za zaključak da se radi o „otuđenu“ treba biti prisutno i „otuđujuće“

apply). If these signs are taken into consideration, the concept of “parental alienation” is still closer to pseudoscience than to science.

PROBLEMS WITH THE DEFINITION OF THE TERM

The concept of “parental alienation syndrome” was introduced by Richard Gardner in 1985 and first introduced in an unscientific journal - *Academy Forum* (6). Ever since, despite several changes of the name, from disorder syndrome to simply “parental alienation,” the very definition, diagnostic signs and meaning of the term have not changed much (27).

There were attempts to introduce “Parental alienation syndrome” (PAS), later changed to “parental alienation disorder” (PAD), into the official diagnostic systems. The most recent one concerns the effort to introduce it into the 11th revision of the International Classification of Diseases (ICD-11, WHO 2022) and in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Organization (APA). Colleagues gathered around William Bernet have prepared an overview of the reasons why the PAD should become an official diagnosis and these arguments were subsequently published in the aforementioned book titled *Parental Alienation, IDC-11 and DSM-5* (28). According to the author, this book provided the best and most comprehensive set of proofs on the validity, reliability and prevalence of “parental alienation” up to that time. We will try to provide a detailed analysis of various difficulties related to the term, its definition and operationalization, and explain why these problems, in the context of scientific proof, represent the rationale for its rejection and prohibition of use in judicial proceedings and clinical assessments.

According to the definition, the basic criterion according to which “parental alienation” should be diagnosed is the strong association of the child with one parent and rejection of the other without legitimate justification and explanation. In order

ponašanje preferiranog roditelja. Osim toga, osnovno psihičko obilježje djeteta je iracionalna anksioznost i/ili hostilnost prema roditelju kojeg odbija (28). U kontekstu kliničke prakse i procjene, ali i znanstvenih dokaza, Bernet i suradnici ne nude nikakve tehnike ni smjernice kako odrediti ima li dijete *legitimno objašnjenje* kao ni je li prisutna *iracionalna anksioznost ili hostilnost* (25). Kako onda procjenjujemo jesu li djetetove reakcije opravdane? Ili se radi o simptomima „otuđenja“? Ako nema jasnih kriterija legitimnih objašnjenja, kliničari se mogu osloniti jedino na vlastita uvjerenja i vlastite pretpostavke o tome što je prihvatljivo odbijanje drugog roditelja. A u tim se uvjerenjima kliničari sigurno međusobno razlikuju. Jednom kad se postavi hipoteza „otuđenja“ teško ju je opovrgnuti, jer hipoteza kaže da će dijete, ako je „otuđeno“, pokazivati opisana ponašanja. Ako su opisana ponašanja prisutna, dijete je „otuđeno“. Ovo jasno ukazuju na pristranost u zaključivanju koje se zove *potvrđivanje posljedica* (25). Za razliku od toga, kad postoje legitimna objašnjenja djetetovog ponašanja, govori se o udaljavanju (engl. *estrangement*) ili odbijanju kontakta (29).

Ako prihvatimo pretpostavku o nepostojanju legitimnog objašnjenja djetetovog ponašanja, moramo prihvati i pretpostavku o tome da je ranije postojao zadovoljavajući odnos između djeteta i „otuđenog“ roditelja te da pokušaj narušavanja tog odnosa nema nikakvo opravdanje ni objašnjenje. Ponovno smo u prilično subjektivnoj zoni prikupljanja informacija o tome kakav su odnos prije imali roditelj i dijete te utvrđivanja postojanja motivacije „otuđujućeg“ roditelja za takvim ponašanjem. Oba ta procesa vrlo često uključuju i rad sa žrtvama zlostavljanja (i djece i majki), što znači da bi stručnjaci trebali biti educirani za rad s djecom žrtvama zlostavljanja te poznavati dinamiku i posljedice rodno uvjetovanog nasilja. Osim toga, „otuđenje“ polazi od pretpostavke da se, ako za takvo ponašanje ne postoji legitimno

to establish “parental alienation”, the “alienating” behaviour of the favoured parent also needs to be present. In addition to that, the basic mental characteristic of the child is irrational anxiety and/or hostility towards the rejected parent (28). In the context of clinical practice and assessment, as well as scientific proof, Bernet et al. fail to provide any techniques or guidance on how to determine whether a child has a legitimate explanation or whether irrational anxiety or hostility is present (25). So how do we assess whether the child’s reactions are justified? Or, how do we conclude that the child expresses the symptoms of “parental alienation”? If there are no clear criteria for legitimate explanations, clinicians can rely only on their own beliefs and assumptions about what presents an acceptable rejection of the other parent. And when it comes to such beliefs, clinicians certainly differ amongst each other. Once the hypothesis of “parental alienation” has been established, it is difficult to refute it, because the hypothesis says that the alienated child will exhibit the described behaviours. If the described behaviours are present, the child is “alienated”. This clearly indicates a bias in reasoning called *confirmation of consequences* (25). In contrast, when there are legitimate explanations of the child’s behaviour, the term “estrangement” or refusal of contact is used (29).

If we accept the presumption that there is no legitimate explanation of the child’s behaviour, we also need to accept the premise that a satisfactory relationship between the child and the “alienated” parent existed previously and that the attempt to hamper that relationship has no justification or explanation. This implies a rather subjective approach in gathering information about what kind of relationship the parent and child used to have and determining if the “alienating” parent is motivated to express such behaviour. Very often, both processes involve working with victims of abuse (both children and mothers), which implies that professionals need training in order to be able to work with children victims of abuse and understand the dynamics and consequences of gender-based violence. Furthermore, “parental alienation” starts from the premise that if there is no legitimate explanation

objašnjenje, radi o namjernoj manipulaciji zbog koje dijete daje iskrivljenu, netočnu sliku stvarnog stanja. No, rezultati dosadašnjih istraživanja pokazuju da djeca najčešće govore istinu, naročito kad su izložena nasilju i agresiji (27).

Podsjetimo, „otuđenje“ se pripisuje djeci koja iskazuju set od osam ponašanja (za detalje vidjeti ref. 4). Jedan od problema s navedenim simptomima „otuđenja“ je što mnogi od njih mogu biti reakcije npr. potpuno psihički zdravog adolesenta čiji roditelji prolaze kroz razvod, kao i reakcije djeteta na obiteljsko nasilje. Ako nemamo jasna distinkтивna obilježja što razlikuje tu vrstu reakcija od „otuđenja“, a nemamo, onda ne možemo o „otuđenju“ ni zaključivati.

Dijagnostički kriteriji navedeni za „otuđenje“ ne uzimaju u obzir razvojne osobitosti u privrženosti roditelja i djece. Manja djeca češće su privržena jednom roditelju u odnosu na drugog, a odrastanjem može doći do promjena u privrženosti roditeljima. Međutim, prema konceptu „otuđenja“ očekuje se da će ista vrsta roditeljskog ponašanja imati iste učinke na djecu različite dobi te da će djeca različitim dobi pokazivati iste simptome. Ponašanje je, kako znamo, rijetko tako razvojno nepromjenjivo (30).

Opisivanje i imenovanje opaženog nije dokaz da je koncept valjan ili prihvaćen. Da ponovimo, nema opće prihvачene definicije „otuđenja“ koja bi bila objektivna i provjerljiva. Samim time, rasprava o rezultatima koji potvrđuju roditeljsko „otuđenje“ kao mehanizam koji je u podlozi opaženog ponašanja je u najmanju ruku sumnjiva. Jer ista ta ponašanja koja se pripisuju otuđenju mogu se pripisati nekim drugim uzrocima vezanim uz privrženost (31), zlostavljanju djece i nasilju u obitelji (32). Naužalost, rasprava o diferencijalnoj dijagnostici „otuđenja“ u odnosu na druga objašnjenja je slaba i u literaturi zagovornika „otuđenja“ se spominje tek usput.

for this type of behaviour, the child gives a distorted and inaccurate description of the actual situation as a result of deliberate manipulation. However, the results of previous research show that children most often tell the truth, especially if they have been exposed to violence and aggression (27).

Let us not forget that “parental alienation” is attributed to children who exhibit a set of eight (see ref. 4) symptoms. One of the problems with the aforementioned symptoms of “parental alienation” is the fact that many of them can be reactions to something, e.g. a completely mentally healthy adolescent might react to a divorce, or a child might react to domestic violence. If we do not have a set of clear and distinct characteristics to distinguish such reactions from “parental alienation”, which is currently the case, it is impossible to reach conclusions about “parental alienation”.

The diagnostic criteria for “parental alienation” do not take into account the developmental specificities of the parent-child attachment. Younger children are more likely to be attached to one parent than the other, and growing up the attachment might change. However, according to the concept of “parental alienation”, the same type of parental behaviour is expected to have the same effects on children of different ages and children of different ages will show the same symptoms. As it is known, behaviour rarely remains developmentally unchanged. (30).

Describing and naming something that has been observed is not a proof that the concept is valid or accepted. To summarize, there is no generally accepted definition of “parental alienation” that is objective and verifiable. Therefore, the discussion about the results confirming “parental alienation”, as a mechanism underlying an observed behaviour is, to say the least, dubious. The same behaviours attributed to alienation can be attributed to a number of other causes related to attachment (31), child abuse or domestic violence (32). Unfortunately, the discussion about the differential diagnosis of “parental alienation” in relation to other explanations is rather weak and the literature written by its proponents mentions it only casually.

Sam Bernet (29) navodi da je u forenzičkoj praksi ključno razlikovati „otuđenje“ od udaljavanja jer to ima značajne posljedice u sudskim procesima. U literaturi se navodi da se opažena ponašanja mogu pripisati cijelom nizu razloga - dječjoj lojalnosti jednom roditelju, prisutnom zlostavljanju, separacijskoj anksioznosti, specifičnoj fobiji, poremećaju ophodenja, poremećaju prilagodbe, poteškoćama u povezanosti između roditelja i djeteta (33). Dodatno, otpor prema roditelju može biti razvojna faza, posljedica razvoda roditelja, reakcija na roditeljski stil, reakcija na percepciju djeteta da je jedan roditelj ranjiviji i „slabiji“ te reakcija na ulazak drugog roditelja u novi partnerski odnos. Zagovornici „otuđenja“ iznose različite hipoteze i načine kako razlikovati udaljenu od „otudene“ djece. Tako Kelly i Johnston (34) navode da „otuđena“ djeca osjećaju nerazumno ljuntnju i/ili strah; Bernet i Freeman (35) navode čimbenike koje je potrebno razmotriti pri postavljanju diferencijalno-dijagnostičkih hipoteza, Lee i Olesen (36) navode da je prvi korak u razlikovanju procjena djeteta, zatim procjena oba roditelja i na kraju procjena odnosa djeteta s oba roditelja. Na kraju, Drozd i Olesen (37) navode korake potrebne za doношење procjene da se radi o „otuđenju“. No, upravo prema navodima Berneta i suradnika (9) nitko od njih ne nudi jasne smjernice kako razlikovati „otuđenje“ od ostalih objašnjenja. Dakle, literatura o „otuđenju“ ne daje smjernice kako bi stručnjaci trebali razlikovati radi li se o konfliktu lojalnosti kod djece, prisutnosti zlostavljanja u obitelji (i u situacijama kad nema fizičkih dokaza, svjedoka ili priznanja), „otuđenju“ ili nečem četvrtom. U pregledu istraživanja koje su proveli Saini i suradnici (38) navodi se da je prisutan jasan izostanak istraživanja vezanih uz diferencijalnu-dijagnostiku „otuđenja“. Takvo usko i pristrano fokusiranje samo na jedno objašnjenje je jasna pristranost vidljiva u istraživačkim metodama, citiranju literature i zaključcima zagovornika „otuđenja“.

Bernet himself (29) states that it is crucial to distinguish between “parental alienation” from estrangement in forensic practice because of significant consequences in judicial proceedings. The literature states that the observed behaviours can be attributed to a whole range of reasons, i.e., loyalty to one parent, abuse, separation anxiety, specific phobia, conduct disorder, adaptation disorder, or difficulties in the parent-child relationship (33). Furthermore, resistance to one parent can be linked to a developmental stage, a consequence of divorce, reaction to a parental style, perception that one parent is more vulnerable and “weaker” or a reaction to the other parent’s new partnership relation. Proponents of “parental alienation” have various hypotheses and ways to distinguish estranged from “alienated” children. Kelly and Johnston (34) state that “alienated” children feel unreasonable anger and/or fear; Bernet and Freeman (35) cite the factors to consider when setting differential diagnostic hypotheses, Lee and Olesen (36) explain that the first step in establishing the distinction is to assess the child, then to assess both parents and ultimately to assess the child’s relationship with both parents. Finally, Thrush and Olesen (37) list the steps to be taken to make an assessment and establish a case of “parental alienation.” However, according to Bernetto et al. (9), none of them provides clear guidance on how to distinguish “parental alienation” from other explanations. Thus, the literature on “parental alienation” does not provide clear guidance to professionals on how to distinguish between a conflict of loyalty, domestic abuse (in cases where there is no physical evidence, witnesses or confessions), “parental alienation” and something else. A review of research conducted by Saini et al. (38) established a clear absence of research on the differential diagnosis of “parental alienation”. Such a narrow and biased focus on only one explanation indicates a clear bias in research methods, literature quoting and conclusions reached by the proponents of “parental alienation”.

The new editions of classification systems have not accepted their arguments, stating that not enough scientific evidence has been accumulated

Gore navedena nova izdanja klasifikacijskih sustava nisu prihvatile argumente zagovaratelja „otuđenja“ i navode da nisu akumulirani dovoljno snažni znanstveni dokazi koji bi potvrdili „otuđenje“ kao dijagnozu. Naime, čak su i neki zagovornici „otuđenja“ radnu skupinu upozorili da nema još dovoljno znanstvenih dokaza za uključivanje u DSM-5 (39). Dokazi iz kvalitativnih istraživanja nisu dovoljni, potrebni su snažni kvantitativni dokazi kako bi se novi poremećaj uveo u klasifikacijski sustav. Jedan od argumenata zagovaratelja je bio da će se ti dokazi sigurno akumulirati ako se „otuđenje“ uvede kao dijagnoza. Za sada, „otuđenje“ nije doseglo ni razinu znanstvene utemeljenosti da ga se uključi kao „stanja koja zahtijevaju dodatna istraživanja“ (engl. *condition requiring further study*) na način na koji je npr. uključena ovisnost o internetskim igrama (40).

KORIŠTENJE KONCEPTA „OTUĐENJA“ U STRUČNIM I FORENZIČKIM PROCJENAMA I SUDSKIM POSTUPCIMA U KOJIMA SU UKLJUČENE ŽRTVE RODNO UVJETOVANOG NASILJA

Još je jednom važno pažljivo razmotriti zašto je korištenje koncepta „otuđenja“ u kliničkoj praksi pogrešno i može imati štetne posljedice. Jasno je dokazano da „otuđenje“ nije znanstveno valjan konstrukt. To znači da su sve njegove pretpostavke još uvijek na razini hipoteza, koje u posljednjih 36 godina nemaju dovoljno znanstveno uporište da bi ih sa sigurnošću proglašili točnima ili valjanima. Najveća je poteškoća u tome da nema jasnih kriterija prema kojima možemo dokazati da je ono što opažamo „otuđenje“, a ne nešto drugo. To znači da se u kliničkoj praksi radi o tome da stručnjaci o „otuđenju“ trebaju zaključivati na temelju svojih uvjerenja, stavova i intuicije. Namjerno smo izostavili znanje – jer postojeći fundus znanstvenih činjenica ukazuje da se o „otuđenju“ ne

to confirm “parental alienation” as a diagnosis. Indeed, even some proponents of “parental alienation” have warned the task force that there is not yet enough scientific evidence to include it in the DSM-5 (39). Evidence from qualitative research is insufficient and strong quantitative evidence is yet needed to introduce a new disorder into the classification system. One of the arguments that the proponents used was that the evidence would surely accumulate if “parental alienation” was to be introduced as a diagnosis. So far, “parental alienation” has not even reached the appropriate level of scientific validity to be included as a condition requiring further study in the same way that, for example, video game addiction (40) is included.

USE OF THE CONCEPT OF “PARENTAL ALIENATION” IN PROFESSIONAL AND FORENSIC ASSESSMENTS AND COURT PROCEEDINGS INVOLVING VICTIMS OF GENDER-BASED VIOLENCE

Once again, it is important to carefully consider why the use of the concept of “parental alienation” is unsuitable for clinical practice and can result in harmful consequences. It has been unambiguously proven that “parental alienation” is not a scientifically valid construct. This implies that all assumptions about it are still at the level of hypotheses, as they lack sufficient scientific support in the last 36 years to declare them accurate or valid with certainty. The biggest difficulty is that there are no clear criteria according to which what is perceived as “parental alienation” can be proved as such and not something else. This means that in clinical practice professionals have to reach conclusions about “parental alienation” based on their personal beliefs, attitudes and intuition. Knowledge has been deliberately omitted here as the existing scientific facts indicate that “parental alienation” cannot be established with certainty because there are no clear criteria for how to distinguish it from similar conditions. We can all agree that once we enter the field of reasoning based on our

može sa sigurnošću zaključivati jer nema jasnih kriterija kako ga razlikovati od sličnih stanja. Jednom kad smo na području zaključivanja temeljem vlastitih uvjerenja, stavova i intuicije, složit ćemo se, ne radimo kliničku procjenu temeljenu na dokazima, već smo u zoni cirkularnog zaključivanja u kojem očekivanja utječu na opažanja, i obrnuto, opaženo potvrđuje očekivanja.

Zamislimo samo slučaj u kojem nam dolaze roditelji i dijete u procesu razvoda. Majka opisuje da je u obitelji bilo prisutno rodno uvjetovano nasilje (RUN) – psihičko, emocionalno te ekonomsko nasilje. Fizičkog nasilja nije bilo. Nasilje traje već neko vrijeme, a u posljednjih je godinu dana bilo učestalo i pred djetetom. Opisuje ponižavanje, omalovažavanje, kontrolu kontakata i mobitela, prijetnje supruga i oca djeteta da će joj oduzeti dijete i proglašiti je ludom te da joj nitko neće vjerovati, jer je ona nitko i ništa. Majka nije nasilje prijavila jer ju je suprug uvjerio da joj nitko neće vjerovati. I da bi on, kad bi policija i došla, sve porekao i rekao da ona njega vrijeda, te da nema razloga da policija vjeruje njoj više nego njemu. Majka na kraju, baš zbog toga jer je nasilje postalo učestalije pred djetetom, izlazi iz nasilne veze. Stručnim službama navodi da želi da se dijete i otac, zbog nasilja, vidaju pod nadzorom. Otac sve opovrgava i tvrdi da ona laže. Da on nije nasilnik i da majka samo želi udaljiti/”otuditi” dijete od njega. Dijete odbija kontakte s ocem, govori da ga ne voli, vrlo je privrženo majci, sramežljivo, ustrašeno, stoji čvrsto uz nju, tihodgovara na pitanja.

Situacija 1 – Stručnjaci prepoznaju da se radi o rodno uvjetovanom nasilju

Majka na prvi razgovor dolazi kod stručnjaka koji prepoznaje da se radi o RUN-u. U razgovoru zaključuju da će majka prijaviti RUN, a oni upućuju zahtjev za privremenom mjerom

own beliefs, attitudes and intuition, a clinical assessment cannot be done based on evidence but rather based on a circular reasoning where expectations impact observations, and vice versa, what has been observed confirms expectations.

Let us just imagine a case in which parents and a child seek professional help during a divorce. The mother describes that gender-based violence (GBV) occurred in the family in the form of psychological, emotional and economic violence. Physical violence did not occur. Violence has been going on for quite some time, and in the last year, it frequently took place in front of the child. The mother describes humiliation, belittling, control over contacts and mobile communication, threats from the father and her husband that he would take away the child and declare her insane and that no one would believe her, because she was nothing and nobody. The mother has not reported the violence because her husband assured her that no one would believe her. He also said that if the police came, he would deny everything and say that she was insulting him, and that there was no reason for the police to trust her more than him. Since violence became more frequent in front of the child, the mother finally decided to leave the abusive relationship. She tells the professional services that she wants that the father and the child have supervised contact. The father denies everything claiming that the mother is lying. He is not a abuser and the mother just wants to keep the child away from him. The child refuses contact with the father, says that she does not love him, and is very affectionate with the mother, shy, frightened, while standing firmly by her side, quietly answering questions.

Situation 1 - Professionals recognise that this is a case of gender-based violence

The mother comes to the first interview with a professional who recognizes a case of GBV. During the interview, they reach a conclusion that the mother will report GBV and file a request for a temporary measure according to which the child will stay with the mother and see father under

u kojem će dijete, do okončanja razvoda, biti s majkom i oca vidati pod nadzorom. Stručnjak poziva dijete na razgovor i dijete mu opisuje što se u obitelji događalo. I da sad ne želi vidjeti oca jer ga se boji i da mu ne može, na primjer, reći da ne želi jesti meso. Otac se poziva na razgovor odvojeno i objašnjava mu se odluka. Na svaki daljnji razgovor poziva odvojeno majku i oca. Majka na sljedećem razgovoru opisuje kako je otac nastavio s pozivima i porukama u kojima joj se prijeti. Pokazuje poruke stručnjaku. Stručnjak poziva oca ponovno na razgovor i objašnjava mu da se radi o opetovanom nasilju koje će oni prijaviti. Odbacuju njegove tvrdnje da majka sve to radi namjerno i jer mu se osvećuje.

Situacija 2 – Stručnjaci ne prepoznaju da se radi o rodno uvjetovanom nasilju, već zaključuju da se radi o „otuđenju“

Majka na prvi razgovor dolazi stručnjaku koji NE prepozna da se radi o RUN-u. Na sljedeći razgovor ona i suprug pozvani su zajedno. Tijekom tog razgovora otac tvrdi da mu majka djeteta namjerno onemogućava da vidi dijete, da laže djetetu protiv njega i da izmišlja da je ikad bio nasilan prema njoj. Majka, potpuno izbezumljena situacijom u kojoj je ponovno u istoj prostoriji s nasilnikom, pokušava objasniti što se sve događa, ima dojam da joj stručnjak ne vjeruje i da se ostvaruje upravo onaj scenario s kojim joj je suprug prijetio. Stručnjak, nakon nekoliko razgovora, postavlja hipotezu o „otuđenju“. Analizira ponašanje majke i djeteta prema simptomima koje opisuje Gardner (6) – dijete govori loše o ocu (kampanja ocrnjivanja), navodi da ne želi ići njemu jer ga otac tjera da jede meso koje ono ne voli (neozbiljne racionalizacije), dijete navodi da mu otac ne nedostaje i da ga ne želi vidjeti (nedostatak ambivalencije i krivnje jer ne ide ocu), navodi da mu mama ne priča ništa loše o ocu (fenomen nezavisnog mislioca), navodi da je bolje sad kad su se mama

supervision until the divorce is completed. The professional invites the child to an interview and the child describes what has been happening in the family. The child states that she does not want to see her father because she is afraid of him and that, for example, she cannot tell him that she does not want to eat meat. The father is invited to a separate interview and the decision is explained to him. To each further interview, the mother and the father are invited separately. During the next interview, the mother describes that the father continued with threatening calls and messages. She shows the messages to the professional. The professional invites the father again for an interview and explains to him that this is a repeated violence that the services have to report. The professional rejects the father's claims that the mother was doing this on purpose to seek retaliation.

Situation 2 –Professionals fail to recognize that this is a case of gender-based violence, concluding that it is a case of “parental alienation”

The mother comes to the first interview with the specialist who does NOT recognize a case of GBV. She is invited to attend the next interview together with her husband. During the interview, the father claims that the child's mother deliberately prevents him from seeing the child, that she has been lying to the child about him and that she invents all claims about him being violent towards her are false. The mother, completely distraught by the situation where is forced to be in the same room as the abuser, tries to explain what has been happening, has the impression that the specialist does not trust her and that the very scenario with which her husband threatened her is now coming true. After a few interviews, the professional establishes the hypothesis of “parental alienation”. The professional analyses the behaviours of both the mother and the child using the symptoms described by Gardner (6), i.e., the child speaks ill of the father (denigration campaign), states that she does not want to see the father because he always makes her eat meat that she dislikes (frivolous rationalizations), the

i tata razdvojili, jer tata nije bio dobar prema mami (podrška protiv „otuđenog“ roditelja), prepričava situacije nasilja koje su se događale na način sličan onom kako to čini majka (posuđeni scenariji) i ne želi vidjeti ni baku ni djeda, jer su i oni govorili protiv mame (širenje animoziteta prema široj obitelji). Kako ne postoji jasan kriterij koji diferencira što „otuđenje“ jest, a što ono nije, stručnjak koji postavi hipotezu o „otuđenju“ sve znakove reakcije djeteta na RUN može interpretirati kao „otuđenje“. I svako daljnje inzistiranje majke da je nasilje bilo prisutno (ali nije ga prijavila pa nemamo dokaze) i da se nastavlja i dalje (putem poruka i poziva) promatra kao dokaz „otuđenja“. Kao i njeno inzistiranje da se kontakti odvijaju pod nadzorom. Nažalost, u toj situaciji nema toga što majka ili dijete mogu reći a da se ne može interpretirati kroz prizmu „otuđenja“.

Zagovornici „otuđenja“ smatraju da je ono oblik emocionalnog zlostavljanja djeteta koji ima, za dijete, jednako štetne posljedice kao i svaki drugi oblik nasilja (35). U skladu s tim smatraju da je jednom kad je ono utvrđeno, potrebno ići na hitnu zaštitu djeteta od roditelja koji ga zlostavlja (odnosno onog koji ga „otuđuje“ od drugog roditelja). Stoga daju preporuke za donošenje sudskih odluka za hitnim izdvajanjem djeteta i davanje na skrb, najčešće onom roditelju od kojeg je dijete „otuđeno“. U temeljitoj analizi Jean Mercer (33) jasno navodi da ne postoje dokazi da je „otuđenje“ oblik obiteljskog nasilja. Stoga opisano postupanje nije opravданo. A u slučaju drugog opisanog primjera, najjednostavnije rečeno, značilo bi da se dijete oduzima majci i daje na skrb ocu koji je zlostavljač.

U javnosti se, nažalost, često spominju teze o tome da je „uplitanje“ RUN-a u priču o „otuđenju“ stavljanje interesa majki ispred interesa djece. Kao argument se navodi da zagovornici „otuđenja“ jasno navode da se o njemu ne može govoriti kad se radi o dokazanom RUN-u (4). Međutim, na taj način govoriti o RUN-u znači

child states that she does not miss the father and does not want to see him (a lack of ambivalence and guilt because she does not see the father), the child states that her mother is not saying bad things about the father (the “independent thinker” phenomenon), she also claims that it is better now that her parents have separated, because the father was not nice to the mother (support for the “alienating” parent), she recounts situations of violence that have happened similarly as the mother (borrowed scenarios) and does not want to see the grandparents because they also spoke against the mother (spreading animosity towards the extended family). Having in mind that there is no clear criterion to distinguish what is and what is not “parental alienation”, the professional who establishes the hypothesis of “parental alienation” might interpret all signs of the child’s reaction to GBV as “parental alienation”. Any further insisting on the mother’s behalf that the violence was present (but that she did not report it and consequently there is no evidence) and that it still continues (via messages and calls) is perceived as the proof of “parental alienation”, as well as her insistence that the contacts take place under supervision. Unfortunately, in this situation there is nothing that the mother or the child can say that could not be interpreted through the prism of “parental alienation”.

Proponents of “parental alienation” believe that it is a form of emotional abuse of the child with equally harmful consequences as any other form of violence (35). Accordingly, they consider that once “parental alienation” has been established, it is necessary to provide urgent protection from the abusive parent (that is, the one who is “alienating” the child from the other parent). Therefore, they give recommendations to proceed with court decisions resulting in immediate separation of the child and giving the child, in most cases, to the “alienated” parent. In a thorough analysis, Jean Mercer (33) clearly indicates that there is no evidence that “parental alienation” is a form of domestic violence. Consequently, the above-described course of action has not been justified. In the case of the second example described, in the simplest terms, it would mean that the child is taken away from the mother and given to the care of the abusive father.

ne poznavati okolnosti i dinamiku RUN-a. Podaci Svjetske zdravstvene organizacije govore o 27 % žena u dobi od 15 do 49 godina koje su bile žrtve partnerskog nasilja (41) i pri tome se smatra da je manje od polovine prijavljeno (42). Recimo, podatci za Englesku i Wales 2018. godine ukazivali su na to da se u razdoblju od jedne godine prijavi samo 18 % doživljenog nasilja (43). Istraživanja pokazuju da je u sudskim procesima prisutno više slučajeva u kojima žene ne prijavljuju nasilje ili ga umanjuju od onih u kojima iznose lažne tvrdnje o nasilju (44). Isto tako pokazuju da nije neuobičajeno da o nasilju počnu govoriti tek kad iz veze izadu (45). Podatci o lažnim prijavama, na primjer, seksualnog nasilja pokazuju da su one rijetke i da se događaju u manje od 6 % slučajeva (46). Svi navedeni podatci ukazuju da se u svom radu stručnjaci u postupcima rastave braka puno češće susreću sa ženama koje su nasilje doživjele i nisu ga nikad prijavile, nego s onima koje su nasilje i ranije prijavljivale. Dodatno, istraživanja potvrđuju da zlostavljana djeca iznimno rijetko lažu o zlostavljanju koje su doživjeli i s njima nije jednostavno manipulirati (27).

Kao što je gore opisano, sve što žene žrtve nasilja i djeca opisuju može se pogrešno smatrati dokazom i taktikom „otuđenja“. Opisani slučaj i njegove posljedice jasno ilustriraju da izdvajanje djeteta od majke i davanje na skrb ocu koji je zlostavljač ima negativne posljedice, ne samo za ženu, nego u prvom redu za dijete koje je dano na skrb zlostavljaču i kojem je poslana jasna poruka da mu se ne vjeruje. Stoga su teze o stavljanju interesa žena ispred interesa djece, a da se pri tome mirno i svjesno zastupaju znanstveno neutemeljene koncepti, pogrešne i nepoštene.

U kontekstu rasprave o korištenju koncepta „otuđenja“ u sudskim procesima važno je istaknuti da je Europski parlament, 6. listopada 2021. usvojio Rezoluciju o posljedicama nasilja koje čine partneri u intimnim vezama i prava skrbništva po žene i djecu u kojoj je

Unfortunately, in public life we often hear about theses that “involving” GBV in the narrative about “parental alienation” means that the mothers’ interests are put before those of children. One of the arguments is that proponents of “parental alienation” clearly state that if GBV is proven, “parental alienation” cannot be established (4). Talking about GBV in this way indicates a lack of knowledge about the circumstances and dynamics of GBV. Information published by the WHO estimates that 27% of women aged 15-49 have been victims of partner violence (41) and less than half of the cases are thought to have been reported (42). For example, information for England and Wales in 2018 indicated that only 18% of violence cases were reported over a period of one year (43). Research shows that in judicial proceedings there are more cases where women do not report violence or diminish it than those where they make false claims of violence (44). Research also indicates that it is not uncommon for them to start talking about violence only when they come out of a relationship (45). Information on false reports of, for example, sexual violence demonstrates that such cases are rare and occur in less than 6% of cases (46). All the above information points to the conclusion that professionals involved in divorce proceedings are much more likely to encounter women who have experienced violence and have never reported it, than those who have reported violence before. In addition to that, research confirms that abused children rarely lie about the abuse they have experienced and that they are not easy to manipulate with (27).

As described above, anything that women and children victims of violence describe can be mistakenly considered as evidence or tactics of “parental alienation”. The described case and its consequences clearly illustrate that separating the child from the mother and giving it to the care of the abusive father has negative consequences, not only for the mother, but, most importantly, for the child given to care of the abuser and who, thus, received a clear message that he or she was not believed. Therefore, the theses on putting the interests of women before those of children, while at the same time calmly and consciously propagating scientifically unfounded concepts, are wrong and unfair.

istaknuo da sporovi oko skrbništva nad djetetom mogu biti oblik RUN-a u situacijama kad ih nasilni bivši partneri koriste kako bi i dalje nanosili štetu ženama (47). Jedna od taktika u takvim slučajevima je i korištenje koncepta „otuđenja“ (48-50), što je u svojoj Rezoluciji potvrdio i EU parlament koji navodi da državne agencije i svi oni koji odlučuju o skrbništvu nad djecom moraju promatrati optužbe očevo zlostavljača o tome da majke od njih „otuđuju“ djecu načinom održavanja moći i kontrole. Zagovornici „otuđenja“ navode da ono nije rodno uvjetovana priča i da „otuđeni“ roditelji mogu biti i majke i očevi. Međutim, odluke iz sudske prakse upućuju na drugačije nalaze. Meier i suradnici (17) analizirali su preko 2000 sudske odluka u desetogodišnjem razdoblju (od 2005. do kraja 2014. godine) u SAD-u. Rezultati su pokazali da su sudovi skeptični prema majčinim optužbama za zlostavljanje i da ponekad dodjeljuju skrbništvo nasilnicima, a ta je skepsa najveća kad majke prijavljuju seksualno nasilje nad djecom. Te prijave su najčešće završavale gubitkom skrbništva za majke. Ako su majke opisane kao „otuđujuće“, to za pola umanjuje vjerojatnost da će im se vjerovati da su žrtve zlostavljanja, a udvostručit će vjerojatnost da izgube skrbništvo. Isto nije slučaj kad se radi o muškarcima. Ministarstvo pravosuđa Engleske i Walesa u svom izvještaju 2020. godine analizirajući sudske prakse iznosi slične rezultate. Navode da se u sudske postupcima vezanim uz skrbništvo obiteljsko nasilje često ignorira, odbacuje ili umanjuje i odluke donose kao da postojanje nasilja nije relevantno. Čak i kad za nasilje postoje dokazi, žrtve se potiče da preko njega prijeđu, osiguraju kontakte djeteta za zlostavljačem i uspostave suradnju s njim vezanu uz te kontakte, bez očekivanja da zlostavljač preuzme ikakvu odgovornost za svoja ponašanja. Lorandos (51) iznosi podatke da je od 1985. do 2018. na američkim sudovima prisutan značajan porast slučajeva u kojima se spominje „otuđenje“ te da su među „otuđiteljima“ 75 % žene. Takvu rodnu razliku u učestava-

In the context of the discussion on the use of the concept of “parental alienation” in judicial proceedings, it is important to point out that on 6 October 2021 the European Parliament adopted a resolution on the impact of intimate partner violence and custody rights on women and children, emphasising that child custody disputes may institute a form of GBV in situations where abusive former partners use them to continue to harm women (47). One of the tactics in such cases is the use of the concept of “parental alienation” (48-50), which the EU Parliament reaffirmed in the Resolution, states that state agencies and actors deciding on child custody must consider accusations of “parental alienation” by abusive fathers against mothers as a continuation of power and control. Proponents of “parental alienation” claim that it is not a gender-based and that both mothers and fathers can be “alienated”. However, case law points to somewhat different findings. Meier et al. (17) analysed over 2,000 court decisions over a 10-year period (from 2005 to the end of 2014) in the USA. The results of the analysis showed that courts were sceptical of the mother’s charges of abuse and that in some cases they granted custody to abusers, which is also the greatest source of scepticism for mothers reporting sexual violence against children. In most cases, such charges resulted in the loss of custody for mothers. If mothers are described as “alienating,” the likelihood that they will be believed to be victims of abuse is reduced by half, while the likelihood of them losing custody is doubled. The same is not the case when it comes to men. In the 2020 report, the Ministry of Justice of England and Wales presented similar results in the analysis of case law. The Report states that domestic violence is often ignored, rejected or downplayed in custody court proceedings and that decisions are made as if the factuality of violence is irrelevant. Even if there is evidence of violence, victims are encouraged to look the other way, provide contacts between the child and the abuser, and cooperate with the abuser to organise contacts, without expecting the abuser to take any responsibility for his behaviour. Lorandos (51) presented data indicating that from 1985 to 2018, there was a significant increase in

losti „otuđenja“ objašnjavaju lažnim prijavama obiteljskog i seksualnog nasilja među ženama. I pri tome se za to ne iznose nikakve znanstvene dokaze. S druge strane, stručnjaci koji rade sa zlostavljanom djecom i ženama žrtvama nasilja već dugo i ekstenzivno pišu o znanstvenim, pravnim, forenzičkim i etičkim problemima upotrebe „otuđenja“, naročito kad se koristi u slučajevima u kojima postoji sumnja na obiteljsko nasilje (52-56). Uzimajući u obzir gore opisanu sudsku praksu ističu da je u sudskim procesima prisutna rodna diskriminacija žena i da se na taj način nastavlja struktorno nasilje nad ženama.

Kako je ovo postao „sukob“ između udruga civilnog društva koje se bave ženama žrtvama RUN-a i stručnjaka koji su uključeni u postupke donošenja odluka o skrbništvu nad djecom? Kako su se stručnjaci koji, s obje strane, žele najbolje za svoje klijente našli na suprotstavljenim stranama? Kako je briga za žene žrtve nasilja postala „nebriga“ za njihovu djecu? I kako se pomaknuti s tih pozicija?

Kao što smo na početku opisali, nitko ne negira da postoje djeca koja odbijaju kontakte s jednim od roditelja i da postoje roditelji koji u razvodima koriste neprimjerene roditeljske postupke. I u tome se obje strane slažu. Međutim, razilaženja nastaju kad se za te postupke, korištenjem koncepta „otuđenja“, okriviljuju majke koje su žrtve RUN-a. Jer, udruge civilnog društva koje se bave ženama žrtvama RUN-a u svojoj praksi vide sve više slučajeva u kojima se zlostavljanje umanjuje i/ili zanemaruje pri donošenju odluka o skrbi djeteta, u kojima se njihovo zaštitničko ponašanje tumači kao „otuđujuće“ i u kojima se donose odluke s dalekosežnim posljedicama za djecu. Istraživanja pokazuju da je slučajeva u kojima su prisutne lažne prijave nasilja malo (44) i da je, kad nam žena priča o RUN-u, neusporedivo veća vjerojatnost da nam govori istinu nego da laže (bez obzira je li nasilje ranije prijavljivala ili ne). Zamislite samo situaciju u kojoj djetetu koje nam

cases mentioning “parental alienation” in US courts with 75% of women mentioned as “alienating” parents. The gender gap in the frequency of “parental alienation” is explained by false reports of domestic and sexual violence amongst women. In doing so, no scientific evidence has been presented. On the other hand, professionals working with abused children and women victims of violence have extensively written about the scientific, legal, forensic and ethical problems related to the use of “parental alienation”, especially if the term is used in cases where domestic violence is suspected (52-56). Taking into account the case-law described above, they point out that gender discrimination against women is evident in judicial proceedings and that in this way structural violence against women persists.

How has this issue resulted in a “conflict” between civil society organisations dealing with women victims of GBV and professionals involved in child custody decision-making processes? How have the professionals with best intentions for their clients on both sides ended up on opposing sides? How has caring for women victims of violence turned into “disregard” for their children? And how to move from these positions?

As we stated in the beginning of this paper, no one denies that there are children who refuse contact with one of the parents and that there are parents who use inappropriate parental methods in divorce. Both sides agree on this. However, divergences arise when those methods, due to the use of the concept of “parental alienation”, are blamed on mothers victims of GBV. Civil society organisations dealing with women victims of GBV see in practice that there is an increasing number of cases in which abuse is downplayed and/or ignored while making decisions on the care of children, where protective behaviour is interpreted as “alienating”, resulting in decisions with far-reaching consequences for children. Research shows that the cases with false reports of violence are few (44) and that when women talk about GBV, it is incomparably more likely that they are telling the truth than lying (no matter if the violence has been previously reported or not). Just imagine a

opisuje iskustvo *bullyinga* u školi pristupamo s nepovjerenjem. Propitujemo je li siguran da su se stvari zaista tako dogodile, je li on to možda malo pretjeruje i pokušavamo mu objasniti da „XY“ nije tako mislio. Možemo samo pretpostaviti kako će se to dijete osjećati. Upravo se tako osjećaju žene kojima ne vjerujemo kad nam pričaju o doživljenom RUN-u. Sigurni smo da nitko od stručnjaka mentalnog zdravlja ne želi da se njihovi korisnici zbog njih tako osjećaju. Ono što može biti posljedica ovakve prakse je daljnje nepovjerenje žrtava u sustav i nesklonost prijavljivanja nasilja.

Stoga bi stručnjaci koji su uključeni u postupke donošenja odluka o skrbništvu nad djecom trebali biti otvoreni prema objašnjenju da je „otuđenje“ koncept kojeg se trebaju odreći. Ne zato što netko tvrdi da odbijanje kontakta s roditeljima, ponašanje koje često vide u praksi rada s djecom čiji roditelji prolaze kroz „visoko konfliktan“ razvod, ne postoji, već zato što teorijske postavke koje stoje iza tog koncepta nemaju znanstvenu osnovu. I zbog toga što ono što zovemo „visoko konfliktan razvod“ najčešće uključuje obiteljsko nasilje i zlostavljanje djece (32), koje je, kako smo naveli, vrlo često nepoznato, odbačeno ili umanjeno. Žrtvama nasilja treba pristupati s povjerenjem i stručnjaci u sustavima zdravstva, pravosuđa i socijalne skrbi koji dolaze u kontakt s žrtvama nasilja trebaju biti educirani o RUN-u, jer bi tada mnoga ponašanja koja vide kod žena i djece koji su preživjeli RUN prepoznati kao simptome traumatizacije i proživljenog nasilja. S druge strane, trebamo biti otvoreni prema objašnjenju da većina stručnjaka obavlja svoj posao vjerujući da su postavke teorije „otuđenja“ točne. Jer im zvuče logično, jasno i čini se da se poklapaju s onim što vide u praksi. Najveći broj stručnjaka, najčešće pretrpan svakodnevnim poslom, ne prati suvremene znanstvene spoznaje i vjeruju da je ono što su naučili od autoriteta i primijetili u svojoj praksi točno. Nažalost, u ovom slučaju nije.

situation in which we approach the child describing the experience of bullying at school with distrust. The situation in which we are questioning whether the child is certain that things actually happened that way, if he or she might be exaggerating a little bit, while trying to explain that “XY” did not mean it that way. We can only assume how that child would feel. That is exactly how women we do not trust feel when they tell us about their experiences of GBV. We are certain that mental health professionals do not want their patients to feel that way because of them. What may result from this practice is a continued distrust of victims in the system and a reluctance to report violence.

Therefore, professionals involved in child custody decision-making procedures should be open to the explanation that “parental alienation” is a concept they should renounce. Not because someone argues that refusing a contact with parents, a type of behaviour they often see in practice while working with children whose parents are going through a “high-conflicted” divorce, does not exist, but because the theoretical settings behind this concept have no scientific foundation. And because what we call a “high-conflicted divorce” most often involves domestic violence and child abuse (32), which, as we have explained, very often remains unrecognized, disregarded or downplayed. Victims of violence should be approached with confidence and professionals in the health, justice and social care systems who come into contact with victims of violence should be educated about GBV. Consequently, many types of behaviours they see in women and children who have survived GBV would then be recognized as symptoms of traumatization and experienced violence. On the other hand, we should be open to the explanation that most professionals do their job believing that the theoretical settings of “parental alienation” are valid as they sound logical, clear and seem to match what they see in practice. Most professionals, swamped with daily work, do not follow modern scientific findings and believe that what they have learned from authority and noticed in their practice is correct. Unfortunately, this is not the case with “parental alienation”.

U ovom trenutku, korištenje pojma „otuđenje“ u kliničkoj praksi i socijalnoj skrbi bliže je pseudoznanosti nego praksi temeljenoj na dokazima. Dosadašnje znanstvene spoznajne daju jasan odgovor na pitanje na koji način „otuđenje“ razlikovati od drugih razloga odbijanja roditelja i ne nude zadovoljavajuće psihodijagnostičke instrumente koji bi pomogli u toj diferencijalnoj dijagnostici. S obzirom na sudsku praksu u kojoj se i prema Rezoluciji EU, „otuđenje“ koristi kao sredstvo prisilne kontrole i nastavka zlostavljanja žena žrtava nasilja, potrebno je u kliničkoj praksi i radu sa strankama u socijalnoj skrbi biti iznimno oprezan pri procjeni ponašanja roditelja. Pred zagovarateljima pojma „otuđenja“ još je dug put prikupljanja čvrstih znanstvenih dokaza koji podržavaju njihovu konceptualizaciju tog ponašanja. Do tada, na nama kao stručnjacima pomagačkih struka je da se prisjetimo da praksa temeljena na znanstvenim dokazima čuva nas i naše korisnike od pristranosti u zaključivanju koje mogu imati dalekosežne posljedice. Drugim riječima, vrijeme je da se do daljnog otuđimo od „otuđenja“!

CONCLUSION

Currently, the use of the term “parental alienation” in clinical practice and social welfare is closer to pseudoscience than to evidence-based practice. Current scientific findings do not provide a clear answer to the question of how to distinguish “parental alienation” from other reasons of rejection of parents and do not offer satisfactory psycho-diagnostic instruments that would help in the differential diagnosis. Taking into account the case-law and also according to the EU Resolution, “parental alienation” is used as a means of coercive control and continued abuse of women victims of violence, it is necessary to be extremely careful in clinical practice and working with the parties in social welfare when assessing the behaviour of parents. Proponents of the term “parental alienation” still have a long way to go to gather solid scientific evidence to support their conceptualization of this type of behaviour. Until then, it is up to us professionals in the auxiliary professions to bear in mind that a practice based on scientific evidence prevents us and our patients from biased reasoning that can result in far-reaching consequences. In other words, the time has come to alienate ourselves from “parental alienation” until further notice!

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