No. 20-1034

In the Supreme Court of the United States

NARKIS ALIZA GOLAN, PETITIONER

v.

ISACCO JACKY SAADA

ON WRIT OF CERTIORARI
TO THE UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

JOINT APPENDIX

KAREN R. KING
Morvillo, Abramowitz, Grand, Iason & Anello PC
565 Fifth Avenue
New York, NY 10017
(212) 856-9600
kking@maglaw.com
Counsel of Record for Petitioner

RICHARD MIN
Green Kaminer Min & Rockmore LLP
420 Lexington Avenue, Suite 2821
New York, NY 10170
(212) 681-6400
rmin@gkmrlaw.com
Counsel of Record for Respondent

PETITION FOR A WRIT OF CERTIORARI FILED: JANUARY 26, 2021
CERTIORARI GRANTED: DECEMBER 10, 2021

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The following opinions, decisions, judgments, and orders have been omitted in printing the joint appendix because they appear as appendices to the petition for certiorari as follows:

Appendix A:	Court of appeals opinion, October 28, 2020
Appendix B:	District court order, May 5, 2020
Appendix C:	Court of appeals opinion, July 19, 2019
Appendix D:	District court order, March 22, 2019
Appendix E:	Court of appeals order, January 14, 2021

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

No. 20-1544

ISACCO JACKY SAADA, PETITIONER-APPELLEE,

v.

NARKIS ALIZA GOLAN, RESPONDENT-APPELLANT

DOCKET ENTRIES

DATE	DOCKET NUMBER	PROCEEDINGS
05/12/20	1	NOTICE OF CIVIL APPEAL, with district court docket, on behalf of Appellant Narkis Aliza Golan, FILED. [2838047] [20-1544] [Entered: 05/12/2020 05:19 PM]
		* * * * *
05/26/20	27	BRIEF, on behalf of Appellant Narkis Aliza Golan, FILED. Service date 05/26/2020 by CM/ECF.[2847651] [20-1544] [Entered: 05/26/2020 09:10 PM]
		* * * * *
06/03/20	40	BRIEF, on behalf of Appellee Isacco Jacky Saada, FILED. Service date 06/03/2020 by

DATE	DOCKET NUMBER	PROCEEDINGS
		CM/ECF. [2853734] [20-1544] [Entered: 06/03/2020 03:12 PM]
		* * * * *
06/10/20	45	REPLY BRIEF, on behalf of Appellant Narkis Aliza Golan, FILED. Service date 06/10/2020 by CM/ECF. [2858943] [20-1544] [Entered: 06/10/2020 10:56 PM]
		* * * * *
10/13/20	79	CASE, before RWK, JMW, SJM, HEARD.[2950374] [20-1544] [Entered: 10/13/2020 11:44 AM]
		* * * * *
10/28/20	81	SUMMARY ORDER AND JUDGMENT, the judgment of the district court is affirmed, by JMW, SJM, FILED. [2962096] [20-1544] [Entered: 10/28/2020 09:59 AM]
		* * * * *
11/12/20	90	PETITION FOR REHEARING/REHEARING EN BANC, on behalf of Appellant Narkis Aliza Golan, FILED. Service date 11/12/2020 by CM/ECF. [2973006] [20-1544] [Entered: 11/12/2020 01:53 PM]
		* * * * *

DATE	DOCKET NUMBER	PROCEEDINGS
11/25/20	94	MOTION, to issue mandate forthwith, on behalf of Appellee Isacco Jacky Saada, FILED. Service date 11/25/2020 by CM/ECF. [2981922] [20-1544] [Entered: 11/25/2020 11:28 AM]
11/25/20	98	MOTION ORDER, denying motion to issue mandate forthwith. It is hereby requested that Appellee respond to Appellant's petition by 12/09/2020 [94] filed by Appellee Isacco Jacky Saada, by JMW, SJM, FILED. [2982491] [98] [20-1544] [Entered: 11/25/2020 05:03 PM]
		* * * * *
12/10/20	104	OPPOSITION TO PETITION FOR REHEARING/REHEARING EN BANC, [90], on behalf of Appellee Isacco Jacky Saada, FILED. Service date 12/10/2020 by CM/ECF. [2991551] [20-1544] [Entered: 12/10/2020 04:56 PM]
		* * * * *
01/14/21	109	ORDER, petition for rehearing/rehearing en banc denied, FILED.[3013786] [20-1544] [Entered: 01/14/2021 02:07 PM]

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

No. 19-820

ISACCO JACKY SAADA, PETITIONER-APPELLEE,

v.

NARKIS ALIZA GOLAN, RESPONDENT-APPELLANT

DOCKET ENTRIES

DATE	DOCKET NUMBER	PROCEEDINGS
04/01/19	1	NOTICE OF CIVIL APPEAL, with district court docket, on behalf of Appellant Narkis Aliza Golan, FILED. [2530185] [19-820] [Entered: 04/01/2019 04:41 PM]
		* * * * *
04/24/19	43	BRIEF, on behalf of Appellant Narkis Aliza Golan, FILED. Service date 04/24/2019 by CM/ECF. [2547793] [19-820] [Entered: 04/24/2019 06:10 PM]
		* * * * *
05/08/19	78	AMICUS BRIEF, on behalf of Movant Battered Mothers Custody Conference, Jacquelyn Campbell, Stephanie Davidson,

DATE	DOCKET NUMBER	PROCEEDINGS
		Day One New York Inc., Domestic Violence Legal Empowerment And Appeals Project, Deborah Epstein, Leigh Goodmark, Her Justice Inc., Lansner & Kubitschek, Lawyers Committee Against Domestic Violence New York, Legal Momentum, New York Legal Assistance Group, Pathways to Safety International, Safe Horizon, Inc., Sanctuary for Families, Inc., The Safe Center LI, Inc. and Urban Resource Institute, FILED. Service date 05/08/2019 by CM/ECF. [2559444] [19-820] [Entered: 05/08/2019 04:45 PM]
		* * * * *
05/10/19	85	AMICUS BRIEF, on behalf of Amicus Curiae Jeffrey L. Edleson, Steven Marans, Evan Stark, Luz Towns-Miranda, Marie Rudden, NASW and The Leadership Council on Child Abuse and Interpersonal Violence, FILED. Service date 05/10/2019 by CM/ECF. [2561576] [19-820] [Entered: 05/10/2019 03:56 PM]
		* * * * *

DATE	DOCKET NUMBER	PROCEEDINGS
05/14/19	92	BRIEF, on behalf of Appellee Isacco Jacky Saada, FILED. Service date 05/14/2019 by CM/ECF. [2563887] [19-820] [Entered: 05/14/2019 05:09 PM]
		* * * * *
05/24/19	101	REPLY BRIEF, on behalf of Appellant Narkis Aliza Golan, FILED. Service date 05/24/2019 by CM/ECF. [2572630] [19-820] [Entered: 05/24/2019 10:28 PM]
06/18/19	103	CASE, before RKW, JAC, RR, HEARD. [2589684] [19-820] [Entered: 06/18/2019 04:21 PM]
06/19/19	105	ORDER, dated 06/19/2019, directing Appellant to submit a supplemental letter brief by 5PM on 06/20/2019, and directing Appellee to submit a response by 5PM on 6/21/2019 if necessary, by RKW, JAC, RR, FILED. [2590691] [19-820] [Entered: 06/19/2019 04:56 PM]
		* * * * *
06/21/19	108	POST ARGUMENT LETTER BRIEF, on behalf of Appellant Narkis Aliza Golan, FILED. Service date 06/21/2019 by CM/ECF. [2591745] [19-820] [Entered: 06/21/2019 09:14 AM]

DATE	DOCKET NUMBER	PROCEEDINGS
		* * * * *
06/21/19	111	POST ARGUMENT LETTER BRIEF, on behalf of Appellee Isacco Jacky Saada, FILED. Service date 06/21/2019 by CM/ECF. [2592560] [19-820] [Entered: 06/21/2019 04:18 PM]
		* * * * *
07/19/19	115	OPINION, the district court's 03/22/2019 order is affirmed in part and vacated in part, and the cause is remanded for further proceedings, by RKW, JAC, RR, FILED. [2612400] [19-820] [Entered: 07/19/2019 09:15 AM]
07/19/19	117	CERTIFIED ORDER, dated 07/19/2019, to EDNY (BROOKLYN), ISSUED. [2612409] [19-820] [Entered: 07/19/2019 09:18 AM]
07/19/19	122	JUDGMENT, FILED. [2612793] [19-820] [Entered: 07/19/2019 12:28 PM]

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK
(BROOKLYN DIVISION)

No. 1:18-cv-05292-AMD-RML

ISACCO JACKY SAADA, PETITIONER,

v.

NARKIS ALIZA GOLAN, RESPONDENT

DOCKET ENTRIES

DATE	DOCKET NUMBER	PROCEEDINGS
09/20/18	1	COMPLAINT (Petition For Return of the Child) against Narkis Aliza Golan, filed by Isacco Jacky Saada. (Attachments: # 1 Civil Cover Sheet) (Davis, Kimberly) (Entered 09/20/2018)
		* * * * *
10/22/18	26	MEMORANDUM in Opposition re 1 Complaint *(Petition for Return of the Child)* filed by Narkis Aliza Golan. (King, Karen) (Entered: 10/22/2018)
		* * * * *
11/06/18	31	REPLY in Support *of Petition* filed by Isacco Jacky Saada. (Attachments: # 1 Exhibit A - Police

DATE	DOCKET NUMBER	PROCEEDINGS
		Report, # 2 Exhibit B - Deleted Whatsapp, # 3 Exhibit C - Photos, # 4 Memorandum in Support Memorandum of Law) (Min, Richard) (Entered: 11/06/2018)
		* * * * *
02/01/19	58	TRIAL BRIEF *(Respondent's Proposed Post-trial Findings of Fact and Conclusions of Law, and Proposed Undertakings)* by Narkis Aliza Golan (Doran, Marissa) (Entered: 02/01/2019)
02/01/19	59	TRIAL BRIEF *Post-Trial* by Isacco Jacky Saada (Min, Richard) (Entered: 02/01/2019)
		* * * * *
02/19/19	63	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Proceedings held on 01/17/2019, before Judge DONNELLY. Court Reporter/Transcriber rivka teich, Telephone number 7186132268. Email address: rivkateich@gmail.com. Transcript may be viewed at the court public terminal or purchased through the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. File redaction

DATE	DOCKET NUMBER	PROCEEDINGS
		request using event "Redaction Request - Transcript" located under "Other Filings - Other Documents". Redaction Request due 3/12/2019. Redacted Transcript Deadline set for 3/22/2019. Release of Transcript Restriction set for 5/20/2019. (Teich, Rivka) (Entered: 02/19/2019)
03/22/19	64	MEMORANDUM AND ORDER. The Court concludes that B.A.S. was a habitual resident of Italy when Ms. Golan kept him in the United States, and that B.A.S. would be subject to grave risk of harm upon repatriation to Italy. Mr. Saada has agreed to the following undertakings: (1) he will give Ms. Golan $30,000 before B.A.S. is returned to Italy for housing accommodations without restriction on location in Italy, financial support, and legal fees; (2) he will stay away from Ms. Golan until the Italian courts address this issue; (3) he will pursue dismissal of criminal charges against Ms. Golan relating to her abduction of B.A.S.; (4) he will begin cognitive behavioral therapy in Italy; and (5) he waives any and all rights to legal fees or

DATE	DOCKET NUMBER	PROCEEDINGS
		expenses under the Hague Convention and ICARA for the prosecution of this action. In addition. Mr. Saada is to provide the full record of these proceedings, including trial transcripts, court filings, exhibits, undertakings, expert reports, and decisions of this Court to the Italian court presiding over the custody proceeding. Mr. Saada is to provide a sworn statement with the measures he will take to assist Ms. Golan in obtaining legal status and working papers in Italy. Mr. Saada must also drop any current civil actions against Ms. Golan in Italy based on the abduction of B.A.S., and must not pursue any future criminal or civil actions against her in Italy based on the abduction. Based on these undertakings and conditions, which the Court concludes sufficiently ameliorate the risk of harm to B.A.S. upon repatriation, the petition is granted. The parties are directed to appear for a conference on Friday, March 29, 2019, at 10:30 a.m. in Courtroom 4G North to establish the timing and circumstances for B.A.S.'s return to Italy. Ordered

DATE	DOCKET NUMBER	PROCEEDINGS
		by Judge Ann M. Donnelly on 3/22/2019. (Greene, Donna) (Entered: 03/22/2019)
		* * * * *
04/01/19	65	NOTICE OF APPEAL as to 64 Memorandum & Opinion, by Narkis Aliza Golan. Filing fee $505, receipt number ANYEDC-11337990. (King, Karen) (Entered: 04/01/2019)
		* * * * *
07/26/19	68	Letter *and Enclosure dated July 24, 2019 [Under Seal]* by Narkis Aliza Golan (Doran, Marissa) (Entered: 07/26/2019)
07/29/19	69	ORDER: that by August 1, 2019, the parties must inform the Court about the status of, and identify the steps they have taken to achieve, various measures. ** See attached order for details. Ordered by Judge Ann M. Donnelly on 7/29/2019. (Greene, Donna) (Entered: 07/29/2019)
07/30/19	[]	ORDER: The petitioner must inform the Court, by letter, of the name, judge, court, and case number of the Italian custody proceeding. Ordered by Judge

DATE	DOCKET NUMBER	PROCEEDINGS
		Ann M. Donnelly on 7/30/2019. (Lupo, Brandi) (Entered: 07/30/2019)
07/31/19	[]	ORDER: By August 1, 2019, the petitioner must provide the Court with a list of all legal proceedings in Italy involving the petitioner and the respondent, or the Child, including any criminal proceeding or child custody proceeding. The petitioner should include the case name, court, judge's name, and case number for each action. Ordered by Judge Ann M. Donnelly on 7/31/2019. (Lupo, Brandi) (Entered: 07/31/2019)
08/01/19	70	Letter *in Response to the Court's July 29, 2019 Order* by Narkis Aliza Golan (Levi, Daniel) (Entered: 08/01/2019)
		* * * * *
08/02/19	72	Letter *in response to July 29 court order* by Isacco Jacky Saada (Attachments: # 1 Exhibit Exhibit A - Email regarding protective order, # 2 Exhibit Exhibit B - Status of criminal case, # 3 Exhibit Exhibit C - Prosecutor request to dismiss, # 4 Exhibit Exhibit D - Email regarding

DATE	DOCKET NUMBER	PROCEEDINGS
		legal status, # 5 Exhibit Exhibit E - Therapy documents, # 6 Exhibit Exhibit F - Dr. Benincasa CV, # 7 Exhibit Exhibit G - Email regarding supervised visits) (Min, Richard) (Entered: 08/02/2019)
08/02/19	73	ORDER: The Italian Network Judges will review the information and advise the Court whether those ameliorative measures specifically designed to assure B.A.S.'s safety could be implemented, monitored, and respected in Italian courts. Pursuant to the protocol, the Court will advise the parties of the Italian Network Judges' recommendations. Ordered by Judge Ann M. Donnelly on 8/2/2019. (Greene, Donna) (Entered: 08/02/2019)
08/02/19	74	ORDER: As noted in my related order, the Court has sought the assistance of the International Hague Network of Judges to determine whether the Italian courts also can impose measures to ensure B.A.S.'s safe return to Italy. Pursuant to the protocol, the Court will keep the parties apprised of the communications

DATE	DOCKET NUMBER	PROCEEDINGS
		between the Court and the Italian Network Judges, and Judge Messitte and the Italian Network Judges, relating to the specifics of this case. Ordered by Judge Ann M. Donnelly on 8/2/2019. (Greene, Donna) (Entered: 08/02/2019)
08/05/19	75	Letter *regarding the Court's August 2, 2019* by Narkis Aliza Golan (Levi, Daniel) (Entered: 08/05/2019)
		* * * * *
08/13/19	[]	ORDER: The Court is in receipt of the petitioner's 76 letter requesting a conference call. As the petitioner's letter notes, the Court has sought the assistance of the International Hague Network of Judges and, specifically, the Italian Network Judges, in enforcing various ameliorative measure in Italy. The parties are directed to await further instruction from the Court pending the Italian Network Judges' review of the case. No conference call is necessary at this time. Ordered by Judge Ann M. Donnelly on 8/13/2019. (Lupo, Brandi) (Entered: 08/13/2019)

DATE	DOCKET NUMBER	PROCEEDINGS
08/14/19	77	ORDER: As the Court advised the parties 73, the Honorable Peter J. Messitte will make contact with International Hague Network judges in Italy. He plans to send the attached letter to the judges by August 16, 2019. The Court will inform the parties when the Italian judges respond, and will provide their response to the parties. Ordered by Judge Ann M. Donnelly on 8/14/2019. (Lupo, Brandi) (Entered: 08/14/2019)
08/16/19	78	ORDER: As the Court previously advised the parties, the Honorable Peter Messitte, U.S. Network Judge to the International Hague Network of Judges, sent the attached letter to Judges Daniela Bacchetta and Gabriella Tomai, the Italian Network Judges, and attached the Second Circuit opinion, as well as the Court's recent orders, 73 and 74. Judge Messitte sent the Court's March 22, 2019 opinion by separate cover. The Court will notify the parties of the Italian Judges' response. Ordered by Judge Ann M. Donnelly on

DATE	DOCKET NUMBER	PROCEEDINGS
		8/16/2019. (Lupo, Brandi) (Entered: 08/16/2019)
		* * * * *
09/16/19	80	Letter *re: case status* by Isacco Jacky Saada (Banuchis, Michael) (Entered: 09/16/2019)
09/18/19	[]	ORDER: Neither I nor Judge Messitte have received any communications from the Italian judges. The Court will advise the parties when a response is received. Ordered by Judge Ann M. Donnelly on 9/18/2019. (Lupo, Brandi) (Entered: 09/18/2019)
09/30/19	81	Letter *regarding Italian court proceedings* by Isacco Jacky Saada (Attachments: # 1 Exhibit Court proceeding notes, # 2 Exhibit Court Order, # 3 Exhibit Proof of Therapy, # 4 Exhibit Email) (Min, Richard) (Entered: 09/30/2019)
10/02/19	[]	ORDER: Italian Judge to the International Hague Network Daniela Bacchetta contacted Judge Peter Messitte on October 2, 2019 and reported that she has been in contact with Judge Fulvia De Luca in Milan, who is overseeing pertinent proceedings in Italy. Judge Bacchetta

DATE	DOCKET NUMBER	PROCEEDINGS
		gave Judge De Luca information about the workings of the Network, asked for an update about the proceedings in Italy, and is working with the Italian Central Authority to provide translations of my March 22, 2019 memorandum and order, the Second Circuit's opinion, and the Court's two orders, 73 and 74. Judge Bacchetta is aware of Judge De Luca's request that Mr. Saada translate the relevant documents, but is of the view that the Central Authority will do so more rapidly and more accurately. The Court will notify the parties of additional correspondence from the Italian Judges. Ordered by Judge Ann M. Donnelly on 10/2/2019. (Lupo, Brandi) (Entered: 10/02/2019)
10/02/19	[]	ORDER: The Court provided Italian Judge to the International Hague Network Daniela Bacchetta with a copy of the petitioner's 81 letter and attachments regarding the legal proceedings in Italy. Ordered by Judge Ann M. Donnelly on 10/2/2019. (Lupo, Brandi) (Entered: 10/02/2019)

DATE	DOCKET NUMBER	PROCEEDINGS
10/03/19	82	Letter *response to Petitioner's September 30, 2019 letter (ECF No. 81)* by Narkis Aliza Golan (Levi, Daniel) (Entered: 10/03/2019)
10/03/19	[]	ORDER: The Court provided the Italian Network judges with a copy of the respondent's 82 response to the petitioner's 81 letter. The Court will notify the parties of additional correspondence from the Italian Network judges. Ordered by Judge Ann M. Donnelly on 10/3/2019. (Lupo, Brandi) (Entered: 10/03/2019)
		* * * * *
10/08/19	85	On October 4, 2019, the Court received the attached letter from the Italian Central Authority. (Greene, Donna) (Entered: 10/08/2019)
10/08/19	86	The Court intends to send the Italian Central Authority the attached letter by October 11, 2019. (Greene, Donna) (Entered: 10/08/2019)
10/15/19	87	Letter: On October 11, 2019, the Court sent the attached letter to the Italian Central Authority. The Court will notify the parties of additional correspondence.

DATE	DOCKET NUMBER	PROCEEDINGS
		(Greene, Donna) (Entered: 10/15/2019)
11/15/19	88	Letter: On November 12, 2019, the Court received the attached letter from the Italian Central Authority. (Lupo, Brandi) (Entered: 11/15/2019)
11/15/19	89	ORDER: By December 16, 2019, the parties must inform the Court about the status of, and identify the steps they have taken to achieve, various measures. ** See attached order for details. Ordered by Judge Ann M. Donnelly on 11/15/2019. (Lupo, Brandi) (Entered: 11/15/2019)
		* * * * *
12/04/19	91	Letter *and Enclosure dated December 2, 2019 [Under Seal]* by Narkis Aliza Golan (Levi, Daniel) (Entered: 12/04/2019)
12/06/19	92	Letter *re: Order of Protection* by Isacco Jacky Saada (Banuchis, Michael) (Entered: 12/06/2019)
12/09/19	93	Letter *response to Petitioner's December 6, 2019 letter (ECF No. 92)* by Narkis Aliza Golan (Levi, Daniel) (Entered: 12/09/2019)

DATE	DOCKET NUMBER	PROCEEDINGS
12/16/19	95	Letter *in Response to the Court's November 15, 2019 Order* by Narkis Aliza Golan (Levi, Daniel) (Entered: 12/16/2019)
12/16/19	94	Letter *Letter Update re: Ameliorative Measures* by Isacco Jacky Saada (Attachments: # 1 94 Exhibits) (Banuchis, Michael) Modified on 12/19/2019 (Herrera, Isaiah). (Entered: 12/19/2019)
12/19/19	96	Letter *Re: Italian Court Order* by Isacco Jacky Saada (Attachments: # 1 Exhibit 1) (Banuchis, Michael) (Entered: 12/19/2019)
12/23/19	97	Letter *response to Petitioner's December 19, 2019 letter (ECF No. 96)* by Narkis Aliza Golan (Levi, Daniel) (Entered: 12/23/2019)
12/31/19	98	Letter *encl. affidavit of service for Italian order of protection* by Isacco Jacky Saada (Attachments: # 1 Exhibit 1) (Banuchis, Michael) (Entered: 12/31/2019)
		* * * * *
02/04/20	99	Letter *regarding Undertakings* by Isacco Jacky Saada (Attachments: # 1 Exhibit Exhibit 1 - Dismissal Decree, # 2 Exhibit Exhibit 2 - Appointment of Judge

DATE	DOCKET NUMBER	PROCEEDINGS
		Pepe, # 3 Exhibit Exhibit 3 - Letter from Dr. Gusella) (Min, Richard) (Entered: 02/04/2020)
02/04/20	100	TRIAL BRIEF *re: Ameliorative Measures* by Isacco Jacky Saada (Banuchis, Michael) (Entered: 02/04/2020)
02/06/20	101	Letter *re Italian correspondence* by Isacco Jacky Saada (Attachments: # 1 Exhibit January 31 2020 Italian correspondence) (Min, Richard) (Entered: 02/06/2020)
02/07/20	102	STATUS REPORT *on financial particulars* by Narkis Aliza Golan (Attachments: # 1 Exhibit A, # 2 Exhibit B) (King, Karen) (Entered: 02/07/2020)
02/11/20	103	TRIAL BRIEF *re: Ameliorative Measures* by Narkis Aliza Golan (King, Phoebe) (Entered: 02/11/2020)
02/11/20	104	DECLARATION re 103 Trial Brief *re: Ameliorative Measures* by Narkis Aliza Golan (King, Phoebe) (Entered: 02/11/2020)
02/12/20	105	Letter *enclosing a certified translation of R-8 to ECF No. 102* by Narkis Aliza Golan (King, Phoebe) (Entered: 02/12/2020)

DATE	DOCKET NUMBER	PROCEEDINGS
02/18/20	106	TRIAL BRIEF *Reply Brief re: Ameliorative Measures* by Isacco Jacky Saada (Attachments: # 1 Exhibits to Reply Brief) (Banuchis, Michael) (Entered: 02/18/2020)
		* * * * *
05/05/20	108	MEMORANDUM DECISION AND ORDER. The petition is granted and B.A.S. must be returned to Italy. The Clerk of Court is respectfully directed to enter judgment in favor of the petitioner. The parties are to meet and confer regarding B.A.S.'s return to Italy and the ameliorative measures outlined in this order, including the petitioner's payment to the respondent. This order is stayed for thirty days to allow the parties time to resolve the method of B.A.S.'s return, and for the respondent to seek and obtain a decision on an expedited appeal. Ordered by Judge Ann M. Donnelly on 5/5/2020. (Greene, Donna) (Entered: 05/05/2020)
		* * * * *
05/12/20	111	NOTICE OF APPEAL as to 108 Memorandum & Opinion, by

DATE	DOCKET NUMBER	PROCEEDINGS
		Narkis Aliza Golan. Filing fee $505, receipt number ANYEDC-12786852. (Levi, Daniel) (Entered: 05/12/2020)
		* * * * *
01/05/21	115	NOTICE OF FILING OF OFFICIAL TRANSCRIPT of Proceedings held on January 28, 2020, before Judge Donnelly. Court Reporter/Transcriber Charleane M. Heading, Telephone number 718-613-2643. Email address: cheading@aol.com. Transcript may be viewed at the court public terminal or purchased through the Court Reporter/Transcriber before the deadline for Release of Transcript Restriction. After that date it may be obtained through PACER. File redaction request using event "Redaction Request - Transcript" located under "Other Filings - Other Documents". Redaction Request due 1/26/2021. Redacted Transcript Deadline set for 2/5/2021. Release of Transcript Restriction set for 4/5/2021. (Heading, Charleane) (Entered: 01/05/2021)

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

ISACCO JACKY SAADA, *Plaintiff*,

v.

NARKIS ALIZA GOLAN, *Defendant*.

EXPERT REPORT OF DR. STEPHANIE BRANDT

I. INTRODUCTION

My name is Dr. Stephanie Brandt. I am licensed to practice medicine in New York State and I am board certified in adult and child psychiatry. I am a Clinical Assistant Professor of Psychiatry at Weill Cornell Medical College, an Assistant Attending Psychiatrist at New York Presbyterian/Weill Cornell Medical Center, and on the faculty and chairman of the Ethics Committee at the New York Psychoanalytic Institute. I am also a practicing adult and child psychiatrist in New York, New York. Throughout my 30-year professional and academic career, I have been retained as a court-appointed neutral evaluator more than 40 times. In addition, I have testified concerning four forensic evaluations in four previous Hague Convention cases.

I was retained by the law firm Paul, Weiss, Rifkind, Wharton & Garrison LLP to conduct forensic psychiatric evaluations of Narkis Golan and her two-and-a-half-year-old son, B.A.S., in connection with the current litigation. I am being compensated at my regular rate of $600 per hour for conducting the evaluations and writing my expert report, and $750 an hour for my in-court testimony. My

compensation in this case is not in any way contingent on the content of my opinions or the outcome of the matter. My curriculum vitae is attached at Exhibit A.

II. METHODOLOGY

I conducted four clinical interviews of Ms. Golan by herself, which lasted a total of seven and a half hours. I conducted two additional clinical interviews of Ms. Golan and her two-and-a-half-year-old son, B.A.S. During these two interviews, I evaluated B.A.S. both with Ms. Golan present and without her present. These two sessions lasted four hours in total. A summary of my observations during these interviews is attached as Exhibit B. I reviewed all the documents, photographs and audio visual material listed at Exhibit C. My reference list is attached as Exhibit D. A list of the cases in which I have provided prior testimony in the past four years is attached as Exhibit E.

I conducted these interviews consistent with my experience as informed by, among other things, the American Academy of Psychiatry and the Law Guidelines on Forensic Assessment. I requested an opportunity to interview the father, together with B.A.S., but understand he declined through counsel. Based on the content of his declaration and the consistency of the converging data, it is unlikely that such an interview would change my opinions in the case.

III. SUMMARY OF OPINIONS

It is my expert professional opinion, based on multiple sources of converging information, that Ms. Golan is a credible victim of domestic violence. In the clinical interviews I conducted, she presented as a deferential, highly

anxious individual. Despite her intelligence, she has a pervasive trauma-based interference in her ability to provide a chronological linear narrative of her history. Reconstructing a sequence of events was only possible with great effort. As was exhibited in these interviews, traumatic memory is encoded differently, in the form of "flashbulb"-like discrete events, often without context. It is hard to describe and often triggers a state similar to the one in the remembered event, unlike ordinary autobiographical memory. At various points during our interviews Ms. Golan experienced panic attacks associated with revisiting and recounting her experiences in Italy. She described numerous instances of severe physical, sexual, psychological and emotional abuse of her own person, often in the presence of her young child. Her presentation had no indications suggestive of malingering. There was no evidence of a formal thought disorder on mental status examination, nor were there any indicia of chronic major mental illness in her history. In my professional judgment, Ms. Golan suffers from severe posttraumatic stress disorder (PTSD).

My clinical interviews with B.A.S. revealed a mother-child relationship with Ms. Golan that is entirely normal, supportive and loving. However, B.A.S. is very delayed in his development along a number of lines. Although he was advanced in his motor skills, and apparent memory, his expressive language is at the level of an 18-month-old child, nearly one year behind. Observation of his receptive language and cognition as reflected in his play also indicated that these are areas of marked delay. Thus, B.A.S. is an "at risk" child, and by definition, more vulnerable to additional stressors of any kind. In addition, there were multiple reports, as well as my own observation, that clearly demonstrate the typical signs and symptoms of ex-

posure to domestic violence that occur in very young children. The wide variability and reversibility of his mental state and behavior in these interviews very clearly shows that his presentation is not solely based on what may be permanent features of his biological endowment that already put him at developmental risk. His behavior ranged from a level of passivity that appeared to be dissociative detachment, even from his mother, to its opposite, a level of intense hyperactivity, inattention, and sudden severe separation anxiety. There is a fixed pattern of the child's quite purposeful physical and verbal attacks. These occurred in Italy, where his exposure to domestic violence was essentially continuous. These attacks now recur, often in the context of exposure to his father despite the fact that this contact now occurs in a safe supervised setting. This is because it is a memory trigger of the prior abuse he witnessed. There is some likelihood that some other settings might invite this too, such as when other individuals are yelling at the mother in front of him. The remarkable specificity of his attempts to choke and poke at the eyes and head of his mother and other children is unmistakably imitative of what he has witnessed. These are indications of trauma exposure, consistent with childhood PTSD.

For these reasons, it is my expert professional opinion that B.A.S. would be exposed to grave risk of psychological and physical harm if returned to Italy. B.A.S's risk of direct and indirect exposure to his father's violence is extremely high. Even supervised exposure reactivates these pathological states in this child. I have not seen any evidence to suggest that Mr. Saada's behavior is unacceptable to Mr. Saada or his family. Nor has it been treated as illegal behavior by law enforcement. Even his own written statements include admissions of abuse, alternating with

blanket denials and expressions of entitlement characteristic of batterers. He simply dismisses the multiple sources of evidence documenting his abusive behavior already available to the Court.

I have reached this professional opinion on the following bases: (i) my clinical observations, (ii) my review of the extensive documentary evidence, including sworn testimony and contemporaneous audio and video evidence corroborating Ms. Golan's accounts, and (iii) my expert knowledge of the relevant research findings.

I hold these opinions to a reasonable degree of medical certainty. I reserve the right to supplement this report.

IV. DISCUSSION

A. This is a case of very severe chronic domestic violence

In my professional opinion, there can be little doubt that Ms. Golan and her son, B.A.S., have been victimized in the systematic and ongoing way this term implies.

1. Domestic violence, generally

Domestic violence is a pattern of control and intimidation in the context of an intimate relationship. This dynamic in a relationship is created and maintained through multiple vehicles of control across many areas of the victim's personal life, including physical abuse, sexual abuse, emotional abuse, psychological abuse, medical neglect, financial manipulation, legal manipulation, social isolation, threats to a child of the relationship, and threats to deploy others in service of the abuser's goals. Several of these vehicles for coercion and control can easily go unrecognized

in the public sphere, but are readily identifiable by professionals as markers of domestic violence.

There is a vast literature, and decades of valid replicated research, on domestic violence. By now, the dynamics (personal and interpersonal), predictable relationship cycles, risks of danger, and likely precipitants to an escalation (including factors that suggest potential lethality) are all well understood. Importantly, the nature of the mental state often produced in a victim (usually a "battered woman") is well recognized. In particular, there are immense difficulties around leaving abusive relationships due to, among other things, internal obstacles, such as PTSD, as well as often-insurmountable external obstacles. By now, these basic facts are well known to trained professionals in many disciplines, including public health and law enforcement.

The effects of exposure to domestic violence on a child who is either a direct object or simply a witness to ongoing parental abuse are also well understood. These effects include, among other things, a known high risk for the development of serious long-term mental and even medical consequences. Indeed, there is an entire body of research, most notably in the areas of trauma, attachment theory, psychological and pediatric development, and neuroscience devoted to understanding the impact of exposure to violence on children. In addition, there is an entire body of national data, and now even international data originating from the CDC, that also supports these conclusions. Indeed, the literature shows that children who observe the abuse of a primary caregiver experience trauma and long-term psycho-social effects, just as do children who are the direct object of abuse by a parent. Simply put, the scientific, mental health, and medical communities have

reached a consensus that exposure to domestic violence has severe negative effects on children.

2. Ms. Golan is the victim of severe domestic violence

The domestic violence Ms. Golan experienced in Italy is characterized by all of the vehicles identified above through which abusers seek to enforce power over an intimate partner.

(a) Sexual abuse

In my clinical interviews, Ms. Golan reported that throughout her marriage she was subjected to unwanted forced sex. In other words, she was the victim of marital rape. These rapes were characterized by a sustained pattern of intimidation and threats as well as by sheer physical force, particularly during pregnancy and postpartum. Mr. Saada's threats varied and included threats to go outside the marriage or disrupt the child's sleep and thus make him a witness to the sexual encounter.

Sexual abuse is a particularly severe form of domestic violence. As a clinician, it is concerning and disturbing that the young child was exposed to, or at risk of exposure to, these encounters.

(b) Physical abuse

In addition to sexual violence, which is a form of physical abuse, Ms. Golan's history is replete with incidents of tremendous physical violence throughout the marriage.

In my opinion, it is it is of great significance that these physical attacks began early in the marriage, and shortly after B.A.S. was conceived, therefore coinciding with her entire pregnancy. This violence included bodily attacks, in

addition to rape. This abuse while she was pregnant not only placed Ms. Golan at risk, but also B.A.S. He was the direct victim of abuse by his father while in utero. It is well known that maternal trauma affects fetal development. In this case, it most certainly is true that Ms. Golan was a constant abuse victim and also in serious medical danger.

Ms. Golan described numerous instances of physical violence and often articulated a sense of helplessness driven by the fact that observers declined to come to her aid. For example, in the first clinical interview, Ms. Golan described an incident in which Mr. Saada beat her on the street while Mr. Saada's mother watched and did nothing. Ms. Golan reported that there were many other incidents of abuse when Mr. Saada was angry with her, including being dragged by her hair, beaten on her head, and grabbed by her neck until she blacked out. Ms. Golan also stated that B.A.S. witnessed many of these incidents of physical abuse.

Of note, this physical abuse included multiple episodes of choking, which is a known reliable indicator of dangerousness because of its rapid potential lethality. Ms. Golan described unmistakable signs of having been more than just "choked," a term that sounds less dangerous than it is. This behavior actually involved compressing her carotid arteries and stopping the blood flow to her brain. This is much more dangerous than what is implied by the term "choking." This can be lethal in less than five minutes. In fact, she describes the very specific symptoms of redness and eye sparkling, and only then loss of breathing and consciousness, that are the hallmark of this kind of attack. She describes that there were several times that she was rendered unconscious, woke up confused, and had an unmistakable concussive syndrome. This was com-

prised of light/sound sensitivity, nausea, dizziness and disorientation that lasted for more than a few hours. It should be understood that these choking incidents were always potentially lethal attacks. Anyone who has experienced this would believe that the attacker could and might kill him or her. In addition, anyone who sustained this kind of head trauma on a repeated basis should be screened for subtle neurological damage. Often a history of docility after an attack is due to this syndrome and an eventually traumatic brain injury from repeated concussions. That is not to be confused with fear or willing passivity. It is also not to be confused with any kind of "choking" couples might use in, for example, sex play.

Ms. Golan also reported that Mr. Saada threatened her life and expressed the fear that Mr. Saada's family had undue influence on the police. In my experience, it is common for abusers to cultivate in their victims the perception that outsiders, including the police or other authorities, will not believe the victim or come to their aid (this is connected to gaslighting and legal abuse, discussed below). Regardless of whether Mr. Saada's family actually holds sway in their community, her fear and panicky anxiety was genuine. She certainly believed he could kill her.

(c) Emotional abuse

During my interviews, Ms. Golan reported behavior that in my opinion evidences a constant campaign of degradation towards her, carried out not only by Mr. Saada but also by his family. Her descriptions, as well as the record and especially the audio recordings, are full of examples of name-calling, public humiliation, yelling, demeaning comments, callous indifference, episodes of sudden

abandonment, or throwing her out of the home, and inciting others against Ms. Golan (very evident in the Italian reports I reviewed).

Abuse need not involve physical blows in order to be deeply damaging psychologically. Emotionally abusive behavior includes bullying, name-calling, yelling at, and degrading an intimate partner.

(d) Psychological abuse

Psychological abuse is related to emotional abuse but is designed specifically to undermine the mental state of the victim. Psychological abuse involves "gaslighting" the victim's sense of reality, undermining her self-esteem even to the point of weakening the victim's faith in her own perceptions. Gaslighting is characterized by the abuser blaming the victim or announcing she is "crazy" so that the victim comes to question her sense of reality. This renders the victims confused but dependent on the abuser and creates an environment that is so traumatic that it often fuels a level of desperation, confusion and disorganization that leads to despair and passivity. This is frequently seen in abuse victims, who feel like hostages. The end result can be PTSD, which further disables the victim by interfering with many aspects of mental functioning that are needed to defend oneself from psychological abuse or extract oneself from the abusive relationship.

In this case, many of Ms. Golan's most revealing statements about herself reflect the effect of this kind of abuse on her self-esteem and ability to protect herself. For example, during the interviews she told me she thought she "was becoming a different person" questioned whether she had done something wrong, and "became self-conscious, afraid to speak [her] mind." I believe Mr. Saada's

gaslighting was particularly effective and therefore especially sadistic and harmful to Ms. Golan's sense of self precisely because she also experienced this kind of abuse as a child, discussed below. Her history was well known to Mr. Saada. Having already been a childhood trauma victim, and also a rape survivor, meant that Ms. Golan was already much more likely to develop PTSD in this adult context. She was also much more likely to easily experience PTSD relapses. It should be understood that each time there is a relapse of this syndrome this becomes harder to reverse. In addition, the negative cognitions of PTSD present so early in life become the basis of a lifelong pessimistic view of relationships, and inform a sense of futility about the reliability of any future security. This is eventually a personality trait or attitude that can be the basis of the tendency to revicimization that is so characteristic of this population. Among the many destructive influences on a child's development, it is easy to understand that being abused, especially by a parent, makes maltreatment an aspect of intimate relationships that may be even expected, and can easily be confused with love.

(e) Financial abuse

Mr. Saada also used financial tactics to exert coercive control over Ms. Golan. In my evaluation, Ms. Golan reported that she was not permitted to have control over any money, and that Mr. Saada did not allow her to work. Restrictions on autonomy through financial restrictions and threats is a classic vehicle through which abusers exercise coercive control.

Two examples from the record stood out to me in particular and help corroborate Ms. Golan's account. First is the recording from August 2018 in which Mr. Saada told Ms. Golan's brother that if Ms. Golan returned to Milan,

Mr. Saada would not take her to a new apartment, would not give her "one dollar"—not for taxis, shopping or "even money to go buy Starbucks"—and would not help her get legal papers. He said if she needed anything she would have to wait until he came home from work. Second, I watched a video in which Mr. Saada's mother screamed at Ms. Golan while Ms. Golan was on the phone with the police and told her "It is not your house. It is the house of my son. Nothing is yours here." These recordings are emblematic of the type of financial abuse Ms. Golan endured, and will continue to endure, if she is forced to return to Milan.

(f) Social isolation

Victims of domestic violence frequently report that their abuser attempted to isolate them socially, and Ms. Golan reported exactly this behavior. Ms. Golan moved to Milan from the United States without a local network. She reported that Mr. Saada attempted to isolate her from her family. I note that these reports are consistent with the episodes described in Ms. Golan's affidavit at paragraph 55, in which Mr. Saada told Ms. Golan he had sex with a prostitute because Ms. Golan made him "jealous" by spending time with other people, in that instance her sister, and at paragraph 56, which describes Mr. Saada reporting back to Ms. Golan that her family did not love her. Although she managed to stay in touch with people via electronic communication, it was frequently surreptitious.

(g) Medical neglect and abuse

Intentional neglect of an intimate partner's basic needs, including medical needs, is yet another form of control exercised by an abuser and is an important marker of domestic violence. For example, Ms. Golan's pregnancy

was an extremely high risk one, though she apparently was never told that, nor treated that way. This would have been recognized immediately in this country, based solely on the existence of a large fibroid tumor.

Ms. Golan also developed what I believe was hyperemesis gravidarum, a condition that can induce severe dehydration and metabolic imbalance and can be life threatening to a growing fetus. It is surprising that she was not hospitalized for this condition alone. It is my understanding that she was not allowed to be a participant in her own medical care at many points in her pregnancy or afterwards and that she was told repeatedly that doctors cost too much.

At 22 weeks she developed a condition consistent with "red degeneration" of the fibroid tumor which often grows rapidly and compromises the uterine space and the position of the baby and even the placenta. That is why this already high-risk pregnancy became an emergency for both mother and child. Red degeneration is an even worse and much more rare development in an obstetrical patient. The cause of this condition is poorly understood, even in the medical community, but it causes patients absolutely excruciating pain and in her case was not treated as the medical emergency that it was. It is shocking that her husband and his family expected her to proceed as if not in pain. In this country, patients who present with these symptoms are typically hospitalized. In addition, the risk to the fetus is very significant given all that can go wrong. She endured this for an entire month while being treated like this was an ordinary pregnancy.

Mr. Saada's medical neglect of Ms. Golan also put his unborn child at risk.

At the delivery, Ms. Golan was not appropriately informed of her emergency status and the potential life threatening effects on the baby (this is a situation of possible sudden fetal death) and as such she was an uninformed bystander in her own care. During my evaluation she reported that she did not have a C-section despite her condition and even though the baby had a cord around his neck. This can be a true obstetrical emergency. Although I do not have full access to the medical records here, based on what I know of the events, I find the course of events here deeply concerning and think it extraordinarily lucky that nothing worse happened to her or the baby.

During birth, Ms. Golan sustained major injuries to her genital tract that were also avoidable and painful. Nonetheless, she was required to leave the hospital before any reasonable physician would deem that appropriate. It is of great significance, and an indicator of psychological and financial abuse as well, that Ms. Golan was either strongly encouraged or compelled to sign papers in a language she did not understand while in an inevitably incapacitated post-operative state, as an exhausted new mother.

On her return home with the baby, she was not allowed the usual opportunity to convalesce from such a harrowing experience and instead was put in jeopardy physically by Mr. Saada's sexual demands, which ripped her stitches open.

(h) Legal abuse

Ms. Golan's account, as well as the documentary record I reviewed, reveal that Mr. Saada and his family were quite willing to use legal manipulation, such as threats to her immigration status, lying about the marriage, and ul-

timately threats to use the authority of the state and criminal process to declare her an unfit mother. Mr. Saada's threats to custody of an infant's mother, issued as ultimatums as if this were a legal reality in Italy, are a particularly concerning example of use of legal-psychological tactics to undermine Ms. Golan's sense of reality and foster further dependence on Mr. Saada. Thus, rather than protection, the Italian legal system, at least historically, has been used by Mr. Saada to abuse, manipulate, and cause psychological distress and harm to Ms. Golan.

(i) Threats to a child of the relationship

Undermining the relationship between a parent and a child and threatening to harm the child in the ways that have occurred here is an especially potent form of abuse, perhaps more powerful than any. In this record, not only did Mr. Saada threaten to kill Ms. Golan, he also threatened through his actions to harm B.A.S. himself. It could not be clearer to me that Mr. Saada would have no intention of changing this attitude should Ms. Golan be willing or required to return.

Furthermore, Ms. Golan reported numerous instances that evince a willingness on the part of Mr. Saada to either harm this little boy or, more commonly, expose him to an atmosphere of intense violence and abuse of his mother since he was born. There are multiple episodes of Mr. Saada endangering the child, including reckless driving and placing the child in extremely hot bathwater. During my third evaluation of Ms. Golan, she described two instances in which Mr. Saada hit her while she was holding the young child.

The threat to harm B.A.S., and Ms. Golan's desire to stay connected with the child and protect him from harm, was a major factor in why Ms. Golan stayed as long as she

did. In addition to B.A.S's endangerment by Mr. Saada, she also feared the family's neglect of the child when in their care. It was clear in our interviews that Ms. Golan does not trust either Mr. Saada or his family to care adequately for B.A.S., and that if returned, she would continue to expose herself to their mistreatment in effort to protect and supervise her young child.

B. Ms. Golan Suffers from PTSD due to the fact that she is a direct victim of severe domestic abuse

As described above, Ms. Golan's relationship with Mr. Saada is characterized by numerous markers of severe domestic violence.

Based on my clinical observations, Ms. Golan suffers from PTSD because of the abuse she suffered. This syndrome consists of four categories of symptoms. They are:

i. avoidant strategies, e.g. not thinking about it, avoiding reminders, compartmentalizing, suppressing all emotion

ii. intrusive symptoms e.g. inability to stop thinking about it, panic attacks, flashbacks, recurrent dreams

iii. physiological symptoms, e.g. insomnia, hyper vigilance, startle reactions, somatic complaints like nausea and headaches

iv. negative cognitions, e.g., hopelessness about the future, inability to recall key features of the trauma (flashbulb memory vs. linear memory), overly negative thoughts and assumptions

about oneself or the world, exaggerated blame of self or others for causing the trauma.

In my professional opinion, Ms. Golan suffers from the symptoms listed above, all DSM V criteria categories. She has responded to the constant threats to her own life in what is a predictable fashion. This resulted in a continuous episode of PTSD, which she described many times over the course of these interviews. In addition, because of this litigation, Ms. Golan is unable to deploy her usual strategies of avoiding thought and feelings. Because of this, she is having a true exacerbation of this condition in the context of this litigation.

During my observation of Ms. Golan, she displayed avoidant strategies, both voluntary and involuntary. Most of her difficulty with giving a linear narrative is due to the sudden loss of memory and focus prompted by the emergence of traumatic anxiety. She was very clear in her description of her difficulties with chronological narrative, which have much to do with the kind of traumatic amnesia and flashbulb memory that develops instead. Ms. Golan recounted events in a non-linear fashion, and sometimes in ways that failed to reveal the totality of the relevant information. I do not view the inconsistencies in what she told me as evidence that she is not a credible victim of domestic violence. To the contrary, disorganized thinking and inconsistent recollection is an expected consequence of PTSD, and victims frequently exhibit this symptom in giving their history. In fact, her non-scripted differing narratives of events over time, which did not differ in essential detail, made her more, not less, credible to me.

Ms. Golan displayed intrusive symptoms. In my first clinical interview, Ms. Golan told me that she was used to putting stressful thoughts to the side, and that thinking about the facts of the case and the abuse she endured

caused her a high degree of anxiety, which quickly rose to the point of panic. While attempting to recount a particularly traumatic event—the aftermath of the police coming to her apartment in Milan—Ms. Golan experienced a panic attack and needed a few moments to collect her breath and composure. This emergence of panic, to the point of quite literal emotional flashbacks (as if one is back in the situation), is common when someone with PTSD must intentionally override their understand avoidant coping strategies. In addition Ms. Golan's recurrent nightmares and her ruminative unstoppable focus on certain aspects on her history are also examples of intrusive symptoms.

Ms. Golan manifested several of the physiological symptoms of PTSD. For example, Ms. Golan suffers from very severe insomnia. Ms. Golan expressed to me that she is extremely hyper vigilant. During my evaluations, I also noticed that Ms. Golan displayed intense, startled reactions to random noises in my office.

It is of great significance for this case to recognize also that Ms. Golan endorsed and demonstrated throughout the interviews and in the records reviewed that she suffers from very serious negative cognition symptoms that are associated with PTSD.

Although PTSD clearly hampers Ms. Golan's ability to organize herself, and tell a sequential narrative, disrupts her thought process, and causes major symptoms of anxiety and exhaustion, it does not appear to be having a marked effect on her parenting, her insight or judgment, her ability to sustain friendships, and her hope for her future happiness.

C. Ms. Golan is also a victim of child abuse, which has had a significant detrimental effects

In the course of my clinical interviews it became very clear that Ms. Golan was a victim of severe and chronic child abuse, including verbal and physical abuse by her mother. She also witnessed domestic violence between her parents. She was also raped by an individual who was outside, but known, to her family. All these factors make it likely that she suffers from the lifelong effects of the kind of childhood trauma she is trying to protect her child from now.

Although she is bright, industrious, and well related, she, like many people with this history, finds herself in situations of revictimization despite every conscious intention to avoid it. I view her childhood experiences, which have manifested in certain aspects of her personality, as a separate factor from her currently active PTSD diagnosis. Based on the experiences she described, it is unimaginable that she was not severely traumatized repeatedly throughout her childhood. With that background and the damaging effects it has, she is much more susceptible not only to the emergence of PTSD later in life but also to a pervasive sense that the world is just not trustworthy, and that nothing and no one is reliable. In other words, the fourth category in PTSD becomes a chronic part of one's personality.

Ms. Golan, in her last interview, very poignantly described this part of her character. Her mistrust of the world is a well-established personality trait. It was highly adaptive as a child for her to be vague, to conform to the demands of whatever authority was present, and to be always afraid of being judged and rejected for no reason. That trait may appear confusing to others, and may even

appear intentionally misleading or manipulative, when her intention is, if anything, quite the opposite. This aspect of Ms. Golan's character is clearly distinguishable from the effects of the current abuse, but has made her more vulnerable to being victimized, including by Mr. Saada. Her ingrained fear of rejection and desire to appease anyone she views as having power over her compounds and exacerbates the more easily recognized symptoms of PTSD that were evident in these interviews. Her panic attacks, disorganization, non-linear thinking, and moments of traumatic amnesia are all worsened by her lack of self esteem, lack of confidence in her own self worth, and her tremendous fear of being misunderstood, mistreated, and ultimately abandoned again.

D. Ms. Golan is not suffering from any mental illness, other than PTSD, that impairs her judgment, insight, or parenting

In formal mental status testing and based on the formal psychiatric history obtained in these interviews I see no evidence of any mental illness in Ms. Golan. She is not and never was psychotic, severely depressed, suicidal, nor is her occasional past drug use evidence of a substance use disorder. I observed no deficit in her parenting in our meetings, and am aware of none presented in any of these documents.

My finding is consistent with a finding reached by Italian social workers in December 2017 who observed normal ludic mother-child relational exchanges (play interactions).

E. B.A.S. is a child with delayed development in the area of speech and language. This means he is already an "at risk child," even in a stable ordinary environment.

In my clinical interviews with B.A.S., Ms. Golan's interactions with her child appeared entirely normal, supportive, and loving. However, B.A.S. is very delayed in his development along a number of lines. His language is at the level of an 18-month-old child, nearly one year behind. Although it is harder to know this in this limited context, his receptive understanding of language also appeared to be impaired. He did not appear to understand conversations other than those involving simple commands. His affect and attachment state varied very widely between sessions. His play (which is akin to an evaluation of thinking in an adult) was at a more infantile level than the average 2.5 year old, in line with his language. On the other hand, his fine and gross motor abilities were at least at age level, and his observable memory was, if anything, precocious.

In my first evaluation of him, he appeared so detached that it may have reflected a dissociative state. He was not that tired and had just woken from a nap. He was notably passive in a quite disturbing way, despite his ability to focus on a tiny repetitive concrete task (building a baby slide - his play was repetitive and reflected only one game with a baby). He was emotionally unresponsive even to his mother's sudden absence when she left him with me, a stranger. This disturbing attachment withdrawal was evident for over an hour.

In the second interview, B.A.S. was agitated, markedly hyperactive, unable to focus at all, and showed a kind of stubbornness that was persistent throughout the visit.

Although this most certainly was evidence of his attachment to his mother, his defiance was not average toddler oppositional behavior. Nothing even I could do had any impact on his behavior. During this second interview, I observed B.A.S.'s motor-drivenness and difficulty being contained. But I did not myself observe B.A.S.'s aggressive behavior towards others in this interview. Ms. Golan had reported that B.A.S. has exhibited aggression toward her and other children which included hitting, strangling, and even poking her eyes and those of other children. I note that I have seen a photograph of a bruise to Ms. Golan's eye caused by the child hitting her in the face with a spoon.

Ms. Golan said that the level of activity I observed was B.A.S.'s usual state. This motoric intensity and lack of focus makes him a difficult and exhausting child for a parent or any caretaker. However, this is a separate issue from his aggressiveness, which he did not display at all. In fact, he was very careful not to break anything or harm me or his mother. He did not throw anything, or try to physically assault her when she restrained him.

It should be noted that Ms. Golan stated throughout these interviews, and elsewhere, that his aggressive behavior now occurs now most typically after contact with his father. It was a continuous problem in Italy where she reported being afraid to take him to the park and was told he was unmanageable in day care.

The second interview also revealed his memory for what he had seen and done the week before. That was nothing short of amazing for a young child, especially considering how seemingly detached he was. He remembered the existence and location of specific toys.

In the context of this expedited proceeding, I cannot ascertain the cause of his various developmental delays, which may stem from multiple sources, including a hearing deficit such as secondary to chronic otitis media. This requires pediatric and other assessment that goes beyond the scope of this evaluation.

These developmental delays in speech, language, social interaction, self care and perhaps cognition automatically mean that this child is more vulnerable to any stressor than the average child his age.

That said, there are some unmistakable indicators of traumatic exposure in these interviews, in the history given by his mother, and reported in these documents, as I describe below.

F. B.A.S. is a life-long witness to the physical and emotional abuse of his mother. He has also been the direct victim of domestic violence, even before his birth.

There is no longer any reasonable doubt by professionals that a child witness to intense and prolonged abuse of his mother will suffer the effects of traumatic exposure. This is widely understood to have an impact on basic brain development, has lifelong mental and medical health consequences and risks, and sets the stage for the development of serious psychopathology.

It is entirely clear from Ms. Golan's descriptions, and those around her, that B.A.S. would react in fear and withdrawal to the violence that surrounded him as an infant.

During his short life, there are numerous accounts of his response to this exposure. For example, Ms. Golan reported behavior that indicated to me that at times the infant B.A.S. had reacted by trying to "rescue" or comfort

his mother after witnessing her abuse. Ms. Golan also reported stress reactions such as loss of appetite and refusal to eat even as an infant. My review of the video recording of his fearful response in the car when his father was yelling at the mother is another example.

B.A.S. also appears to have early on begun a pattern of imitating the quite specific types of violence he saw around him. Hence he would attack other children in a very particular way, around the eyes and head, as he often saw. This identification with his father's behavior was almost unmanageable in Italy. It has subsided nearly completely here (making the origin identifiable) but it reportedly recurs when he sees his father. This is not a coincidence but an immediate response to contact with his father. He leaves and starts attacking his mother in a characteristic way. This is a pattern that cannot be explained as some ordinary response to missing his father, or being confused, as he must be about what has happened. This is something much more maladaptive. One common effect of witnessing domestic violence as a child is to repeat this behavior as an identification with the aggressor in order to feel safer, as if one is like the abuser and not vulnerable. This is most certainly the origin of the aggressive behavior that one hears about in relation to contact with the father. In addition, the fact that it has otherwise subsided in this country despite the difficulties of shelter life means that this aggressive pattern was a response to the home environment in Italy, and not a general characteristic of this child.

In addition, as discussed above, Ms. Golan has reported repeated disregard for B.A.S.'s safety both prenatally and postnatally.

B.A.S.'s state of detachment during the first evaluation was abnormal and suggested a form of dissociation.

In an older verbal child one might be able to ascertain additional information to confirm this hypotheses by reference to what the child did or said. In this case, B.A.S.'s repertoire is so limited that it is impossible to know with certainty. It would be entirely consistent with the other clear indicators of trauma exposure, such as his specific type of aggression and other symptoms such as his night terrors and states of withdrawal.

In my professional opinion, the fact that B.A.S.'s behavior changed so markedly between the first and second visit suggests that a large part of his abnormal behavior including his developmental delays, reflects a temporary and reversible mental state. A child with a constant developmental delay based on a biological deficit would not be likely to show such a big change.

Thus it is possible to say that it is my professional opinion that some of B.A.S.'s behavior and symptoms are consistent with childhood PTSD. If that state was dissociation, and if his aggression is truly in sync with his contact with his father or other incidents that may remind him of the domestic violence, then that suggests PTSD-like responses to trauma, triggered by reminders of his past exposure to domestic violence.

G. Domestic violence is known to increase on separation, and spousal abuse frequently co-occurs with child abuse

The social science is clear that an abuser's violence toward the victim often increases following a temporary loss of control. If Ms. Golan were to return to Italy, as she surely would if B.A.S. were returned, I have every expectation that Mr. Saada's campaign of physical, emotional, psychological, financial, and other types of abuse would

continue and increase. This is consistent with my review of the records, which show that Mr. Saada's threats have already increased.

Furthermore, the scientific literature documents that spousal abusers are also likely to be or become child abusers.

It is unlikely that someone who so completely denies this extensive history would suddenly cooperate with any parenting plan that could be put in place should this child be returned. I note that even the Milan municipal social workers documented that Mr. Saada had "scare awareness of the consequences of . . . conflicts on his family unit, tends to blame Ms. Golan entirely, and even when recounting serious events, . . . minimizes the effects that they have on himself and the family relationships" in 2017. It is equally unlikely to imagine that his family would condone that or cooperate either, given their well-documented antipathy towards Ms. Golan. There is ample evidence that Mr. Saada has threatened to use the Italian law infrastructure to take B.A.S. from Ms. Golan. Thus, he is more dangerous now than even before. This is often true when batterers lose control. Given his history of violence, including use of lethal means (choking) and multiple death threats, a peaceful return with a settlement is not realistic.

H. Prioritizing the safety and security of a child trumps any negative effect of limiting access to one parent

A child's safety and security is paramount. This is especially true if the parent is abusive. Protecting a child and the caretaking environment, *i.e.* Ms. Golan, from continued trauma is essential. In fact, it is well understood

that the non-abusing parent's presence has an ameliorating effect on childhood traumatic states. The fact that B.A.S. is attached to both parents in no way mitigates this more primary concern.

I. Loss of the primary caretaker at this age would have devastating consequences

Ms. Golan reports that she is, and has always been, the child's primary caregiver. Although this is not contemplated, a return without Ms. Golan would subject this baby to the loss of his mother. That kind of loss would cause truly unsustainable damage to an already at-risk and developmentally-delayed child.

V. CONCLUSION

For these reasons, it is my unequivocal professional opinion that this child, B.A.S., would be exposed to a grave risk of harm if returned to Italy.

BAS.'s improvement here, despite the non-traditional living arrangement and the litigation speaks to how much exposure to domestic violence has affected this child. He has clearly benefited from the security and stability provided here, even without family or financial support. Most importantly, he has also improved, in spite of the stress of this litigation and the uncertainty of the outcome, because of his mother's increased self-confidence and her now-realistic sense of day-to-day safety and hope about their future.

s/ Dr. Stephanie Brandt

Dr. Stephanie Brandt

December 7, 2018

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UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

ISACCO JACKY SAADA, *Plaintiff*,

v.

NARKIS ALIZA GOLAN, *Defendant*.

EXPERT REPORT OF DR. EDWARD TRONICK

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1. QUALIFICATIONS

1. My name is Edward Tronick. I am the Distinguished Professor of Psychology at University of Massachusetts Boston. I am also the Director of the Child Development Unit at University of Massachusetts Boston, and a Research Associate in Newborn Medicine at Harvard Medical School. I received my undergraduate degree in Industrial and Labor Relations and Human Organizational Behavior and master's degree in psychology and animal behavior from Cornell University. I received a PhD from the University of Wisconsin Madison in developmental psychology and neurophysiology (neurosciences). I had a post-doctoral fellowship in the Center for Cognitive Studies at Harvard University. My past appointments include: (1) lecturer at Harvard University; (2) lecturer and associate professor of Pediatrics at Children's Hospital Boston, Harvard Medical School; and (3) research director and chief of the Child Development Unit at Children's Hospital Boston. I was a Full Professor at the University of Massachusetts Amherst, Associate Pro-

fessor of Pediatrics at Harvard Medical School, and an Associate Professor at both the Graduate School of Education and the School of Public Health at Harvard University.

2. I am a developmental and licensed clinical psychologist and the focus of my research and clinical experience is on infants, children and parenting. My specialization is in the fields of infant-parent mental health, social-emotional interaction of infants and adults, infant neurobehavioral development, children's experience of stress and its developmental effects, and behavioral and developmental pediatrics. I have co-founded, directed and supervised a singular infant mental health clinic at Children's Hospital Boston, and co-created the Infant-Parent Mental Health Post Graduate Certificate Program at the University of Massachusetts Boston, an internationally recognized multidisciplinary fellowship program in infant mental health. I was one of the cofounders of the first infant daycare center in Boston, published a book on its curriculum, and I codeveloped the Touchpoints parenting intervention and educational program. I founded and created, Child Development Unit, one of foremost developmental research laboratories in the world. I developed the standard for neurobehavioral assessments of full-term and preterm infants, and the paradigmatic experimental paradigm for evaluating infant social-emotional development and reactivity to stress.[1] I was among the first researchers to study the effects of maternal perinatal affective disorders (e.g., postpartum depression) on infant and child development and on the interaction of infants and

[1] *See*, https://www.jove.com/video/3368/assessment-evaluation-high-risk-neonate-nicu-networkneurobehavioral, and https://www.youtube.com/watch?v=apzXGEbZht0.

mothers. I carried out original studies on father-infant interaction. My recent research has focused on the behavioral, physiologic and epigenetic consequences of stress on infants, children and adults. My research on infant-parent interaction, mutual regulation, and states of consciousness is widely recognized in pediatrics, child development, psychiatry, and psychoanalysis. I regularly lecture and train multi-disciplinary health professionals in the U.S. and internationally on issues related to parenting, early stress and trauma, and children's social-emotional capacities and train and consult for United Nations International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO).

3. I am a past member of the Boston Psychoanalytic Society and Institute, the Boston Process of Change Group, and the Touchpoints program. I am a member or past member of the American Psychological Association, the Psychological Sciences Association (I have Diplomat Status in both), the Society for Research in Child Development, the International Society for Infant Research, the Psychophysiology Society, the New York Academy of Sciences, and the American Academy of Arts and Sciences. I have served as a consultant/reviewer for National Institutes of Health (National Institute of Child Health and Development, National Institute of Mental Health, National Institute of Drugs Abuse), National Science Foundation, the Wellcome Trust (UK), the National Science Foundations of Australia, Canada, and Switzerland, and the Spencer Foundation. I was also a member of the Sackler Biopsychology Fellowship Committee at Harvard University.

4. I have published more than 300 scientific articles and 5 books. Many of my articles focus on the organization of adult-infant interactions (e.g., emotional interchange,

serve-return, communicative messiness), the effects of risk factors on infants and parents (e.g., anesthetic medication during delivery, prematurity), and infant toxic exposures (e.g., in utero cocaine exposure). My books focus on infant daycare, parent-infant interaction, infant neurobehavior, and infant mental health. I have also edited a special section of articles on infant mental health for the *American Psychologist*. I serve on several advisory boards of agencies serving high risk infants and mothers, and consult for numerous programs on issues of infant-parent mental health. In collaboration with the New York Academy of Sciences, I organized and chaired the first international conference on Behavioral Epigenetics.

5. I am a licensed (MA) clinician and have extensive clinical experience with infants and their parents. I was trained as a post-doctoral intern in child clinical psychology at Children's Hospital Boston. I co-founded and participated as a therapist and clinical supervisor in a clinic, the Early Childhood Program, for infants and young children and their families at Children's Hospital from 1971 to 1980. Then, I directed the clinic, did therapy and supervision of pediatricians and psychiatrists, psychologists and social workers, from 1990 to 1998. I regularly consult on clinical cases. In 2008, I also founded the Infant-Parent Mental Health Fellowship Program, University of Massachusetts Boston in California and Massachusetts, a highly regarded interdisciplinary program in clinical work and theory of infant-parent mental health that meets the highest level of training of the Michigan standards for infant-parent mental health certification.

6. I have received funding for my research from the NIH (NICHD, NIDA, NIMH), NSF, and private foundations including the Spencer Foundation, the McArthur Foundation, and the Bial Foundation.

7. I have consulted for Dalmatian Press' educational books, the First Years parenting and children's products company, Johnson and Johnson, the Simms Foundation, and Pampers. I have appeared on 60 Minutes, NPR and other national media and documentaries.

8. A copy of my curriculum vitae, which lists my publications in the past ten years, is attached as **Exhibit A**. The only testimony I have given within the past four years was in an arbitration, The Simms/Mann Institute for Education and Community Development and Simms Mann Institute Products, LLC v. The Honest Company, Inc.

9. I reserve the right to supplement this report.

10. I am being compensated at an hourly rate of $500 for the preparation of this report and an hourly rate of $750 for preparation for and providing of testimony at trial (if necessary). I am being assisted in this matter by Isabelle Mueller, a PhD candidate in the Developmental Brain Sciences program, at the University of Massachusetts Boston. My compensation in this matter is not in any way contingent on the content of my opinion or the outcome of this matter.

2. ASSIGNMENT AND SUMMARY OF CONCLUSIONS

I have been retained as an expert witness by Paul, Weiss, Rifkind, Wharton & Garrison LLP, on behalf of the respondent Narkis Aliza Golan. I have been asked to provide my opinion on two topics.

Topic 1: The detrimental effects of adversity—including exposure to domestic violence—on a child's development.

Topic 2: Whether re-exposing a two-and-a-half-year-old child to an environment of domestic violence for

even a short period of time poses a risk of further—and potentially permanent—negative effects on the child's development.

Exposure to adversity, including Intimate Partner Violence (IPV),[2] places a child's development at grave risk for compromised, and even pathological, social, emotional and cognitive development and neurologic and physiologic functioning. While exposure to adversity is likely to be recurrent, even short term exposure or only a few exposures result in risk for grave negative effects. The negative effects of adversity are cumulative. Exposure to any specific form of maltreatment is likely to be associated – to co-occur – with other forms of maltreatment. Because even short-term exposure is significant and the effects of exposure are cumulative, returning a child to an environment of IPV poses a grave risk of additional, and perhaps greater, harm. Moreover, a child of this age, two and half years old, is particularly vulnerable to harm because his brain is particularly responsive to environmental stimuli.

Exposure to IPV has many potential harmful effects—both psychological and physical. For instance, exposure to or the witnessing of IPV by a young child disrupts the functioning and development of the child's social-emotional functioning, especially critical attachment relationships with caregivers needed for the child to feel safe and secure, and the child's cognitive functioning, including the child's IQ. Witnessing IPV distorts the functioning and

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[2] Intimate partner violence (IPV), as defined by the Centers for Disease Control and Prevention, is one intimate partner exercising coercive control over the other, including physical and sexual violence, as well as threats of physical or sexual violence, and emotional abuse in the context of physical and sexual violence (Breiding et al., 2015; Saltzman et al., 1999). Throughout this report, I will refer to IPV and "domestic violence" interchangeably.

structure of many brain systems including the amygdala and hippocampus which underlie reactivity to threat and memory, and multiple areas of the prefrontal cortex associated with decision making and executive functioning. Witnessing IPV also distorts the functioning of the hypothalamic pituitary axis, the primary system for regulating neurohormones underlying the child's reaction to stress. Finally, in later childhood and adulthood, witnessing IPV is related to physical and mental illness.

In forming these opinions, I have reviewed the relevant literature and some of the filings in this case. The articles that I reviewed are listed in the References section of this report. The filings that I reviewed are listed in **Exhibit B**.

I evaluated neither Ms. Golan nor her child. But—given my expertise in this area and the facts outlined in the parties' submissions—it is my professional opinion that the scientific consensus regarding the effects of exposure to IPV on children supports the conclusion that a child such as Ms. Golan's son will be exposed to a grave risk of harm if he is returned to his habitual residence.

The body of my report is organized into five sections. In section 3, I discuss the science behind a child's development. In section 4, I discuss the negative effects of exposure to IPV on fetuses and the effects of that in utero exposure on infants. In section 5, I discuss the negative effects of exposure to IPV on children. In section 6, I discuss the effects of adversity, which includes exposure to IPV, on brain development. And, in section 7, I discuss the likelihood that a child who has been exposed to IPV will become the victim of domestic violence in the future.

3. THE DEVELOPING CHILD

Understanding the science of the development of children's social, emotional and cognitive capacities and the functioning and organization of underlying brain and physiologic systems is requisite for apprehending the grave risk associated with the disruptive negative consequences of exposure to domestic violence for a child's well-being and later development.

3.1. The Developing Brain

Different brain systems have different functions and develop at different rates. The brain stem develops before birth, enabling a full-term newborn to successfully regulate heart rate, breathing, and body temperature. The limbic system and the cerebral cortex regulate a child's healthy social, emotional, and cognitive development. Both, the limbic system and the cerebral cortex develop through childhood, heavily influenced by environmental factors. A large body of research shows that exposure to adversity over the first 5 years of life can have detrimental effects on brain development, especially affecting the maturation of the limbic system and the cerebral cortex (Perry, 2001; Perry & Pollard, 1997; Schore, 2001; Nelson, 2017; Shonkoff & Gardner, 2012). Besides overall or whole brain development, adversity also affects functional brain development such as the Hypothalamus-Pituitary-Adrenal (HPA) Axis, a crucial stress response system of the body. Maturation of the HPA axis, the limbic system and cerebral cortex are all influenced by the early interaction with the infant's caregiver and, in turn, influence this interaction. Therefore, early experiences have a great impact on the child's socio-emotional and cognitive development (Cook et al., 2005; Schore, 2001).

3.2. Environmental Factors for Favorable Brain Development

Early brain development is experience dependent. Here, experience refers mostly to interactions with primary caregivers. Throughout the critical period of early child development those interactions are a vital learning environment and a primary developmental context. Positive and negative experiences alike impact brain maturation and therefore the socio-emotional and cognitive development of the child (Schore, 2001). Two key aspects of the interaction with the primary caregivers are essential for favorable brain development: (1) a secure attachment between caregiver and child; and (2) building a foundation for emotion regulation of the child.

Building a secure attachment to a caretaker(s) is a fundamental milestone for infants' successful development and failure to do so is associated with marked increased risk for the development of emotional and behavior problems later in life. This ability to form emotional bonds with the caregiver is viewed as primarily regulated by the limbic system (Perry, 2001; Schore, 2001; Perry et al, 2017). Infants have a fundamental, intrinsic need for comfort and security. They are biologically predisposed to form attachments to a caregiver before 12-months of age (Zeanah & Gleason, 2010, 2015). This emotional bond with the caregiver is the basis for the child's sense of security and safety. (Bowlby, 1969). In a secure attachment, the attachment figure is the person a child seeks out when it is frightened, hurt, or sick. The caregiver(s) give the needed comfort for the infant to overcome and cope with normal everyday stressors and with that sense of security the child is able to learn and explore. The ability to form a secure attachment is associated to optimal child develop-

ment, including higher cognitive and language skills, capacity to regulate arousal and emotions, fewer behavioral problems, higher levels of emotional understanding and earlier school readiness (Belsky & Fearon, 2002; Bohlin et al., 2000). Critically, evidence shows that a secure attachment buffers the infant's neurohormonal stress response and therefore protects the developing brain from negative effects of stress (Gunnar & Donzella, 2001).

On the other hand, children with an insecure or disorganized attachment show contradictory behavior when in distress, indicating fear or confusion about how to seek comfort with their caregiver. This lack of self-experienced security for the child leads to an increased risk for behavioral problems (Belsky & Fearon, 2002; Dozier et al., 2001), as well as decreased exploration, which compromises the development of cognitive skills associated with school readiness (Moss et al, 1993). An insecure attachment fails to buffer the neuro-hormonal stress responses exposing the infants' brain to negative stress effects (Zeanah & Gleason, 2010).

Emotion regulation describes the child's ability to modulate and adapt to levels of arousal (Cole et al., 2004). The frontal lobe, a structure of the cerebral cortex is involved in the development of emotion regulation. An initial rapid maturation of the frontal lobe around 6-18 months of age is foundational though development continues until well into adolescence (Nelson & Bosquet, 2004). Hence, the ability to cope with everyday stressors becomes more robust during the first years and is an important achievement in childhood. Until the child develops the capacity to self-regulate his/her arousal, primary caregiver(s) is a source of external regulation for the child. Successful interactions are characterized by a dynamic flow of matching states of parent-infant emotional

expressions and intentions, followed by the occurrence of mismatching states, and subsequent repairs. These interactive repair processes are of vital developmental importance; the experience that negative affective states can successfully and reliably be transformed into positive states results in a sense of resilience in infants, helping them to develop the neurological foundation for emotion regulation. Thus, sensitive responding to the child's needs by a caregiver helps the child to regulate stress and to better control the release of stress hormones. This in turn, helps the child to learn how to self-sooth, becoming able to calm itself down for prolonged periods of time. Successful experiences of co-regulation with the caregiver are necessary to develop this ability to withdraw from stimulation when overwhelmed with arousal and self-regulate stimulation. The development of emotion regulation skills is a key achievement in early childhood that the child will use when learning how to make friends, how to share, and focusing attention, an essential skill to excel in school (Cook et al., 2017; Perry, 2001).

By contrast, insensitive caretaking compromises the child's regulation of arousal and stress. Simply put, a distressed or highly aroused child does not feel safe and is unable to engage with people or objects in the world (Cook et al., 2017, Schore, 2001, Wittling & Schweiger, 1993). Thus, a less optimal environment can have big impacts and turn toxic for the child's development. When environmental factors, especially caretaking are toxic, grave effects on socio-emotional, cognitive, and brain development have been reported. This kind of caretaking referred to as *maltreatment*, includes neglect and abuse, as well as exposure to domestic violence (Jedd et al, 2015). Such exposure puts the child at grave risk because he or

she is unable to regulate his or her arousal and stress reactions and because the caregivers fail to scaffold the child's regulatory capacity.

In sum, the early caregiver experiences children have over first years of life are crucial for brain development and the development of related skills, such as emotion regulation, social adaption, and even cognitive abilities. As the early environment lays the foundation for later development, these early experiences of sensitive regulation or insensitive maltreatment and dysregulation are critical for the child's development be it good or ill (Sroufe & Rutter, 1984).

4. EXPOSURE TO IPV HAS NEGATIVE EFFECTS ON CHILDREN IN UTERO AND DURING INFANCY

4.1 IPV During Pregnancy Is Associated with Poor Health Outcomes for the Child

While IPV in general poses a significant public health problem, increasing evidence indicates that IPV during pregnancy and the perinatal period is a risk factor not only for maternal health but is associated with poor health outcomes for the fetus, newborn, and infant up to one year postpartum (Boy & Salihu, 2004; Coker et al., 2004; Cokkinides et al., 1999; Han & Stewart, 2014; Janssen et al., 2003; Lipsky et al., 2003; Rosen et al., 2007; Sarkar, 2008; Silverman et al., 2006). In fact, exposure to IPV during the perinatal period is harmful enough that the WHO as well as an U.S. Preventive Services Task Force (USPSTF) issued public policy statements, recommending standardized screening for IPV during pregnancy and called for increased research on prevention for the negative effects (US Preventive Services Task Force, 2004; WHO, 2011).

4.1.1 Exposure to IPV During Pregnancy Increases the Risk of Negative Pregnancy Outcomes for Both the Child and the Mother

Exposure to IPV during pregnancy is associated with a significant increased risk for antepartum hemorrhage, compared to women who are not exposed to IPV during pregnancy (Han & Stewart, 2014; Janssen et al., 2003). Antepartum hemorrhage, defined as a bleeding from the genital tract from the 24th week of pregnancy until birth, occurs in roughly 1% of all pregnancies (according to the website of the American Pregnancy Association). While antepartum hemorrhage is rare and can have several causes such as advanced maternal age (40 years or older) and pre-eclampsia, premature rupture of membranes or abdominal trauma resulting from domestic violence are recognized as significant causes (Campbell, 2002; Pariente et al., 2011). Janssen and colleagues (2003) found that the risk for antepartum hemorrhage is almost four-times higher for women exposed to IPV, putting their infants at increased risk. According to data from the American Pregnancy Association infants born after antepartum hemorrhage have a 40-50% chance to develop long-term health complications.

In infants, exposure to IPV is associated with low birth weight (Coker et al., 2004; Cokkinides et al., 1999; Lipsky et al., 2003; Rosen et al., 2007; Sarkar, 2008; Silverman et al., 2006), intrauterine growth restriction / being small for gestational age (Janssen et al., 2003), as well as perinatal death (Janssen et al., 2003; Sarkar, 2008), preterm delivery (Lipsky et al., 2003; Sarkar 2008), and overall increased fetal morbidity (for review see: Boy & Salihu, 2004; Donovan et al., 2016).

4.1.2 Exposure to IPV During Pregnancy Has Harmful Effects on the Fetus's Stress Hormones

While there may be direct pathways between IPV during pregnancy and negative health outcomes (e.g. antepartum hemorrhage), most of the reported pathways are related to indirect pathways. Maternal high stress levels during pregnancy, (e.g., due to exposure to domestic violence), can affect the fetus and its neurohormonal chemistry even before it is born. To my knowledge, only two studies so far looked at the stress exposure of women exposed to IPV during pregnancy. Both studies found a significant increase in self-reported stress levels (Chambliss, 2008) and higher levels of the stress-hormone cortisol (Han & Stewart, 2014) related to IPV during pregnancy.

The womb is the child's first environment and can have a significant impact on the child's future development. Critically, it is a shared environment with the mother and all experiences that have an effect on the mother can, in turn, effect the developing fetus. If the mother is exposed to a high stress environment, her increased levels of cortisol can have negative effects on the developing brain of her unborn child. The placenta has an enzyme (11beta-hydroxysteroid dehydrogenase type 2) that breaks down cortisol to an inactive form, protecting the developing fetal brain from harm of the stress hormone. Increasing research shows that exposure to high stress environments during pregnancy, such as IPV (but not specific to it) and the related increase in maternal cortisol levels, can downregulate the enzyme, allowing more cortisol to reach the fetus and leading to lasting changes in behavioral development (Conradt et al., 2013; Davis & Sandman, 2010; for review see: O'Donnell et al, 2009; Ramborger et al., 2018). Research also indicates that this exposure to high levels

of stress before birth makes the infant more susceptible to stress later in life. Higher maternal cortisol levels during pregnancy are associated with a larger infant cortisol response, as well as slower rate of recovery after experiencing a stressor (Davis et al., 2011). Conradt and her colleagues found that high stress during pregnancy leads to epigenetic changes in both the mother and the infant and to reduced attentional capacities in infants at 4 months of age (Conradt et al., 2013). Maternal exposure to high stress, such as IPV during pregnancy, therefore, seems to have a significant impact on the development of infant stress reactivity and stress regulation.

4.2 Exposure to Intimate Partner Violence (IPV) During Infancy Has Harmful Effects

Intimate partner violence during pregnancy is seldom a single incidence. Two studies looking at development past the perinatal period found that exposure to IPV was up to 80% more likely to occur during the first year postpartum when at least one incident of IPV during pregnancy was reported (Charles & Perreira, 2007; Martin et al., 2001). This statistic is highly relevant as developmental models suggest that the first years of life are a critical period for infant brain development as well as the maturation of socio-emotional and cognitive skills (Tronick, 2007). These early experiences lay the foundation for future development (Carpenter & Stacks, 2009; Sroufe & Rutter, 1984). Witnessing IPV between caregivers can have detrimental effects on the development of brain and behavior. It can threaten a child's sense of a secure attachment to caregivers, a reactive attachment disorder, which can be a type of trauma that impacts all domains of development (Zeanah & Gleason, 2010; Pepler et al., 2000; Van

der Kolk, 2015). While research on human sensitive periods is in its early stages, Teicher et al. (2016) present an excellent review of the literature.

4.2.1 IPV Disrupts Secure Mother-Infant Attachment, a Building Block for Health Development

Building a secure attachment is a fundamental accomplishment for infants and young children (Zeanah & Gleason, 2015). Failure to do so is associated with increased risk for the development of emotional and behavior problems later in life. Exposure to IPV during pregnancy, for instance, increases the likelihood for the mother to develop depression, a psychopathology that is already at increased risk during pregnancy (McMahon et al. 2011). Maternal depression has been shown in several studies to have a negative impact on the formation of mother-infant attachment (for review see: Martins & Gaffan, 2000). Maternal depression is a relatively common condition that affects maternal parenting behavior and is associated with withdrawal or increased negative emotions, irritability, and a loss of interest in activities. Maternal depression not only compromises a mother's ability to read her infant's cues accurately, it also continuously exposes the infant to an environment that is characterized by negative emotions and disconnection (Tronick & Beeghly, 2011). A depressed adverse emotional parenting climate disrupts the dynamic interaction of the parent-infant dyad and limits joint positive experiences of matching states. More importantly, depression reduces successful reparations of interactive emotionally negative missteps into positive interactive states. Cohn and Tronick (1983) were among the first to demonstrate that 3-month-old infants already have a distinct behavioral reaction to maternal withdrawal. In a face-to-face setting, mothers were

asked to simulate depression by speaking in a flat voice, keeping their face expressionless, and limiting touch and movement toward the infant. Infants in this simulated-depression condition showed more negative affect compared to infants whose mothers engaged in normal interactive behavior. In addition, the infants in the simulated depressed experimental condition displayed a higher proportion of behaviors denoting protest, wariness, and gaze aversion from their mothers. In contrast, when these same mothers resumed their typical natural interaction, their infant exhibited a coherent cycle of positive affect, social monitoring and play. Their interactive missteps were repaired. Overall, the infants showed distinct patterns of behavior that were specific to their mother's emotional displays (Cohn and Tronick 1983). These findings suggest that even a three-minute episode of simulated depression has a strong impact on the infant's emotional experience and communicative response in the moment.

Neither IPV nor depression is as short term as a 3-minutes experiment, and there are several studies stressing that IPV leads to poor mother-infant attachment, which can lead to problems in child development. Several studies found that women who experienced intimate partner abuse during pregnancy or in the first postpartum year had weaker attachments to their infants, perceived their infants as more negative and difficult, and had more doubts about their parenting qualities compared to women not exposed to violence (Huth-Bocks et al., 2004; Quinlavin & Evans, 2005; Zeitlin et al., 1999). This corroborates research indicating that exposure to IPV is a risk factor for the development and maintenance of secure attachments between mother and child (Zeanah et al., 1999). For example, a study of one hundred high-risk mother-

infant dyads found that when fathers were physically violent with mothers, infants were more likely to be insecurely attached to their mothers (Sims et al., 1993).

A secure attachment is important not just for behavioral development. Increasing evidence shows that a secure attachment buffers the infant's neuro-hormonal stress response and therefore shapes the developing brain by protecting it from negative effects of stress (Zeanah & Gleason, 2010). For example, a cortisol reaction is a normal part of the stress reaction but high and chronic levels of cortisol lead to neuronal death. Several studies have shown that during exposure to distress, young children who are securely attached to their caregiver show no elevations in the stress hormone cortisol as long as the caregiver is with them. By contrast, children with non-secure attachments to their parents are more likely to show an increase in cortisol, even in presence of the caregiver (Gunnar et al., 1996; Nachmias et al., 1996; Spangler and Grossmann, 1993). This phenomenon, called maternal buffering is assumed to shape brain development in a favorable way. A secure attachment is therefore even more important in high stress environments such as ones in which there is exposure to domestic violence, as it can protect the child from exposure to stress hormones on the developing brain. Exposure to violence often has an opposite effect.

4.2.2 Exposure to IPV May Cause Psychological Trauma in Infants

While there is a large body of evidence that exposure to IPV and other forms of domestic violence can have traumatic effects in older children (e.g., dissociation, behavior problems, aggression, cruelty), the symptoms reported in infants exposed to IPV are consistent with

trauma (Zero to Three, 2005). Descriptions of infants exposed to IPV include eating problems, sleep disturbances, and mood disturbances (Layzer, Goodson, & deLange, 1985). Clinical studies find poor sleeping habits, poorer general health, higher irritability, and increased screaming and crying (Alessi & Hearn, 2007). A study looking at multiple forms of traumata in infants, including IPV, found that trauma due to witnessing threat to a caregiver was related to the most severe symptoms as well as increased hyperarousal and fear (Sheeringa & Zeanah, 1995; Zeanah & Gleason, 2010, 2015). Moreover, the number of infant trauma symptoms shows an association with the number of IPV episodes witnessed (Bogat et al., 2006). This indicates an accumulation of trauma symptoms with the accumulation of IPV incidences witnessed by the infant. Every additional witnessed episode of violence has additional and increasing negative effects on the developing child. Next to symptoms of increased arousal, fear, and aggression, interference with development was the most frequently reported symptom of trauma in infants who witnessed severe forms of IPV. For example, the temporary loss of an already acquired developmental skill, such as toilet training or even language.

4.2.3 Exposure to IPV Can Result in Psychological Trauma and Changes to the Brain

Even though there is no study looking directly at the effect of exposure to IPV on the early developing brain, evidence indicates that exposure to violence can result in psychological trauma. A critical experiment has found that witnessing violence at home can have a detrimental effect on children younger than one year of age and increase their sensitivity towards stress exposure. The study that observed infants in an experimentally simulated situation of adult conflict found that those children

who previously were exposed to violence at home showed increased distress compared to infants who had no previous exposure to violence (DeJonghe et al., 2005). And early adverse experiences such as traumata or chronic stress are associated with chronic increased stress hormones, such as cortisol, even in young children and infants and therefore negative effects for the development of cognitive skills and the brain (De Bellis et al., 2005; Schore, 2001; van der Kolk, 1994; Porges, 2017; Van der Kolk, 2015).

The limbic system, brain structures that are associated with threat perception and long-term memory, and the frontal cortex, associated with regulation of emotion, behavior and higher cognitive skills are especially vulnerable to chronic increased cortisol (Schore, 2001; van der Kolk, 1994). These regions have a large number of glucocorticoid receptors, cortisol binding sites. Chronic increased exposure to stress hormones alters the receptors and causes lasting changes including neuronal death to those structures, which are related to cognitive skill, emotion-regulation capacity and stress reactivity (Bevans et al., 2005; De Bellis et al., 2005; Schore, 2001; van der Kolk, 2015).

5. EXPOSURE TO IPV HAS HARMFUL EFFECTS ON CHILDREN POST-INFANCY

5.1 Exposure to IPV Can Result in Psychological and Behavioral Problems

Several comprehensive reviews of exposure to domestic violence in childhood report that IPV affects not only the adults but also has a severe impact on children who witness the IPV (Teicher et al, 2016). The commonly reported negative long-term effects include low self-esteem

or depression, increased risk to develop internalizing and externalizing problems, such as depression, anxiety, conduct, and behavioral problems (Carlson, 2000; Howell et al., 2016; Pingley, 2017; Vu et al., 2016; Wolfe et al., 2003).

Preschool children appear to be particularly vulnerable to the effect of domestic violence. Preschool children exposed to IPV show more behavior problems (Hughes, 1988) and significantly lower self-esteem than do school-aged children (Elbow, 1982). Experiencing and witnessing violence both have been recognized as stressors of the magnitude to produce grave harm including PTSD symptoms in children. "Violence becomes traumatic when the victim does not have the ability to consent or dissent, which, in turn, is linked with the universal experience of helplessness and hopelessness engendered by victimization" (Sluzki, 1993, p 179). This description fits well to the experience of many children of battered women. Experiencing abusive violence in the home interferes with the child's developing sense of security and belief in a safe, just world.

The effects of witnessing violence as a child have lasting effects well into adulthood. A large-scale study with over 17,000 participants found that the risk to experience other or additional adverse childhood experiences (ACE's) increases with the number of witnessed episodes of IPV at home, again indicating that one form of violence fosters other forms of violence. Moreover, the frequency of experiencing IPV during childhood was related with later substance abuse, such as self-reported alcoholism and drug use, as well as depressive symptoms in adulthood (Dube et al, 2002).

5.1.1 The Negative Effects of Exposure to IPV Are Cumulative

A study looking at risk and resilience factors for children witnessing family violence found that an increased number of violent episodes witnessed was related to higher symptoms of adjustment problems and depression. Resilience in children was related to better (more sensitive) maternal parenting and no past maternal experience of a violent partner (Graham-Bermann et al., 2009). Evidence also shows that exposure to family violence increases the child's attention towards threatening stimuli, a behavioral pattern that is well known to increase the risk to develop internalizing problems, including social and general anxiety, social withdrawal and depression (Kiel & Buss, 2011; Luebbe et al., 2011, Miller, 2014).

More importantly, longitudinal studies point out that chronic exposure to violent environments has a more severe impact than an isolated case of witnessing; compromising effects are cumulative. A longitudinal study on academic success in middle childhood found that, in addition to early exposure, repeated and increased exposure to family violence was predictive of school engagement; this study revealed that chronicity of exposure has a severe effect on cognitive development (Schnurr & Lohman, 2013). Similar results were found for externalizing and behavioral problems in children, while age of first exposure to violence had a significant impact, the cumulative amount of family violence witnessed outweighed this effect, indicating that chronicity of IPV increases risk and harm for witnessing children (Graham-Bermann & Perkins, 2010). As noted earlier, there are seldom cases of single exposure.

5.2 Witnessing IPV Alters the Brain and Has a Negative Impact on IQ

Witnessing even verbal abuse, with no physical violence, between caregivers can have observable impacts on the developing brain. MRI scans revealed differences in grey matter density (number of brain cells) in the arcuate fasciculus in the left superior temporal gyrus. The area is important for language processing. In young adults who reported witnessing parental verbal abuse compared to those who did not, there was a reduction in brain cells. In a similar sample, DTI scans of white matter tracts (connections between brain cells) showed a significant reduction in the number of connections in this language area when exposure to verbal abuse was reported. Critically, these reductions were related to verbal IQ and language comprehension (Choi et al., 2009; Tomoda et al., 2011).

5.2.1 Witnessing IPV Damages the Visual Cortex

The visual cortex and limbic system process and regulate emotional stimulation and information. Strikingly, repeated *visual* exposure to parental violence alone was related to differences in volume in the visual cortex and diminished connections between visual cortex and limbic system. Most importantly, the observed reductions in brain volume and intra-neuronal connections were directly associated to the chronicity, accumulation of exposure before the age of 12 (Choi et al., 2012; Tomoda et al., 2012). Those findings indicate that early exposure to what may be seen as minor adverse experiences such as verbal abuse between caregivers, can have lasting effect on emotional development and the integrity of associated brain structures.

5.2.2 Witnessing IPV Damages the Auditory Cortex

MRI scans of young adults who did or did not experience repeated episodes of only parental verbal abuse during childhood, found differences in grey-matter density in the primary auditory cortex within the left superior temporal gyrus. The most significant difference was found in an important language-processing pathway, the left arcuate fasciculus, which interconnects Broca's area and the surrounding frontal cortex with Wernicke's area and the superior temporal gyrus. The difference was associated with lower verbal IQ and comprehension. Hence, both of these studies revealed that exposure to parental verbal abuse targets the auditory cortex and the arcuate fasciculus language pathway (Teicher, et al, 2016).

The effects of visual and auditory witnessing abuse are striking for the distal nature of the experience—the child is only watching—and the specificity of the effects to different parts of the brain.

5.2.3 Exposure to IPV Negatively Impacts IQ

The impact of family violence on a child's IQ and cognitive functions such as memory functioning has been reported in several studies (Graham-Bermann et al., 2010; Jouriles et al., 2008). A study on 1,116 twins found that exposure to violence was related to the children's IQ and the severity and number of violent episodes exposed to at home was associated with a greater decrease in IQ. Children who witnessed more violence on average had an 8-point lower IQ than unexposed children (Koenen et al., 2003). Even when controlling for possible confounding variables such as caregiver's IQ, prenatal substance abuse or socioeconomic status, exposure to family violence was significantly associated with children's IQ and reading

ability. The worse outcome was for children who witnessed violence at home and showed trauma-related distress (Delaney-Black et al., 2002). In another study, half of the children exposed to family violence reported increased learning problems (Lundy & Grossman, 2005) and lower standardized test scores with a difference of up to 20.4 points compared to unexposed children (Peek-Asa et al., 2007).

6. ADVERSE CHILDHOOD EXPERIENCES (ACES), INCLUDING EXPOSURES TO IPV, HAVE NEGATIVE EFFECTS ON BRAIN DEVELOPMENT

6.1 ACES Negatively Impact Multiple Brain Areas

Adverse Childhood Experiences, including exposure to IPV, have measureable detrimental effects on multiple areas of the brain. I discuss a few of the brain areas effected in detail below.

6.1.1 The Limbic System

The limbic system is a set of brain structures above the brain stem, critically involved in emotion perception, memory, and control of autonomic bodily functions. It is a system that regulates much of the behavior of young children. Key structures of the limbic system are (a) the *amygdala,* which contributes to emotion perception, especially threat perception, (b) the *hippocampus* which is crucial for forming long-term and autobiographical memories, and (c) the *hypothalamus* which has a key function in regulating bodily states and behaviors, such as eating, drinking, and the stress response.

The two brain structures that seem to be the most effected by early life adversity (and are the most studied)

are the amygdala and the hippocampus. Both structures connect to clinical symptoms we see after exposure to early life stress.

The amygdala is critically involved in emotion processing, especially fear processing. For example, the amygdala is involved in detecting facial expressions, especially those that indicate threat (Derntl, et al., 2009). This links the amygdala directly to symptoms of common psychopathology after early life adversity, such as PTSD, anxiety, and phobias, all of which go along with an increased attention towards potential threat, increased alertness, and vigilance.

The hippocampus, on the other hand, is involved in forming long-term memories, especially autobiographic memories, and has as well been associated with psychopathology specific to early life adversity such as PTSD and depression (Geuze, Vermetten, & Bremner, 2005). Both disorders include memory related symptoms such as negative rumination and being stuck in a negative memory loop.

The limbic system is the most vulnerable due to its many glucocorticoid receptors. Teicher's and Samson's review (2016) found that changes in the limbic system are the most persistent and most commonly found in all studies reviewed.

6.1.1.1 The Amygdala

Structural or functional abnormalities in the amygdala have been observed in a wide array of psychiatric disorders including: PTSD, social phobias and specific phobias (Shin & Liberzon, 2010); and unipolar and bipolar depression (Grotegerd, et al., 2014).

The amygdala has a high density of glucocorticoid (*cortisol*) receptors (Sarrieau, et al., 1986) and shows a rapid postnatal developmental that peaks between 9–11 years of age (Uematsu, et al., 2012). This makes the development of the amygdala highly susceptible to exposure to early life adversity. In animal studies, it has been show[n] that exposure to increased stress hormones such as cortisol or chronic psychological stress during early life leads to the development of an increased amygdala volume (Mitra et al., 2005; Vyas et al., 2006). This increased volume seems to behaviorally lead to increased attention towards potential threat and increased anxiety related behaviors.

Looking at human studies we find similar evidence: children exposed to maltreatment during early childhood (here: neglect or disturbed attachment) showed significantly increased volumes in the amygdala (Teicher & Samson, 2016; Mehta, et al., 2009; Pechtel, et al., 2014; Tottenham, et al., 2010). In a longitudinal study it was found that increase in amygdala volume during adolescence was directly associated to previous maltreatment and Child Trauma Questionnaire (CTQ) maltreatment scores (Whittle et al., 2013). The association between high stress exposure and increase in amygdala volume seems to be exclusive to early development (until puberty). Later exposure, (e.g., war, measured in combat veterans) seems to have the opposite effect, a decline in amygdala volume (a blunting reactivity?). However, early exposure may also sensitize the amygdala to further stress.

6.1.1.2 The Hippocampus

The hippocampus is critically involved in the formation and retrieval of memories, including autobiographical memories, spatial memories, and associated experiences

(Nadel et al., 2007). The hippocampus is densely populated with glucocorticoid (*cortisol*) receptors (Morimoto et al., 1996), and therefore highly susceptible to damage from excessive levels of glucocorticoids (Sapolsky et al., 1985) such as cortisol.

Animal as well as human studies show that childhood maltreatment is associated with smaller hippocampal volume. Some studies even report that the severity of maltreatment exposure and volume of the hippocampus show a negative association (more adversity associated with smaller hippocampi). Female hippocampi appear to be less vulnerable to the effects of stress, meaning that male victims of maltreatment have a more reduced volume compared to females who experienced childhood maltreatment (Frodl et al., 2010; Samplin et al., 2013).

While reduced hippocampal volume is a frequent finding in studies comparing subjects with major depressive disorder to healthy controls (Cole et al., 2011), some studies report this difference only in subjects with depression and history of childhood maltreatment (Opel et al., 2014; Vythilingam et al., 2002). But reduced hippocampal volume has also been reported in a sample of adults exposed to childhood maltreatment without psychopathology (Baker, et al., 2013; Carballedo, et al., 2012; Dannlowski, et al., 2012; Samplin, et al., 2013; Teicher, et al., 2012; Teicher et al, 2016).

Overall, childhood maltreatment appears to influence hippocampal development regardless of presence or absence of psychiatric disorders later in life. Eight different psychiatric disorders have been associated with reduced hippocampal volume (Geuze, et al., 2005) and maltreatment is viewed as major risk factor for all of these disorders (Teicher et al, 2016). Most studies are done in adoles-

cents or adults retrospectively and show a significant association between childhood adversity and hippocampal atrophy. There are no clear results for children, but that just indicates that chronic exposure during development may play an important role.

6.1.2 The Cerebral Cortex

The cerebral cortex is involved in higher cognitive function, or, simply said, in thinking and executive control. This involves skill such as reasoning, decision making, emotion regulation, delay of gratification in association with reward centers, personality and abstract thoughts (Perry, 2001; Schore, 2001). The cerebral cortex is especially associated with externalizing behavioral problems, emotional control, and academic difficulties when linked to early life adversity. When comparing children who reported witnessing violence or being directly affected by abuse with non-exposed children an overall reduction of cortical grey and white matter volume has been reported, with specific prevalence in the prefrontal regions (Teicher & Samson, 2016).

6.1.2.1 The Prefrontal Cortex

The prefrontal cortex is thought to play an important role in emotion regulation, inhibitory control (e.g. related to drug use), and decision making. Several studies link the prefrontal regions to adverse outcomes in individuals with early life adversity. Reduced brain volume, decreased thickness, and neuronal dysfunction has been reported for the anterior cingulate cortex (ACC), a subpart of the prefrontal cortex, in individuals with a history of maltreatment (Baker, et al., 2013; Cohen, et al., 2006; Gupta et al., 2016). The ACC connects the limbic system with the prefrontal cortex and therefore plays an important role in

cognitive control over emotions, emotion regulation, and related cognitive functions such as learning and memory.

The dorsolateral prefrontal cortex, another subpart of the prefrontal cortex is linked to working memory, inhibition, and abstract thinking. It has also been linked to reduced volume and reduced blood flow in children with a history of physical or sexual abuse and exposure to other maltreatment (Carballedo, et al., 2012; Edmiston, et al., 2011; Hanson, et al., 2010). Finally, exposure to childhood maltreatment and abuse is linked to reduced volume or thickness in the orbitofrontal cortex, a substructure of the prefrontal cortex that is involved in decision making and inhibitory control (De Brito, et al., 2013; Gerritsen, et al., 2012; Hanson, et al., 2010; Thomaes, et al., 2010).

The connection between amygdala (threat and emotion perception) and the prefrontal cortex (cognitive control, emotion regulation) is important for the active regulation of emotional behavior. An adult-like functional connectivity between both structures starts to appear around 10 years of age and develops into adolescence (Gabard-Durnam et al., 2014; Gee et al., 2013). As outlined above, early life adversity leads to increased amygdala volume (threat perception) and decreases cognitive control over it (diminished prefrontal cortex), a combination that promotes the underlying biological foundations of psychopathology, such as anxiety-related disorders and conduct disorders, both of which just show a different coping profile for the decreased control over increased threat perception.

Overall, the limbic system and the cerebral cortex are brain regions heavily influenced by early caregiver environment. Those early adverse experience experiences are shown to have significant impact on future development of social, emotional and cognitive skills of the child.

6.2 ACES Negatively Impact Functional Brain Development

6.2.1 The HPA Axis

Besides multiple brain area development, adversity affects functional brain development of the Hypothalamus-Pituitary-Adrenal (HPA) Axis. The HPA axis is a crucial stress response system, enabling us to appropriately respond to everyday stressors and return the body to homeostasis. Triggered by a stressful stimulus, a cascade of events over the HPA pathway lead to elevation in glucocorticoids (cortisol), a steroid stress hormone that targets the brain. As already noted, in a healthy human cortisol is necessary and harmless, but if exposure to stress becomes chronic or traumatic, dysregulation of the HPA axis can have detrimental effects. These effects are seen in combat veterans and holocaust survivors (Sapolsky et al., 2000; Yehuda et al., 1993; Yehuda et al., 1995). In infants and throughout childhood, the HPA axis and cortisol reactivity are still maturing (Gunnar & Donzella, 2001), making the system vulnerable to environmental stressors and adverse experiences (Tarullo & Gunnar, 2006). Thus, less intense stressors, such as witnessing verbal conflict, can have even more detrimental effects on developing children compared to adults. More importantly, changes due to high stress exposure during this critical time of maturation may be even more long-lasting and harder to treat as a normal function might never be established in the first place.

In humans, sensitive caregiving, a safe environment, and secure attachment have been shown to protect the developing brain from too much cortisol exposure (Ahnert et al., 2004; Dettling et al., 2000; Nachmias et al., 1996; Spangler and Grossman, 1993). As stated before, exposure to intimate partner violence can have detrimental effects on

mother-infant attachment and therefore on cortisol exposure of the developing brain (Huth-Bocks et al., 2004; Quinlavin & Evans, 2005; Zeitlin et al., 1999).

Elevated cortisol levels have been shown to have direct effect on the brain in children. One study, for example, reported that salivary cortisol levels in 1-year-old infants showed a negative correlation to EEG potentials, indicating that brain activity is directly affected by elevated levels of cortisol (Gunnar & Nelson, 1994). Again, as noted, chronic high levels of cortisol are believed to lead to cell death, especially in those brain structures with high glucocorticoid (cortisol) receptors. This has been shown in a study with humans taking high-dose cortisol medication (e.g., for asthma). Adults and children taking these medications showed decreased verbal memory and a decline in explicit memory, both related to the hippocampus (Bender et al., 1991; Newcomer et al., 1994). More importantly, the observed effects were dose-dependent, meaning higher levels of cortisol medication were associated with steeper decline in memory capacity. That a medical form of cortisol can have such severe impact on cognitive performance strongly suggests that chronic exposure to family violence or any high stress environment can have harmful consequences for the developing brain.

7. THERE IS AN OVERLAP BETWEEN EXPOSURE TO IPV AND DIRECT VIOLENCE AGAINST A CHILD

Several studies have found a significant overlap between violence against women and violence against children. Simply put, if one form of violence is present, families are at increased risk for other forms of violence to develop (for review see: Herrenkohl et al., 2008). A recent

study found that the prevalence of violence against children at home was at 57% in households that previously reported other forms of domestic violence (Dong et al., 2004), which is significantly higher than in households that never reported violence before.

7.1 Any Type of Domestic Violence is Harmful to a Child's Development

There is a significant overlap in psychosocial problems of children who either witnessed family violence or got physically abused themselves. A meta-analysis reported that both groups showed significantly more adverse psychological outcomes compared to children never exposed to any kind of violence at home (Kitzmann et al., 2003). This study indicates that any kind of violence at home can have negative effects on children's mental health.

A longitudinal study following 1000 children found that direct child maltreatment alone increased the risk of later antisocial behavior in those children, but experiencing both IPV and maltreatment together actually further increased the risk for antisocial and violent outcomes (Park et al., 2012). This shows again that isolated incidences are less harmful, but accumulation and chronicity usually indicate a greater harm for children over time.

8. SUMMARY OF CONCLUSIONS

Exposure to adversity, including Intimate Partner Violence (IPV), places a child's development at grave risk for compromised, and even pathological, social, emotional and cognitive development and neurologic and physiologic functioning. While exposure to adversity is likely to be recurrent, even short term exposure or only a few exposures result in risk for grave negative effects. The negative effects of adversity are cumulative. Exposure to any specific

form of maltreatment is likely to be associated—to co-occur—with other forms of maltreatment. Because even short-term exposure is significant and the effects of exposure are cumulative, returning a child to an environment of IPV poses a grave risk of additional, and perhaps greater, harm. Moreover, a child of this age, two and half years old, is particularly vulnerable to harm because his brain is particularly responsive to environmental stimuli.

Exposure to IPV has many potential harmful effects—both psychological and physical. For instance, exposure to or the witnessing of IPV by a young child disrupts the functioning and development of the child's social-emotional functioning, especially critical attachment relationships with caregivers needed for the child to feel safe and secure, and the child's cognitive functioning, including the child's IQ. Witnessing IPV distorts the functioning and structure of many brain systems including the amygdala and hippocampus which underlie reactivity to threat and memory, and multiple areas of the prefrontal cortex associated with decision making and executive functioning. Witnessing IPV also distorts the functioning of the HPA axis, the primary system for regulating neurohormones underlying the child's reaction to stress. Finally, in later childhood and adulthood, witnessing IPV is related to physical and mental illness.

Based on the harmful effects of exposure to IPV on children—and on my understanding of the facts of this case as stated in the parties' submissions—I conclude a child such as Ms. Golan's would be at grave risk of harm should he return to his habitual residence.

s/ Dr. Edward Tronick

Dr. Edward Tronick

December 6, 2018

Boston, Massachusetts

* * * * *

UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

ISACCO JACKY SAADA, *Plaintiff*,

v.

NARKIS ALIZA GOLAN, *Defendant*.

EXPERT REPORT OF ALBERTO YOHANANOFF, Ph.D.

I. IDENTIFICATION AND LEGAL CONTEXT

Isacco Saada was referred by The Law Firm of Camhi to conduct a limited forensic evaluation. The scope of the engagement was limited to assess whether the father posed a grave risk of harm for the subject child (pursuant to Article 13(b) of the Hague Convention on the Civil Aspects of International Child Abduction) and whether there would be any factors mitigating such risk. The undersigned was paid at the rate of $500 an hour for his work on the case and at the rate of $600 an hour for his testimony on the case.

A. Summary of Qualifications

As noted in exhibit A (copy of CV) the undersigned has had extensive experience in conducting forensic evaluation and in particular custody evaluations. The undersigned conducted altogether close to 200 custody evaluations and has testified in all of the borough of New York City (with the exception of Staten Island) as well as in

Nassau and Westchester County. The undersigned has also conducted a number of peer reviews of custody evaluations, has presented at various conferences including at the Association of Family Court and Conciliation National Conferences (AFCC; an interdisciplinary organization composed of mental health professionals, attorneys and judges designed to address and resolve family disputes). This past summer the undersigned was invited to present at the Judicial Institute on the topic of Empirically Anchored Child Custody Evaluations. The undersigned is scheduled to present next summer in Toronto on International Jurisdictional Disputes—the Challenges of International Relocations and the Risk of Abduction.

As to publications, the undersigned published in 2015 an article in the Journal of Forensic Practice on the congruence of fit between the criteria used by mental health professionals and the legal professions when judging the quality of child custody evaluations. More recently the undersigned co-authored an article with Martin Friedlander, Esq. published in the New York Law Journal (January 2018), addressing the psychological aspects of raising children in households with different religious practices.

The undersigned has been a Board Members of the New York Chapter of AFCC since 2014 and the chief editor of its newsletter since 2016. The undersigned has also served as the chair of the Subcommittee on Forensic Reports, for the Family Court and & Child Welfare Committee—New York County Lawyers Association (2016-2018) and a member of the Book Award Committee (2014-2017) for the American Psychology-Law society. The undersigned has served as an Ad Hoc Reviewer for the Journal of Child Custody. The undersigned has been appointed to

the Mental Health Professional Panel in the first and second judicial department in New York City since 2001.

The undersigned serves as an Adjunct Professor at the City College of New York City where he has taught for the past 9 years a graduate introductory course in forensic psychology. He is serving on the voluntary faculty of Northwell Hospital and has had academic appointments at New York Presbyterian/Weill Cornell Medical College (2002-201) and at the NYU School of Medicine (2002-2008).

A list of all other cases in which the undersigned testified in the past 4 years is provided in appendix B.

B. Data Considered in Forming the Undersigned's Opinion

The undersigned's opinion detailed below is based on the sources of information listed below. It should be noted at the outset that there are important caveat to this evaluation. Because the undersigned was hired by Mr. Min, Mr. Saada's attorney, the conclusions detailed below are based on a partial set of data (interview of the father, father-child observations, some psychological testing) that do not include Ms. Golan's input. (Typically forensic evaluations involving questions about parental access are best addressed when the evaluators receives input by all disputing parties.) Although a request for Ms. Golan to be interviewed was made, her attorneys did not respond to Mr. Min's request. In addition, the very young age of B.A.S. and his limited verbal skills precluded the undersigned from conducting a full evaluation of the child. This risk assessment therefore was conducted through an extensive evaluation of the child, father-child observations,

some psychological testing, and the gathering of pertinent collateral data.

II. SOURCES OF INFORMATION

1. Clinical interview of Isacco Jacky Sade by the undersigned on November 28, 29, December 10 and December 12, lasting 11 hours. (All interviews were conducted in Italian).

2. Administration of the Second Edition of the Minnesota Multiphasic Personality Inventory (MMPI-2) in Italian, by Moira Liberatore, Psychologist, in Milan, Italy on December 18, 2018.

3. Observation of the interaction between Mr. Saada and the subject child on December 4 and 10, 2018 lasting 2 hours.

4. Collateral interview by the undersigned with Diane Hessemann, LMSW, on November 30, 2018, lasting 30 minutes. Ms. Hessemann reported that she was the supervisor selected by the parties' attorneys and entrusted with monitoring the contact between the subject child and his father. The supervised visits commenced 6-7 weeks ago (October 20, 2018) and included hour-long face time appointments, and in-person visits that could last anywhere from 2 to 7 hours. Ms., Hessemann reported having had a total of 44 hours off supervised visits between father and son so far. The supervised visits took place on the following dates: October 22, 26, 28, 29, 30 and November 20, 26, 27, and 30. There were a total of 3 video chats totaling 3 hours on November 9, 12 and 16. The visits have been conducted in English. The video face to face time has included family relatives as well.

Ms. Hessemann described the subject child in very positive terms. She was particularly impressed by his ability to tolerate the 1-hour video chats without the physical presence of either parent, which she interpreted as a sign of resilience on the part of the child. Father and son were portrayed as having a good and strong bond. Typically, the father has wide discretion of where to go with the child although the visits start and finish at the supervisor's office. The father has used Brooklyn Mag to guide him for appropriate parent-child activities. These have included visits to Brooklyn's children museum, a local Barnes and Noble, and the Jewish children museum. Other venues that father and son have gone have included various restaurants and parks. Joint activities have included singing together. Ms. Hessemann indicated that if the child likes to do something, the father, who is very patient with his son, will go back to it time and time again. The father is also portrayed as attuned to the child and attentive to his needs (for instance the father has got B.A.S. appropriate winter gear).

Overall, according to Ms. Hessemann the father connects really well to his child. Ms. Hesssemann noted that even after their initial prolonged separation, the son upon seeing his father called excitedly called him "Jackie." The child seems very comfortable with his father and Ms. Hessemann's impression was that the visits overall were going well, and that the father has a good sense of his child's pulse. Of late, according to Ms. Hessemann B.A.S. has become more assertive, he will say "no" to his father who responds appropriately, not in anger, but rather by trying to engage his son at his level. Ms. Hessemann reported that Mr. Saada is keen in fostering his son's independence (e.g., the child's desire to walk), while keeping an eye on his safety. From Ms. Hessemann's perspective

there is a "goodness of fit" in this relationship in that father and son are clearly comfortable in each other's presence. Ms. Hessemann reported that she has not observed Mr. Saada yell at his son, nor has she seen flashes of anger directed at him.

Ms. Hesssemann noted that during face time contact, the father is able to "keep it together" even when it is clear that he is sad about being apart from his son. Father and son enjoy each other's company and the father is able to follow his son's "directives" with respect to preferred activities the child likes, without the father rigidly imposing his will on him. Yet, B.A.S. is also able to listen to his father when he asks him to do certain things. The father is perceived as being responsive and respectful of his son, and B.A.S. with appropriate encouragement by his father is able to face challenging situations (like approaching a mascot that seemed scary at first). Ms. Hessemann concluded that she does not perceive the father to represent a danger to the child in any way. She noted that sometimes B.A.S. has a difficult time ending the visits with his father (an indication of the strength of their bond) but he can be redirected. Ms. Hessemann reported that stuffed animals have been used as good transitional objects (e.g., comfort objects that provides a sense of security to the child at times of separation from the parental figure).

According to Ms. Hessemann during visits father and son have been able to revisit favorite routines time and time again, kiss and hug in very appropriate and affectionate manner. Per Ms. Hessemann's view, this is a healthy and normal relationship, and the child impress as a resilient child. Ms. Hessemann noted that on occasion B.A.AS. has hit his father, but the origins of such behavior, which is short lived, remains unclear. Under these circum-

stances the child can be easily re-directed. Ms. Hessemann expressed no area of concerns with respect to the father's appropriateness and how he approaches the relationship with his son, and the child is receptive to his father's feedback. In her opinion, there is a clear foundation to their relationship. No impulsivity or inappropriate anger were evident during supervised visits. Finally, Ms. Hessemann reported that she evinced no evidence of regressive behavior during the play between father and son.

5. Collateral Interview by the undersigned with Dr. Paolo Consigli on December 11, 2018 lasting 30 minutes (the interview was conducted in Italian). Dr. Consigli is a medical doctor with a license to practice psychology and acupuncture. He reportedly saw both Mr. Saada and Ms. Golan separately for acupuncture appointments. He also saw them twice in the summer of 2016 for a consultation for couple counseling. He reportedly referred them for couple therapy, but his advice was not followed.

Dr. Consigli reported that his impression was that the couple had major communication difficulties. These difficulties were accentuated by the rigid and entrenched positions that they held against each other. In addition, cultural component played a major role in the couple difficulties. The father reportedly comes from a traditional Libyan/Lebanese, somewhat enmeshed family, with a strong patriarchal foundation, while the mother is American and was raised in a family in which one's ability to be independent was stressed. Dr. Consigli reported that the mother encountered difficulties adjusting to the Italian culture which she found foreign and in particular to the father's family culture. She felt isolated and judged by his family and consequently averse to meeting with them, while her husband was very closed to his family. It was dr. Consigli's impression that Ms. Golan felt like a "foreign

body" that did not belong in the father's culture. Dr. Consigli added that the mother's difficulties were accentuated by her presentation, in which a tendency for mood shifts, was evident. He reported that during their limited sessions *neither party raised the issue of domestic violence*.

6. Collateral interview (conducted in Italian) by the undersigned with Alberto Giovannini, an employee at Mr. Saada's company on December 11, 2018 lasting 20 minutes. Mr. Giovannini has been an employee of Mr. Saada's company for 37 years. He has seen Jackie Saada grow from a boy to a man. In the context of their relationship he reported meeting Ms. Golan. He perceived Ms. Golan as having a somewhat mercurial personality marked by sudden mood shifts. He did not witness any physical altercations between the parties. However, he reported witnessing a number of verbal arguments over the phone following which the father would leave the office and would return upset. He also recalled seeing the father returning to the office with clear signs of scratches on his face. Mr. Giovannini also reported seeing the mother come to the father's office and leaving the child in order to do errands, resulting in B.A.S. getting upset, crying until his father would come and soothe him. Mr. Saada was reported as being a natural with children in general. He often played with the employee's children when they would come to his office and was portrayed as affectionate, generous and playful with them. Mr. Giovannini reported being impressed by this quality in Mr. Saada and recalled his ability to relate to children from a young age (since his teens). This quality is even more evident with his son, B.A.S. whom he adores. Mr. Giovannini could not conceive of any circumstances in which Mr. Saada may have lost his temper with his son and noted that if anything his difficulties related more to limit setting and his desire to please his child's requests no matter what. Upon

query, Mr. Giovannini reported that he did not recall seeing Mr. Saada losing his temper with Ms. Golan or with any of the employees in his father' agency and noted that Mr. Saada's primary mode of dealing with Ms. Golan was that of trying to appease her.

7. Collateral interview (conducted in Italian and English) by the undersigned with Micol Bendaud, Jackie's maternal first cousin on December 11, 2018 lasting 30 minutes. Ms. Bendaud just moved back to Rome from Monaco, France, where she resided for a number of years. She reported that she was born and raised in Rome up to the age of 16 and then moved to Milan for the following 8 years and got to know Mr. Saada quite well. She described Mr. Saada as kind man who strived to please others. Ms. Bendaud also got to meet the mother, Ms. Golan, and maintained that she was very comfortable in sharing aspects of her personal life with Ms. Bendaud.

In the context of multiple conversations with both parties she learned of the parties' marital difficulties. Ms. Bendaud qualified that while she was not a trained mental health professional she believed that the mother and father struggles related to significant cultural differences as the mother was raised in the USA while the father was raised in Italy. These cultural differences were compounded by the differences in family upbringing, and Ms. Bernaud quickly learned that Ms. Golan never felt comfortable with her in-laws. According to Ms. Bernaud Ms. Golan felt judged and not accepted by the father's family, but Ms. Bernaud also noted that Ms. Golan's perception—having been a witness to some family interaction—was that Ms. Golan was defensive, and rigid in her positions when dealing with her in-laws.

Ms. Bernaud could not recall witnessing any physical altercations initiated by the father against the mother but

reported having witnessed two incidents (2014-5) in which the mother assaulted the father. Although the could not recall the specifics that lead to these arguments, she reported witnessing the mother hitting the father on his back with her hands, on one occasion, and kicking him on his legs on another. Ms. Bernaud recalled that Mr. Saada was the one who would try to remain calm under these difficult circumstances. She portrayed Mr. Saada as a wonderful, devoted father to his son. She portrayed him as attentive and engaged with his son. She noted that his most important parental quality was his infinite patience he had for his son. She could not imagine based on what she witnessed Mr. Saada being capable of striking his son. She reported that recently Mr. Saada had come to Montecarlo with his son, for a long weekend and Ms. Bendaud, (a young divorcee herself) and her 3 years old son, Eli. She recalled that Mr. Saada was wonderful in engaging both B.A.S. and her son Eli.

8. Collateral interview by the undersigned with Micol Fassi, Jackie Saada's childhood friend, on December 11, 2018 lasting 15 minutes (conducted in Italian). Ms. Fassi lives in Milan and is the mother of two young children ages 3 and 2. Ms. Fassi reported that she has been a long-time friend of Mr. Saada as she two attended school together since their elementary years. She described Mr. Saada as a kind man who looked after the needs of others. In contrast she portrayed Ms. Golan as someone who lived in her "own head" detached from the reality around her. She reported having been witnessed to a number of verbal altercations between the couple in which Ms. Golan was portrayed as the provocateur, always picking a fight with her husband. Ms. Goals was described as an anxious, nervous person likely to become agitated rather quickly. She reported that for his part Mr. Saada would attempt to placate her with "kind words" ("parole gentili"). Ms. Fassi

did not recall being witness to any instances in which Mr. Saada assaulted his wife but recalled witnessing one incident in which the mother threw a bottle of Perrier in the father's directions and seeing thereafter Mr. Saada bleeding.

Ms. Fassi portrayed Mr. Saada in glowing terms as a father, noting that he was always sweet, affectionate and attentive to his son. She could not conceive of Mr. Saada as a man capable of hurting his son in any way and never witnessed any abusive behavior on the part of the father toward his son.

9. Collateral interview by the undersigned with Rabbi Suetz on November 30, 2018 lasting 10 minutes. Rabbi Suetz reported that he has known Mr. Saada for 5-6 years. He was also familiar, although, less so, with his wife, Ms. Golan. He reportedly tried to assist the couple to reduce the marital frictions that centered around the wife's conflictual relationship with her in-laws. He was aware of the nature of the current proceedings, as Mr. Saada confided in him about them. He was not aware of any history of alcohol/drug use by either party, nor did he witness any verbal or physical altercations between the couple. He saw both parents with the subject child, and his impression was that B.A.S. was well related to both parents and did not exhibit any signs of anxiety with either parent. Rabbi Suetz did not express any concerns about either parent based on his time limited observations of each parent and their child.

10. Expert report by Stephanie Brandt, MD dated December 7, 2018 with its attached exhibits, including the documents considered in her preparation of the report (except for documents numbered 43, 44, 55, and 56).

11. Expert report by Dr. Edward Tronick dated December 6, 2018 with its attached exhibits.

12. Brief review of expert report by Avv. Ellena Biaggioni dated November 7, 2018 with its attached exhibits.

13. Documentation provided by Mr. Saada which included the following:

- Letter by attorney Gian Alberto Elli dated June 28, 2018.
- Report by the Milan Police Headquarters dated April 29, 2017 (this document is also included in the list of documents reviewed by Dr. Brandt).
- Psychosocial assessment of the Saada-Golan family dated December 20, 2017 by the City of Milan Assessment Team, Office of the Public Prosecutor of the Republic (this document was included in Dr. Brandt's list of documents considered in her preparation of her report).

14. Additional documents provided by Richard Min including the following (the document listed below were included among the list of documents reviewed by Dr. Brandt in her expert report):

- Petition for return of the child to Petitioner dated September 20, 2018.
- Declaration of respondent Narkis Aliza Golan in opposition to petition for return of the child dated October 22, 2018, Case No 18-cv5292 (AMD).
- Reply Declaration by Mr. Saada dated November 6, 2018, Case No 18-cv5282 (AMD).

Note: The undersigned attempted to reach Dr. Vercelessi, pediatrician, who reportedly saw the subject child on a couple of occasions when he was ill, but was unable to reach him.

III. SUMMARY OF OPINION

As it will be detailed in the body of this report it appears that Mr. Saada presents with several risk factors that could impact on B.A.S. The presence of some incidents of domestic violence between Mr. Saada and Ms. Golan seems undisputed and elements of coercive control may be at play, however, given the limited nature of this evaluation, in the undersigned's opinion there is no sufficient information to firmly establish a persistent pattern of domestic abuse in Mr. Saada's part toward Ms. Golan. This is because the limited available data does not allow one to establish the *directionality* of such violence. In other words without interviewing the mother it is difficult to establish the context and the potential contribution of both parties to the pattern of violence in their marriage.

The reader also needs to be mindful that adults may behave differently in their intimate adult relationships than they do in their relationship with their children and one cannot necessarily conclude that the presence of violence in adult relationships extrapolates to a pattern of violence in a parent-child relationship. Consistent with the above, the observed interactions between Mr. Saada and B.A.S., coupled with collateral data (in particular reports by the supervisor, Diane Hessemann) suggest that Mr. Saada and B.A.S. enjoy each other's company.

During the parent-child observations the undersigned saw no evidence suggesting that B.A.S. is anxious, or uncomfortable in the presence of his father, and in fact there was multiple anecdotal evidence suggesting that B.A.S.

enjoys the time he spends with his father (including his affectionate behavior toward the father), and that Mr. Saada seems attuned to his child and his needs. The main sources of concerns about the potential risk to B.A.S. is based on the report of Dr. Brandt in which the concerns voiced by M.s Golan and her family are noted. Yet it is equally important to note that despite these concerns Ms. Golan left on two occasions her son, B.A.S. in the care of the father for significant periods of time. This raises the question of why she would do so, if she was truly concerned about the safety of B.A.S.

Furthermore, despite whatever deficits Mr. Saada may present (e.g., limited insight into his behavior) these deficits seem less evident when he is dealing with his child. In his interviews, Mr. Saada exhibited insight into his son's current psychological predicament. For instance, he exhibited forethought about ways to maintain a connection with his son during his physical absence (through the use of "transitional objects[1]"), and self-restraint for the sake of B.A.S.'s well-being (e.g., not showing his son his pain about the geographical separation).

Finally, although the undersigned did not interview Ms. Golan and therefore cannot render an opinion on her, the reviewed collateral data (Dr. Brandt's report) appear

[1] Transitional objects is a termed that was coined by the British psycho-analyst, Donald Winnicot, to refer to objects (such as a blanket, a teddy bear) a child may use that offer reassurance to the child by virtue of their proximity to adult figures, and that function as a reminder to the child of the presence of these figures in the child's life.

to suggest that Ms. Golan presents with a significant history of trauma, and the psychological literature[2] [3]suggests that such history in itself is a potential risk factor to the child. In other words the reader should be mindful, that even if it was clearly established that the father's propensity to deal with his anger maladaptively negatively impact on the child (a clear risk factor), by the same measure the mother's own history of abuse, as suggested by collateral data, poses risks of its own to the child (in particular if her history of trauma has been untreated.) It must be emphasized that this conclusion is by necessity tentative given that the undersigned did not have an opportunity to conduct his own assessment of Ms. Golan.

IV. CLINICAL INTERVIEW: ISACCO JACKIE SAADA

A. Overall Demeanor & Reliability

Mr. Saada presented as a jovial, yet somewhat emotionally immature, loquacious and friendly 30 years old who was cooperative and eager to participate in the evaluation process, which he perceived as a way to vindicate himself against what he perceived to have bene false allegations that were raised against him. He often swore and used expletive during the course of the evaluation and, in general, wore his "feelings on his sleeves" and was utterly unable to use any filters in reporting personal infor-

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[2] Melton, G., B, Petrila, J, Poythress, N. G., Slobogin, C, Otto, R. K., Mossman, D. & Condie, L. O. (2018) Psychological Evaluations for the Courts: A Handbook for Mental Health Professionals and Lawyers (4th Edition) Guilford Press: New York.

[3] Condie, L. O. (2003). Parenting Evaluations for the Courts: Care and Protection Matters. Kluwer Academic Publishers: New York.

mation. Glimpses of his impulsivity coupled with an inability to think through the consequences of his behavior were also evident through some of the statements and accounts he provided during his interviews.

B. Present Living Arrangements and Source of Income

Mr. Saada reported that lives in a 2-bedrooms apartment in Milan, Italy. He has worked in the family garment business for the past 13 years. He completed an 8th grade education and thereafter started to work in the family business.

C. Brief Background History

Mr. Saada was born and raised in Milan Italy. He is the oldest of 6 siblings of a reportedly close-knit family, which includes 2 sisters and 3 other brothers. Two of his siblings reside in Israel, and the rest of the family lives in the same building (owned by his parents) in Milan. With the exception of Mr. Saada all of his siblings completed high school and 3 of his siblings have an academic degree. His brother Mickey (26) also works in the family business.

Mr. Saada portrayed his father, along with his paternal grandfather as the family patriarchs. The family was traditional in that his father earned a living and his mother was the homemaker. His father was portrayed as a hard worker, outgoing and charismatic figure while his mother was depicted as a devoted parent. The family ethos was "family first and foremost" (which would become a source of friction with Ms. Golan).

Mr. Saada reported having had an ordinary childhood, a close relationship with his parents and with all members of his immediate family. With the exception of the school

difficulties noted below, Mr. Saada did not report any sources of frictions with members of his immediate family or any behavioral difficulties (although he noted that his parents remarked on his tendency to excessively swear). Mr. Saada reported being particularly close to his paternal grandfather whom he lost in 2017. Discipline was primarily enforced by his father through "long talks" at the family table, and in this context, Mr. Saada denied Ms. Golan's allegations of any use of corporal punishment as a disciplinary tool on the part of his parents.

The only significant source of difficulty that Mr. Saada noted in his childhood related to his schooling. He jokingly stated that he "skipped adolescence" and started working for his father at 17. He portrayed himself as a hard worker but reported that he found school to be boring (he would fall asleep in his classes and when teachers would remark on his behavior, he would justify it on the ground that he was not bothering the class and so he should be left alone). Mr. Saada was not cognizant of any learning difficulties or any symptoms consistent with the presence of hyperactivity as a child, and simply indicated that school was never to his liking. Mr. Saada was left back twice in the 8th grade and although his parents attempted to address his difficulties by having him talk to a psychologist once, and by providing him with a private tutor in the 9th grade, this did not yield the hoped results and Mr. Saada started to work in the family business in the midst of his 9th grade. Even in hindsight Mr. Saada did not recall feeling perturbed about his school difficulties.

Mr. Saada lived with his parents until close to the time he married Ms. Golan. He reported cohabitating with Ms. Golan for 4 months prior to their wedding. During his early adulthood Mr. Saada reported no significant behavioral difficulties although noted a car accident when he hit

a lamp post while driving on an icy road. Mr. Saada portrayed himself as an industrious worker. He estimated that on average he travels 3 times a year to China for 10-20 days at a time, and 3 times a year to Turkey for 5 days each. He also frequently travels to Israel for pleasure. Mr. Saada indicated that if allowed to return with his child to Italy he would curtail his traveling schedule and his brother, Mickey (26) would be doing the business travel on his behalf. Mr. Saada did not report any family history of medical, psychiatric, substance abuse or legal problems.

D. Medical, Psychiatric, Substance Abuse & Legal History

Mr. Saada portrayed himself as physically healthy. He denied any involvement in therapy and any history of legal problems. Asked about his alcohol consumption he reported that typically he would consume 1-2 small bottle of beer, up to 3 times a week and 1-2 glasses of whiskey 2-3 times a week. He added that if he went out socially, he may drink somewhat more but remained vague as to specific quantity. Mr. Saada denied that his alcohol consumption negatively impacted on his functioning and maintained that he was never inebriated. Although he described his alcohol consumption as ordinary, he also maintained that he had a high tolerance for alcohol. He recalled, for instance, having been stopped 4 years ago while driving by the police in Milan and passed a breathalyzer despite having consumed a bottle of vodka.

Mr. Saada denied any drug use until he married Ms. Golan. During his marriage (2014-2018) he habitually consumed marijuana with his wife twice a week and on weekends. He initially reported that he did not use marijuana after his wife left in July 2018 with the sole exception of

using once with a friend in October 2018 under circumstance he could not recall. He vehemently denied his wife's allegations of being under the influence of alcohol or drugs while caring for the baby. He reported that his wife was by far the person who consumed far greater quantity of illegal substances as she could drink a bottle of Bailey daily and habitually consumed cocaine and marijuana before their marriage, to the point that it would affect her moods. However, Mr. Saada noted that his wife did not use any drugs/alcohol during her pregnancy or when nursing their son. Subsequently, he amended his account somewhat and stated that when his wife had contractions she would occasionally have "a joint" to help her deal with the pain.

E. Account of Marital and Other Interpersonal Relationships

Mr. Saada reported that he dated several women prior to marrying his wife but had not been involved in a serious relationship prior to marrying Ms. Golan. He reported meeting his wife (2 years his junior) at a cousin's wedding in Milan in June 2014. A long-distance relationship ensued where he traveled to New York until his wife moved to Milan. He described the relationship as always having been tumultuous, but he pursued it nonetheless because of the good sexual chemistry.

Mr. Saada reported that a major source of friction from the outset was his wife's inability to get along with his side of the family, respecting his parents and their tradition. Mr. Saada maintained that he and his family came from very different cultural backgrounds. Whereas his family emphasized tight family bonds, according to Mr. Saada, the modus operandi in his wife's family was that of

friction and discord. He reported that he was instrumental in helping his wife reconcile with her father (who lives in Israel) during the course of their relationship. Per Mr. Saada, his wife's family motto was everyone for himself.

Mr. Saada maintained that his wife evinced a tendency to distort and misrepresent events. By way of illustrating the above, he portrayed an incident that took place in In October 2014 in which his wife and his mother got into an argument following which his wife called him and told him that his mother "kicked her out" off the home. Mr. Saada called his mother to find out what transpired and was told that she did not kick out Ms. Golan, rather she suggested that following her return from an upcoming trip to the US she should consider living in a separate apartment with her son, given that the couple was not yet married and given the family traditional beliefs that they should not cohabitate until they were married. When Mr. Saada's mother learned of his wife's version of events she became upset with Ms. Golan and did ask her to leave the family property and relocate to another apartment in Milan with her son. Mr. Saada reportedly indicated that this was the dynamic he found himself falling in, having to mediate between his wife and his side of the family, often feeling caught between a rock and a hard place.

Shortly after this incident Mr. Saada broke off his relationship with Ms. Golan. However, Mr. Saada reported that in December 2014, Ms. Golan re-initiated contact with him through Facebook, leading to his visit to New York in December 2014. Although he acknowledged that by that point, he was cleared eye that the relationship with his wife was likely to be turbulent, he was swept by its passion and decided to proceed forward despite any "red flags" including Ms. Golan refusing to acknowledge any wrongdoing vis-à-vis his mother. On Valentine 2015 Mr.

Saada again came to New York for a visit with Ms. Golan and asked her to come back with him to Milan, provided she could apologize to his mother. Ms. Golan remained steadfast in her belief that she had nothing to apologize for but nonetheless accompanied Mr. Saada to the airport on his way back to Italy. Per Ms. Saada' account at the airport, she impulsively decided to join him (she had no luggage with her) and Mr. Saada bought her a ticket.

Upon their arrival to Italy Ms. Golan and his mother entered into an uneasy truce. On February 18, 2015 Mr. Saada proposed to her and on August 18, 2015 they married in Israel (reportedly because Mr. Saada always dreamed to get married while overlooking a beach). From April 2015 until August 2015 the couple cohabitated but their relationship remained very volatile. Looking back, Mr. Saada reported that he decided to get married because he felt physically attracted to his wife, wanted to marry somebody of his faith (which was difficult to do in Italy) and wanted to have a family and children. In this context, he stated that he loved children and noted that he was very fond of his nieces and nephews (his sister's children) and really wanted to have a boy. Although Mr. Saada has been greatly upset by the turn of event in the summer of 2018, when his wife moved to the US taking B.A.S. with her, he was sufficiently cleared eye to acknowledge that his son was attached to both parents, and that overall his wife was a good mother. His concerns regarding Ms. Golan's parenting revolved about her inability to set limits on her son, and by her difficulties in turning her attention to her son's needs. He illustrated the latter through two examples. First, he noted that Ms. Golan slept late and would take her son to school whenever she would get up (often at noon) thus putting her needs (sleep) ahead of those of her son and illustrating the lack of any rules in the home. A more disturbing example was

an occasion in which Ms. Golan let her son on the porch unattended while she was listening to loud music inside the apartment, thus literally jeopardizing her son's safety.

Asked to elaborate on the volatile nature of the relationship Mr. Saada reported ongoing verbal fights with his wife in which they may call each other "names" and cursed at each other. However, in contrast to the allegations made in his wife's declaration to the US district court (dated October 22, 2018) he denied the allegations made by his wife of recurrent use of physical force, threatening of her life, or forcing her into sexual activities she did not want engage in. He acknowledged having attempted to physically restrain his wife when she would become violent toward him (per his report she would often bite him or scratch him with her nails). He reported only two instances which did not fall into this category. On one occasion he indicated that he may have slapped Ms. Golan on the face prior to their marrying. Although his memory about this incident was fuzzy, he related this incident to his wife going out with his friend and noted that this made him jealous. Mr. Saada also recalled an instance in which he may have pushed his wife while they were in a garden (2017) because she had been disrespectful to him and to his mother. (This incident reportedly did not occur in the presence of B.A.S.) On the other hand, Mr. Saada noted that his wife often assaulted him by scratching him with her nails and Mr. Saada would often have to defend himself by restraining her with his hands. Asked to address the mother's allegations of violence during their sexual practices, the father denied that there was any truth to them. He did, however, admit to two things. First the noted that he and his wife often fought (verbally) before sex as this excited them. He also noted that during intercourse his wife asked him to put his hand on her neck be-

cause it excited her. Mr. Saada categorically and vehemently denied allegations of trying to choke his wife at these times.

Asked about specific incidents in which he seemed to have lost control, as noted in the documents listed in Dr. Brandt's report, Ms. Saada reported on an incident (in which he was heard yelling, and something was smashed in the background) that he was upset by Ms. Golan for not wanting to go to his parents for a Friday night meal, and wanted to call the wedding off. He reported that he initially was arguing with his mother. He reported that the smashing sound was a bottle of Perrier he threw against the wall in frustration because he got upset with his wife. In this context, Mr. Saada reported that from the very start his wife was recording him and regarded her recording as a sign of her pathology, rhetorically asking, "who tapes someone they are going to marry?" To his defense he also maintained that unlike his wife he was not actor "faking" things and when somebody upsets him, he shows his real emotions. Asked if this incident was typical of their relationship, Mr. Saada reported that he and his wife had a few incidents such as this one. He then further qualified his statement by noting that the aforementioned incident was atypical, but acknowledged that he could yell at his co-workers 2-3 a year, when under stress, noting "But I have really to be stressed."

Asked about an incident in which he is heard screaming at his wife to get out of the car, he reported that he was trying to set his GPS going in order to do a list of errands with his wife (a typical weekend activity) but his wife kept on changing her mind as to where she wanted to go, leading to his changing directions every few minutes. He reported that they "exchanged words," that she scratched him, and that eventually he exploded and asked

her to get out of the car, because he did not need to deal with such behavior. Mr. Saada dismissed pictures in which his wife had a bruise that she showed on a text to a friend, because he did not know where the picture came from and noted that he would only lightly touch his wife in an attempt to restrain her from hitting him.

As to the recordings with his brother-in-law, Eldar Golan, suggesting that he hit his sister, Mr. Saada stated that what he said to Eldar was misunderstood because English was not his primary language and he may have used the "wrong word." He felt betrayed by his brother-in-law, who he believed had been upset with him because he chose not to attend the wedding. He also believed that his brother-in-law was understandably protective of his sister, because she was family, but also noted that Eldar himself referred to his sister as "crazy." Going back to the allegations of physical abuse toward his wife, Mr. Saada strenuously denied them and reported that such allegations made little sense because he was much bigger than his wife and could have hurt her if he wanted to. He stated that his wife was "inventing things that are not there" (such that he broke her arm) and that her livid arm, shown in a picture, could have been the result of her cocaine use.

Mr. Saada reported that he and his wife often fought because his wife was disrespectful toward his parents—not saying hello or acknowledging his parents and being rude to them. This was contrary to his beliefs and to his family tradition. Again Mr. Saada noted that his wife came from a different place as she had a fractured family and noted that this concern had parenting ramification as he worried about his wife's ability to provide a semblance of a family life to her son. Mr. Saada maintained that his wife came from a tradition in which her needs came first, and she needed to be the center of attention at all times. He

noted for instance, that when meeting with friends for dinner his wife could be late as much as two hours. Another instance of her inconsiderate behavior was his wife asking him in May 2018 to come pick her up from a bachelorette party she was attending because she was "bored" and wanting to be present for his friend's bachelor party even though this was not the accepted norm (in doing so she upset all of his friends).

According to Mr. Saada, his wife's disrespectful attitude toward his family continued throughout the marriage. The most egregious example of his wife disrespectful behavior was her failure to arrive in timely manner for his grandfather's funeral (she was in Israel at the time). According to Mr. Saada, his wife's failure to appear for his grandfather's funeral was so appalling that it was a turning point in the marriage. In its heels he felt that if she could not pay her respect to his grandfather, he could not see himself being able to be emotionally involved with her. From that point onward he went through the motion of being married for the sake of his son but was no longer emotionally invested in his marriage. Per his account the marriage at that point became a marriage of convenience—he paid her bills and let her do whatever she wanted—but there was no longer any warmth left.

The relationship finally unraveled in the beginning of July 2018. According to Mr. Saada they were at Forte dei Marmi (a sea resort) for the weekend. They stayed in hotel with the child and he returned to Milan for work. When he returned to Milan, he found his wife' backpack with a variety of documents in it, including passport copies, certificate of birth and most importantly a letter from an Italian lawyer who advised her about the marital situation and specifically about the kind of discord that would have

to be present in the relationship to justify lodging a criminal complaint against her husband. The letter (which Mr. Saada provided to the undersigned) was very disturbing to him because in his mind it went to the mother's intent and her premeditated plan to leave him with the child.

When Mr. Saada questioned Ms. Golan about the letter (upon his return to Forte dei Marmi, July 13, 2018) his wife replied that she went to see a psychologist and that the psychologist was worried for her safety and she suggested that she consult an attorney. Mr. Saada told his wife that although up to that point he had been generous with his allowance (he would often give her 3000 euro a month for expense but typically her expenses ended up being 7,000 euro, which he routinely covered) this no longer would be the case. Mr. Saada recalled angrily saying to his wife, "you use the money I give you to screw me behind my back?" He added that he told that from that day forward he would not give her any more allowance and he would be doing all the expenses and shopping for the home. He recalled that his wife in turn became upset and told him that she was entitled to monetary compensation because he would often sleep with other women. Upon query, Mr. Saada acknowledged having sexual escapades with "models"[4] when he was upset by his wife's behavior (being disrespectful toward his parents, excessively shopping) but categorically denied passing STD to his wife, noting that he tested negative while she tested positive for STD.

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[4] When asked if he frequented prostitutes Mr. Saada remained silent for a prolonged period of time, and ultimately reported frequenting "models" saying that it was common in his line of business. In a different interview, however, he reported introducing his brother-in-law to local prostitutes.

On Sunday July 15, on the drive back to Milan the couple bitterly fought in the car. Per Mr. Saada's account his wife started to bite and hit and punched him on face while the baby was in the back of the car (putting everyone's safety, including BA.S. in jeopardy), and when he tried to restrain her, she filmed him. Mr. Saada recalled that by that point the plan for his wife was to travel to her brother's wedding in the US was already set, but the departure date was not set yet and was decided during the car trip back to Milan. Specifically, Mr. Saada recalled that following the fight, his wife pressed him to allow her to leave as soon as possible. In hindsight, Mr. Saada regarded this as evidence of a premeditated escape plan. He noted that in the past his wife often travelled with the baby to the US and always returned. He believed that what was different in July 2018 was the prospect that his wife would no longer have any access to his money, which crystallized her plans to leave with the child to the US and not return. According to Mr. Saada he bought a ticket for his wife with the departure date of July 18 and return date of August 14. He also gave her $1200 in cash for he expenses but took the credit cards away from her.

According to Mr. Saada, by kidnapping his child, his wife recreated what her own mother did to her husband as Ms. Golan's mother isolated her daughter from her own family, and from her father after she divorced him by falsely accusing him of domestic violence. Her father moved back to Israel and her mother encouraged Narkis to hate her father. (Per his account it was only due to his intervention that Ms. Golan and her father reconciled years later).

The father reported that after Ms. Golan failed to return to Italy in August 2018 he sought a US attorney to

help him with the case and a petition was filed on September 25, 2018 in the US District Federal court. He reported that following a court hearing on October 16, 2018 he was granted supervised visits with his son but acknowledged having become verbally upset with the Judge when his subsequent hearing scheduled for October 23, was postponed to January 7, 2019.

Asked about his statement that he would not give his wife a dime if she returned to Italy, Mr. Saada initially stated that this was true because she kidnapped B.A.S. from her, adding that he spent much money on attorney that was not necessary, and that the money he lost could have been spent on his wife, had she opted to come back to Milan. Subsequently, however, Mr. Saada somewhat backtracked on this earlier statement, stating that he always gave his wife money. He added that he proposed to her a monetary settlement so that she could rebuild her life in the US (if the child was to return to Italy) but she declined and further noted that he even offered to pay her travel expenses if she returned to Italy for visits to see B.A.S. Coming full circle Mr. Saada concluded by stating that if Ms. Golan opted to return to Italy, he would provide her initial help until she was on her feet but noted that he help would not be for an unlimited period of time.

F. Parenting

Asked about his wife's pregnancy Mr. Saada reported that he did not recall any major issues except for the presence of fibroids, which was clinically addressed. He and Ms. Golan reportedly considered whether she should have an operation, after she gave birth, but Ms. Golan decided against it. Mr. Saada reported that he had been a very involved father throughout his son's young life. He noted that he took his wife to all of her prenatal appointments,

to all of his son's vaccinations and his number was the primary listed number in all the doctors' appointment. He reported that his son is healthy and does not suffer from any developmental delays. Asked about specific developmental norms, Mr. Saada reported that his son started to walk at 11 months but with respect to taking he started to say a few words (calling out "mom" "dad") only last April. Mr. Saada reported that he perceived B.A.S. as an alert, well developed child. He expressed his concern on how the ordeal (of B.A.S. being taken to the US for a prolonged period of time) affected him. In this context he reported that to minimize any trauma he talked to B.A.S. as his time in America as an "extended vacation."

Asked to describe B.A.S. Mr. Saada reported that he is a good observer, that he is intelligent, and knows how to get what wants. He also portrayed him as very social child, generous with other children, and offering sweets whenever he can to others. B.A.S. is very connected to his family, and especially to his paternal great grandmother.

As to his view on discipline, Mr. Saada reported that presently he does not really discipline B.A.S. in any way as he is too small. Asked how he might handle temper tantrums, Mr. Saada reported that he would try to negotiate with his son, and compromise "midway" for instance, if there is a disagreement on the number of sweets he could have. If B.A.S. did not calm down, Mr. Saada reported that would give him few minutes "time out" and then talk to him again. Asked about his view of corporal punishment Mr. Saada reported this to be a very bad idea ("idea pessima"). He reported that he does not believe that hitting to discipline has any value because it does not help build a bond of trust between a parent and a child. Mr. Saada added that he wanted B.A.S. to develop a sense that

he would be there for him and hitting him would not accomplish that goal. He denied ever hitting B.A.S. Asked about his view position about yelling as a way to discipline, Mr. Saada indicated that he could foresee yelling as a way to shake a child into a better response, if the child engaged in dangerous behavior. He added "I always try to avoid that because then I feel bad." He did not believe that yelling at a child, unlike hitting, would likely have negative psychological repercussions.

According to Mr. Saada, B.A.S. does not present with any medical problems. As noted, to avoid/minimize any trauma he talked to B.A.S. about his current experience as an extended vacation even though this order has been emotionally difficult on Mr. Saada. He did not believe that there was the need of therapy for B.A.S. and did not play to engage him on it was it to be returned to Italy.

Asked about his work schedule, Mr. Saada reported that he leaves home at 8am and returns somewhere between 6pm and 8pm. He acknowledged that during the marriage because of the necessity of earn a living, he was not as involved as the mother although maintained that he still participated in critical aspects of his child's life. Mr. Saada reported that when he left home, his son was typically asleep but when he returned early enough, he would go with his son to the park, watch a show (Barneys) have dinner, give him a bath and put him to sleep. In the winter time he would visit his parents with his son. On weekends they would have a traditional Friday night dinner at his or at his parents' home. On Saturday after getting up late they would have lunch at home or by his parents, then go to the park (weather permitting) shopping, and by dinner time he would cook spaghetti or order food and then put his son asleep. On Sundays, father and son engage in similar routines.

Mr. Saada reported that he loves children in general and is very bonded to his son. He reported that while his son is connected to both of his parents, B.A.S. is more connected to him as evidenced by the fact, that typically he would fall asleep on his chest at night time. Mr. Saada also reported that he was better able to soothe his son than his wife was (he provided a police report consistent with this observation). He flatly denied the mother's accusations of having abused his son in any way or having jeopardized his health. For instance, he denied the mother's allegation of jeopardizing his wife's health (and indirectly that of his child) by forcing the mother's prematurely out of the hospital after 3 days.

Mr. Saada denied hitting his wife while she was breastfeeding the child or leaving the mother and child alone in a hotel room without provisions. He vehemently denied any failure to provide medical care for his son. He disputed the mother's account by which his son was thrown in a pool by his father even though he did not know how to swim. He also disputed the mother's account of being intoxicated in the baby's presence and putting the child in a hot bath without realizing that he was doing so. In fact, Mr. Saada reported that the mother has left the subject child in his care on repeated occasions, and if she was truly concerned about her child's safety, she would not have allowed him to travel alone with the child. For instance, Mr. Saada reported that in May 2018 his wife went to have a breast implant in Tel Aviv and his son was in his care for the next 10 days. He also noted that in July 2018 he spent the entire weekend with his son in Montecarlo at a home of a cousin. Mr. Saada further reported that when upset B.A.S. gravitated toward him and argued that if anything it was the mother who places their son in danger, as noted by the aforementioned episode by which she allowed B.A.S. to be alone on the balcony while she

was listening to loud music inside the apartment. He reported that when his mother told Ms. Golan that this practice was not safe, she replied, "mind your business."

Mr. Saada appeared to have a well thought through plan in the event that he would be allowed to return to Italy with his son, noting that his entire family lived in the same building and they could assist him in the care of B.A.S. as needed. He added that he interviewed a number of potential nannies in Italy (all around the age of 50-60 with no other children), who would look after B.A.S. after his school day ended. He noted that his sister and her young children lived next door and thus B.A.S. would have ample opportunity to play and socialize with peers his age before the father returned home from work. Mr. Saada noted that on weekend he alone would look after B.A.S. and would make appropriate modifications to his work schedule (especially regarding his travel) to maximize his time with his son. Mr. Saada noted that despite the ordeal he had been put through by his wife he would not deny her access to her son through face time or direct contact (as long as there was a nanny present to avoid any potential future kidnapping). He seemed mindful that his son would benefit of having both parents in his life.

Mr. Saada had given thought to his son's education and noted that he planned to enroll him in the same Jewish school his nephew/nieces would attend so that he would have instant social connections. He was mindful of his own history of school difficulties and stated that he would strive his utmost to insure that his son would have whatever he needed to excel academically, but also that he would not force the issue of "advanced education" on him, if he felt that B.A.S. did not have the aptitude for it, as long as B.A.S. did something else purposeful in his life (like work). Mr. Saada summarized his attitude about his

son's education by noting that it could promote the betterment of his son but would not force the issue if his son displayed strong resistance to it. Still he reiterated that he would try to remove any potential road blocks that could interfere with his son's education.

Mr. Saada further noted that at home he planned to set limits on the use of i-phone, play station, and emphasize the use of educational toys instead. When the issue of discipline was revisited, Mr. Saada reported that he did not believe in the use of corporal punishment but also noted that in the event that his son engaged in behavior that placed him in danger (e.g., crossing the street by himself, walk away from him) he saw nothing wrong with mild slaps on his son's backside as a sort of "wake-up call." Mr. Saada added that because he loved his son so much, he was concerned that he may go too easy on him and would not sufficiently enforce consequences for his behavior (limit setting) when this may be warranted. Mr. Saada stated that he missed so much his son at present that he spent lot of time with his nephews to make up for his son's absence.

Asked what he said after he saw his son for the last supervised visit with Ms. Hessemann (December 11, 2018) during this trip, Mr. Saada reported that he brought toys for B.A.S. and gave them to him so that he would have something that reminded him of his father and to hold on to, to keep "the connection going." He also noted that he bought a new toy for B.A.S. that he would introduce to him next time they connected on Face Time, as he believed that this would also be a good way to keep the connection going. Mr. Saada did not verbalize to his son anything about leaving for Italy because he did not believe that B.A.S. would understand. Mr. Saada further indicated that he plans to have Face Time contact with B.A.S. until

he returns to the US toward the end of December and schedule additional in-person visits with Ms. Hessemann upon his return. Asked what he planned to do if the court decided against the return of B.A.S. to Italy, Mr. Saada reported that he would continue to fight for his son but did not want to think specifically about what he would do in such a scenario, because it was too painful to entertain the notion.

Mr. Saada could not conceive of any parenting regrets or mistakes up to this point. He believed that his close-knit family and the close link across generations in his family, would prove a major asset for his son. Mr. Saada believed that he connected well with children in general and emphasized that while he would teach the importance of respect to his son, he did not want to be an authoritarian parent and believed that as a parent he needed to strike a balance between "respect and friendship." As noted, he believed that his main limitation as a parent was his "softness" and difficulties with limit setting when it came to material things. He also wanted to be mindful of his cursing to avoid setting a negative example for his son. He believed that B.A.S. loved his mother but also noted that she was much uptight and pressured than he was.

Asked if his son had been exposed to any fights or any violence during the course of his short marriage, Mr. Saada reported two incidents, the aforementioned 2016 car incident (when Mr. Saada is overhead screaming at the mother to get out of the car) and another time at home, with a friend. He did not recall the precipitants to this latter incident, but Mr. Saada recalled that his wife threw a bowl of soup in his direction in B.A.S.'s presence (winter 2018). Mr. Saada believed that B.A.S. was exposed to other parental arguments but not to screaming matches. He noted that the only person who exploded in the home

was Ms. Golan. The only other incident reported by the father involving a fight between he and his wife in his son's presence was the aforementioned incident at Forte Dei Marmi, where his wife started to scratch and hit him because she wanted to come to the US and was angry that Mr. Saada would not come to her brother's wedding. Mr. Saada reported that his wife's behavior on this occasion had been dangerous because she hit him and scratched him while he was driving, placing everyone in the car at risk for being hurt. Upon query, he noted that he could not stop the car because they were on a curvy mountain road. Asked about B.A.S.'s reaction to his parents' fight, Mr. Saada reported that his son was sleeping in the back seat.

Asked to surmise the impact of exposure to incidents of domestic violence on his son, Mr. Saada reported that B.A.S. did not see much, that he did not think that B.A.S. could be much impacted by such incidents because he was very young. He added "My son is very attached to me and to his grandparents" and further noted that he was a small child, and that he hoped he would forget everything given his age. Asked if he believed that if his son was older, he would be more likely to be impacted by the parental infighting, Mr. Saada initially reported, "I married somebody whose father was not in her life, you could see it in her behavior, how negatively impacted she was by it."

When asked to re-focus on the question, Mr. Saada reported that from age 4 or 8 the impact of exposure to parental fighting might be deeper, because children start to remember things, and he considered these ages as a very delicate phase in a child's development because the child is young and yet has the capacity to remember. He contrasted this to the age of 12-13 when the almost adolescent

child may be less impacted by exposure to parental infighting because they have developed a better capacity to cope. Asked what kind of specific deficits may be manifested in a child exposed to parental infighting, Mr. Saada noted social isolation, self-esteem issues, depression, and fear of becoming involved in intimate relationships. Mr. Saada concluded by reiterating that he believed that the mother was replicating her own early history with B.A.S., by which her own father was excluded from the home. Mr. Saada believed that Ms. Golan was damaging B.A.S. by having him live in a shelter and noted, "my wife is not stable she suffers from mood swings." He concluded that Ms. Golan was living proof that his child will be damaged, stating "looked how she came out because of her history."

V. PSYCHOLOGICAL TESTING

A word of introduction is necessary when using psychological testing in court proceedings. The psychological test interpretations presented in this report are hypotheses and should not be considered in isolation from other information in this report. The interpretive statements are actuarial and expert predictions based upon the results of a larger sample. These measures reflect characteristics of people who have provided similar test response patterns and are important because they might reflect personality features that may be related to parenting abilities, although they do not directly predict parental competencies.

The importance of psychological testing in forensic evaluations is that these evaluations are typically conducted using a multi-modal assessment method (interviews, psychological testing, collateral interviews) in an effort to establish convergent validity (i.e., different methods for data gathering that lead in the same direction) and

psychological testing is an integral part of this multimodal assessment strategy.

Mr. Saada was administered the Italian version of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) an objective personality inventory designed to assess behavioral patterns and psychopathology by a psychologist in Milan. (The tight deadline prevented the undersigned from administering the MMPI-2 himself).

The MMPI-II has built in validity scales designed to detect the presence of a defensive attitude (L, K scales) or random responding (TRIN, VRIN scales). The MMPI-II has 10 primary clinical scales and a number of supplementary scales. In the MMPI-II primary clinical scales are typically considered elevated and potentially suggestive of psychopathology when its T score is 65 or above (that is 1.5 standard deviation above the mean of 50), whereas T scores hovering around 60 can be indicative of particular behavioral propensities.

Mr. Saada presented with a valid MMPI-II profile with no significant elevations suggesting a defended profile (L, T=43, K, T=52) or a propensity to respond to items in careless or random manner (VRIN, T=56, TRIN, T=55). His profile does not contains any significantly elevations in the primary clinical scales. Within the primary scales, however, Mr. Saada presents with mild/moderate elevations in the Pa scale (T=59). This may suggest some interpersonal hypersensitivity to perceived slights, a suspicious and mistrusting attitude toward others, in addition to a propensity to rationalize and blame others for one's difficulties. These mild/moderate elevations are also associated with individuals who tend to feel that they are getting a "raw deal" from life and are consistent with a suspicious and mistrusting attitude toward others.

Of further significance, in the MMPI-2 supplementary scales, Mr. Saada's profile was significantly elevated on the APS (Addiction Potential Scale, T=67) and to a lesser extent the MAC-R (McAndrew Alcoholism Scale Revised, T=61). Taken together these elevations suggest a potential/vulnerability for substance abuse on the part of Mr. Saada.

A. Father-Son Interactions

Father and son were seen for two interactions each lasting one hour. During the initial interaction B.A.S. initially was reluctant to enter into the undersigned's office. The father talked to him and gently encouraged to come in by calling him "love come here." To entice him, Mr. Saada promised his son that they would go out to eat later. During the first few minutes B.A.S. simply sat very quietly in his father's lap, but then B.A.S. became more animated and playful with his father, touching his father's head and giggling. With his father's encouragement he got down from the father's lap and played soccer with ping-pong ball with his father. His father asked him to kick the ball and B.A.S. initially declined but then agreed. The child began to hum a tune and his father mirrored it in developmentally appropriate fashion. They continued to mirror each other as they each drank (Mr. Saada drank his coffee, B.A.S. his water). B.A.S. then explored objects in the room and zoomed in one of the undersigned's file cabinet. He started to fiddle with the key and try to open the file cabinet. Father and son then engaged in a duet by which they play hide-and-seek as the son was hiding behind cabinet, and the father discovered him time and time again. B.A.S. appeared to really enjoy the game as he giggled and said "again, again." The father then gave him his Star of David necklace for his son to wear. Father and son

returned to the file cabinet and when B.A.S. successfully opened it the father gently close as he seemed concerned that his son may hurt himself. B.A.S. then asked for the undersigned's gum and the father told him that he could not yet chew gum yet but gave him a candy instead.

Father and son then played with Mickey Mouse and Stitch, a puppet that played music and father and son danced happily to the music. Mr. Saada threw Mickey Mouse and Stitch to B.A.S. so that his son could catch them and then his son threw the puppets back to his father. The father offered some fruit as a snack to his son, stating "mommy packed it for you fruit" but his son wants to have more candy instead. The father allowed him to have more sweets and B.A.S. then drank some bottled water. B.A.S. then engaged in a game with his father putting sweets in his father's mouth and then taking it out, giggling all along. Mr. Saada and his son then reverted kicking the ping pong ball and playing hide and seek again. The son kicked ball well, and his father said "wow." Then they played music with Snitch the puppet and thereafter played with soft blocks. B.A.S. experimented with the soft blocks and tried to put a ball inside the block. When B.A.S. put a series of blocks together, his father complimented him and stated, "bravo amore." They then sang Hanukkah songs. B.A.S. wanted more candy but his father told him that they should have lunch first. Ultimately, however, the father relented once more and allowed his son to have more candy. At the conclusion of the interaction father and son put some of the toys back together and exited the room.

In the beginning of the second interaction the subject child pushed the undersigned's door on his own, ahead of his father (which could be interpreted as a sign of comfort in his father's office). He brought to the office Mickey

mouse, Stitch the puppet who made music, Elmo and a water bottle.

In the beginning of the second interaction, B.A.S. was playing with soft blocks. He then asked for father to pick him up (he seems initially tired) and Mr. Saada did. When he was back on the floor B.A.S. took out all of the soft blocks and tried to build shapes with the blocks. B.A.S. then hit his father with the soft blocks repeatedly and started to giggle along with his father who then hugged him. Then B.A.S. asked his father "where ball?' and Mr. Saada took a ping pong ball and the two started playing with the ball. BAS then wanted to play with Stitch the puppet. He seemed to enjoy hearing the songs that were being played by Stitch. Father and son then started to play a different game by which the picked his son up after he sat on his lap and brought him down. BA.S. giggled and laughed and asked his father "again, again" as he clearly enjoyed being picked up by his father. Thereafter father and son play hide-and-seek as B.A.S. hid behind an office cabinet. B.A.S. said "again and again" and really seemed to enjoy the momentary loss of his father only to find him again.

Father and son then played with a train the father brought and the two of them alternated moving the train repeatedly back and forth, sometimes the father took a turn moving train and sometimes the child did. They laughed and giggle as they played with ping pong ball and B.A.S. kept asking "where is ball" "give me ball." B.A.S. then combined the soft blocks with the ball. B.A.S. asked, his father "give me ball," "give me ball" the father asked for kiss, B.A.S. did not respond and got slightly upset when his father did not immediately gave him the ball back. B.A.S. then threw the ball at his father and starts giggling. At this point Mr. Saada realized that his son had

a bowel movement and told him that he wanted to change him. BAS was initially reluctant but ultimately went along with his father to the bathroom.

Upon their return father and soon played with keys of a file cabinet. Father and son began to play a new game by which the father hid the keys in one of his hands and asked his son to find in which hand he hid the keys. B.A.S. copied his father and hid the keys in his own hands and asked his father to guess in which hand he hid the keys. Father and son laughed and giggled during the game. They then played with Mickey Mouse and Elmo. Thereafter father and son started a new game by which Mr. made a face and put his hands behind ears and made some noises. B.A.S. giggled and laughed and copycat his father's behavior. B.A.S. then put the keys back into the cabinet. His father said, "Good job my love." Father and son then played with Mr. Saada's cell phone a game that involved numbers. They were display of affection back and forth as Mr. Saada hug his son, who hugged him back. At the end of the interaction BAS helped his father to put the soft blocks back in the box by counting each piece and making it into a game.

In sum father and son related comfortably with each other. Mr. Saada was appropriate with his son, related to him gently, and engaged with him in developmentally appropriate play. He was attuned to his son's safety during the play, was attentive to him, followed his lead in plays and mimicked him in developmentally appropriate manner. For his part BAS appeared to clearly enjoy being with his father. This came across in his giggling and laughter in the presence of his father, the mimicking of his father's play (which could be interpreted as an important and appropriate developmental step as was the playing of hide-and-seek), the playful back and forth between Mr.

Saada and his son and B.A.S. asking his father for more of the same, that came across in his enchanting, playful and delightful request for "again and again." While attentive to his son, Mr. Saada impressed as being a bit lax with "limit setting", caving in to his son's repeated request for candies. The undersigned saw no evidence of regressive behavior during the play (as noted in Dr. Brandt's report). During the second observation the father handled the issue of changing the diaper, to which BAS initially objected to adroitly, and at the end of the interaction he deftly handled putting the toys away by making it into a cooperative game.

It should be noted that these were time limited observations that took place in a controlled setting. Given that during the course of these interactions there were no upsetting events that B.A.S. dealt with, no strong inferences can be made as to how the father would manage his son when upset. Still, it is also important to note that some potentially challenging situation did occur (e.g., changing of diapers, putting toys away at the conclusion of the interaction) that Mr. Saada deftly handled.

VI. MENTAL STATUS

Mr. Saada presented as an alert 30 years old, casually dressed and adequately groomed man, looking about his stated age. Mr. Saada came across as a jovial, loquacious and friendly 30 years old. Glimpses of his impulsivity, and difficulties think through the consequences of his behavior were evident through some of the statements and accounts he provided during his interviews. His affect was full range and mood was reportedly euthymic. No neurovegetative symptoms of depression were reported. Suicidal and homicidal ideation was denied. Hallucinations were not reported and delusions could not be elicited.

Speech impressed as logical and coherent, while thought processes were mostly organized and goal directed. There was no evidence of thought disorder. Attention and concentration impressed as grossly unimpaired. Intelligence was estimated to be in the average range. Mr. Saada's capacity for insight was variable and his history suggests impairments with respect to judgment.

A. Assessment of Risk to the Child

This evaluation suggests some potential risks that Mr. Saada presents. This include a pattern of impulsive behavior, emotional reactivity, poor tolerance frustration, difficulties thinking through the consequences of his behavior, questionable judgment and a potential for explosive anger when confronted with stressful situations. Mr. Saada's use alcohol and marijuana under stress is an additional source of concern, and seems potentially consistent with results from the MMPI-II (which suggest a vulnerability for substance abuse; although a more ongoing pattern of substance abuse can only be established though a thorough substance abuse assessment).

Mr. Saada's account suggest that his relationship to his wife was toxic. While to his credit, Mr. Saada acknowledged some incidents in which he was physical with Ms. Golan, his interviews suggest that Mr. Saada also appears to minimize his contributions by externalizing and taking limited responsibility for such behavior opting to blame his wife instead whom he described as an agent provocateur (this tendency to externalize appears to be consistent with MMPI-II results). As noted in the beginning of this report, given the limited nature of the evaluation -- the undersigned was unable to interview the mother and get her input—ultimately there is no sufficient information to inform the undersigned about *the context* of the violence

(e.g., who initiated what, what preceded what) although the possibility of coercive aspects to Mr. Saada's dealings with Ms. Golan cannot be ruled out.

The risk factors noted above are significant and may impact on the father's parenting of his child. Specifically, although Mr. Saada did not exhibit any evidence of anger toward B.A.S. during the interactions, nor did he resort to any use of physical force, given the observed personality lacunae (e.g., his impulsivity, poor frustration tolerance, anger management) it is not inconceivable that if his patience is truly tested under stressful conditions, he may engage in behavior that may be harmful to B.A.S. It is difficult to provide a precise estimate of such risk, but it should be noted that the primary concern here is not as much with the use of physical force, but rather with the use of yelling that, if consistently applied, may result in some negative repercussions on B.A.S.

This evaluation also raises concerns about Mr. Saada's ability to understand the potential impact of B.A.S.'s exposure to the family friction and to domestic violence. To his credit, though, Mr. Saada displayed some insight when the discussion moved away from a personal discussion of B.A.S., to a more general and theoretical discussion about the impact of exposure of parental friction on a child. In this broader context, Mr. Saada was able to differentiate the impact of exposure of domestic violence based on developmental factors, and concretely list some of the potential repercussions of such exposure on children (e.g., loss of self-esteem, difficulties in interpersonal relationships).

The above listed deficits while of concern could be mitigated by providing Mr. Saada with parental coaching in the context of therapeutic supervised visits with B.A.S. designed to optimize his parenting of BAS, continued psy-

cho-educational efforts designed to improve his understanding of adverse childhood events as they impact on BA.S. development, as well as by the provision of cognitive behavioral interventions designed to assist Mr. Saada to find more adaptive ways to manage his personal stress in his daily dealings with life.

More specifically, the parental coaching provided through therapeutic supervised visits would hopefully assist Mr. Saada by reducing the risk of him engaging the child in reactive, punitive ways like he displays with adults in his life. The continued psycho-educational efforts would be designed to improve Mr. Saada's understanding of adverse childhood events as they specifically impact on B.A.S.'s development. In particular, Mr. Saada needs to develop greater insight that B.A.S.'s exposure to adverse childhood events (e.g., such as domestic violence) is detrimental to his son, even if Mr. Saada's own behavior toward B.A.S. may be beyond reproach. Finally, cognitive behavioral therapy interventions would be designed to address Mr. Saada's deficits (i.e., impulsivity, poor frustration tolerance, anger) by replacing Jackie's maladaptive coping responses with more adaptive strategies in stressful times.

It should be further noted that during the observed interactions with his son, there was no evidence of inappropriate behavior on the part of Mr. Saada. Mr. Saada and B.A.S. enjoyed their time together, and the undersigned noted no signs of anxiety or discomfort during the time that B.A.S. spent with his father. To the contrary, the giggling and laugher during the play, the back and forth between father and son, B.A.S. mimicking of his father's behavior, his repeated requests to play "again and again" are in the undersigned's mind all to be interpreted as positive signs of the vibrant bond between Mr. Saada and

B.A.S. as were father and son affectionate behavior toward one another. The undersigned did not note any evidence of regressive behavior during BAS play with his father. To illustrate, father and son played developmentally appropriate games of hide and seek in various forms, which they appeared to enjoy immensely. In contrast to Dr. Brandt's observations, the undersigned did not observe any regressive behavior of B.A.S. during the interaction with his father. Although the undersigned observations were time limited, they are consistent with the more extensive observations of Ms. Hessemann.

Thus, despite the presence of personality features that remain of concern with regard to Mr. Saada, when it comes to parenting of his son, Mr. Saada's responses during the course of this evaluation suggest some insight into B.A.S.' current predicament. For instance, during his interviews the father discussed ways to avoid further traumatizing his son (e.g., by telling him that he is on an extended vacation in the US) even though it has been reportedly emotionally difficult for Mr. Saada. Mr. Saada's ability to frame this issue in a constructive way for B.A.S. despite the internal pain that the separation from his son may have caused him, could be interpreted as suggesting an ability by Mr. Saada to put his son's interest ahead of his own pain, and thus a capacity to act in the child's best interest.

Mr. Saada also expressed insightful ideas about ways to maintain a bond with BAS while he is back in Italy- such as purchasing toys for him that would remind B.A.S. of his father (commonly referred in the psychological literature as "transitional objects"). Finally Mr. Saada presents a cogent and coherent rationale for the reasons he has not and will not use corporal punishment as a disciplinary tool

with BA.S. The one concern that emerged during the father-son observations pertaining to Mr. Saada's difficulties setting limits on his son and saying no to his cravings for candy.

It should be noted that the undersigned observations occurred in a controlled setting, were time limited in nature and the father was not presented with very significant challenges (although putting toys back together and the changing of diapers could be qualified as somewhat challenging and Mr. Saada handled these deftly). It is also important to note that these observations are corroborated by collateral reports of friends and family in Italy (granted the possibility of bias of these sources needs to be factored in) who also noted no evidence of physical or any other type of violence on the part of Mr. Saada toward his son. It is also important to note that these collateral sources unanimously indicated that Mr. Saada enjoyed and related well to children in general.

Equally important is that the undersigned's observations are consistent with Ms. Hessemann's impression that she gathered during much more extensive father-son observations. The main source of concerns about the potential risk to B.A.S. thus are based on Dr. Brandt's report listing concerns expressed by the mother and her family. Yet it is also worth noting that despite her misgivings Ms. Golan left on two occasions her son, BAS in the care of the father for significant periods of time, raising the question of why she would do so if she was truly concerned about the safety of BAS.

VII. CONCLUSIONS

In summary, Mr. Saada presents with risk factors that could impact on B.A.S. including a pattern of impulsive behavior, emotional reactivity, poor tolerance frustration,

difficulties to think through the consequences of his behavior, questionable judgment, possible substance misuse (to be independently verified) and a potential for explosive anger when confronted with stressful situations. These risk factors may impact on the father's parenting of his child. However, they could be mitigated by providing Mr. Saada with parental coaching designed to optimize his parenting of B.A.S. in the context of therapeutically supervised visits, continued psycho-educational efforts designed to improve his understanding of adverse childhood events as they impact on BA.S. development, as well as cognitive behavioral interventions designed to assist Mr. Saada to find more adaptive ways to manage his stress.

The presence of some incidents of domestic violence between Mr. Saada and Ms. Golan seems undisputed and elements of coercive control may be at play, however, given the limited nature of the data that could be gathering in this evaluation, in the undersigned's opinion there is no sufficient data to firmly establish a persistent pattern of domestic abuse in Mr. Saada's intimate relationship with Ms. Golan. Without interviewing the mother it is difficult to establish the context and the potential contribution of both parties to the pattern of violence in their marriage.

As repeatedly noted through this report adult toxic relationship do not necessarily translate into toxic father-son relationship as made abundantly clear by the positive interactions between Mr. Saada and B.A.S., corroborated by supporting collateral data (friends and family in Italy; professional reports by Diane Hessemann). Furthermore, during this evaluation Mr. Saada exhibited insight into his son's current psychological predicament, was thoughtful about ways to maintain a connection with him (through the use of transitional objects) when he returns to Italy

and exhibited a measure of self-restraint (consistent with Ms. Hesseman's observations that Mr. Saada can be very patient when it comes to his son).

Finally, although the undersigned did not interview Ms. Golan and therefore cannot render an opinion on her, the reviewed collateral data (Dr. Brandt's report) appear to suggest that Ms. Golan presents with a significant history of trauma, and the psychological literature suggests that such history in itself is a potential risk factor to the child. In other words the reader should be mindful, that even if it was clearly established that the father's deficits may negatively impact on the child, by the same measure the mother's own history of abuse, as suggested by collateral data, pose risks of its own to the child, especially if such trauma has been left untreated. It must be emphasized that this conclusion is by necessity tentative in nature given that the undersigned did not have an opportunity to conduct his own assessment of Ms. Golan.

s/ Alberto Yohananoff, Ph. D.

Alberto Yohananoff, Ph. D.

Licensed Psychologist

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UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

ISACCO JACKY SAADA, *Plaintiff*,

v.

NARKIS ALIZA GOLAN, *Defendant*.

EXPERT REPORT OF PETER J. FAVARO, Ph.D.

I am a licensed clinical psychologist in the state of New York whose practice over the last thirty years has concentrated almost exclusively on psychology in legal settings. I have been a forensic mental health expert appointed to evaluate and provide services for families and litigants in Family Court, Supreme Court and Integrated Domestic Violence court cases for more than thirty years. I have been appointed in the following jurisdictions, Nassau, Suffolk, New York, Brooklyn, Queens, Bronx, Richmond, Westchester and Rockland on thousands of occasions. I have been qualified as an expert in psychology, custody, sex abuse and also as an expert in the methodology underlying court related mental health evaluations. I have also lectured on aspects of methodology underlying ethical testimony as an invited faculty member at The Judicial Training Institute which provides mandatory continuing education for judges presiding over matrimonial and family court litigation in the state of New York.

Most recently, I was qualified as an expert in forensic methodology by The Honorable Aesha Keri Brantley, Family Court judge in Nassau County in mid December

of this year. In the past I have been qualified as an expert in this area on four out of four cases where my qualification in this area was sought. I have performed dozens of peer reviews of other experts work, and my work in this case is for the purpose of doing a peer review of Stephanie Brandt and Dr. E. Tronick's work on the matter of the instant case, *Saada* v. *Golan,* 18-CV-05292 (E.D.N.Y.).

My hourly rate for this case is $600 per hour. Testimony is billed at $5000 per day.

A copy of my vita is annexed to this report and further describes my qualifications.

For the reasons which I will state below, it is my opinion that the work of the two mental health experts, whose reports I reviewed does not constitute an aid to the trier of fact, and should not be relied on.

As a caveat to this report and also to set it apart from some of the work I will be critiquing, I will not be opining about either litigant in this case, nor will I be opining on risk to the child in this case. My opinions are limited to the issues of ethics, and insufficient methodology and scientific foundation in the work product of the other two mental health experts, predominantly Stephanie Brandt, MD.

General comments:

The field of mental health is an inexact science and not on par with scientific fact derived from some of the "hard sciences" such as mathematics and physics (Showalter, 1995). The lack of scientific rigor and the lack of precision in gathering psychological and mental health data has been the subject of controversy and debate in the mental health sciences for decades. Still, mental health/psychiatric/psychological testimony is sought out, offered and re-

lied on by many courts to assist in judicial decision making. Because of the inexact nature of psychological and psychiatric data gathering, as well as confounds which influence the interpretation of the data collected by mental health experts, it is reasonable for professionals who testify and provide documents to laypersons, to be transparent about the data they collect, the ambiguities and potential inaccuracies of those data, and the potential unreliability of conclusions they offer to the Court. These notions are discussed in guidelines and cautions within the ethical guidelines of professional associations ib psychiatry and psychology as well as the professional literature within the fields of psychiatry, psychology and the law. The DSM V, which is the handbook of mental health diagnoses takes effort to point out that in legal settings, making diagnostic statements (such as the presence of PTSD) should be performed with caution because the diagnoses were not intended to be utilized in legal settings (Frances, A and Halon, R, 2013; American Psychiatric Association, 2013).

At the very least, experts have an ethical obligation to present information neutrally, regardless of who retains them. Further, experts should always provide links to how their data were collected and what empirical foundation supports that data with additional attention paid to how the data might be confounded, or how it might also support rival hypotheses. Stated simply, mental health experts should not present information that is ambiguous in absolute terms, and when they draw conclusions should say how those conclusions are drawn and what empirical evidence supports it. The mental health expert above all assists in "the search for the truth, and in doing so abides by the ethical guidelines of their profession (Palermo, 2003)

The Court expects attorneys practicing before it to provide case law and evidence to support arguments and requests for relief. That is essential to the legal process. In the same manner, the Court should expect from its experts an impartial review of the science behind opinions advanced, and full disclosure regarding insufficiencies of the data underlying the opinions given. An expert opinion is not an expert opinion simply because an individual who is qualified as an expert advances it. Qualification as an expert provides opportunity to educate the Court, but the quality of the opinion rests on the scientific foundation behind it.

The Report of Stephanie Brandt, M.D.

In her report, Dr. Brandt states on page 1 that she utilized the following methodology:

> *I conducted four clinical interviews of Ms. Golan by herself, which lasted a total of seven and a half hours. I conducted two additional clinical interviews of Ms. Golan and her two-and-a-half-year-old son, B.A.S. During these two interviews, I evaluated B.A.S. both with Ms. Golan present and without her present. These two sessions lasted four hours in total. A summary of my observations during these interviews is attached as Exhibit B. I reviewed all the documents, photographs and audio visual material listed at Exhibit C. My reference list is attached as Exhibit D. A list of the cases in which I have provided prior testimony in the past four years is attached as Exhibit E.*

In this methodology Dr. Brandt does not discuss what precise standards she applied to the methodology, what the strengths and weaknesses of her methodology was or how she complied with the standards she lists in the paragraph which follows:

> *I conducted these interviews consistent with my experience as informed by, among other things, the American Academy of Psychiatry and the Law Guidelines on Forensic Assessment. I requested an opportunity to interview the father, together with B.A.S., but understand he declined through counsel. Based on the content of his declaration and the consistency of the converging data, it is unlikely that such an interview would change my opinions in the case.*

For instance, the data she purports to have collected relies for the most part on self report (the interviews with the mother in this case). Self report data in the behavioral sciences (Rosenman, R., Tennekoon, V., and Hill, L, 2011) and often especially within the context of legal cases is subject to error and bias, because the person providing the self report is highly motivated to tell their story in a way which reflects an emphasis on being seen virtuously and by providing information which supports their respective requests for relief and judicial intervention. At the very least Dr. Brandt should report on the potential insufficiencies of this type of self report data.

Dr. Brandt goes on to say that she "evaluated" the mother and child and the child alone. She does not say how she evaluated them, what criteria she used, whether those criteria had any empirical reliability or validity. She did not point out the potential insufficiencies in examining a child with limited verbal abilities (because of age and station in life or predominant language) or how she derived the conclusions she came to, and whether the conclusions she came to are supported by specific empirical findings.

When she opines about the father's opting out of being interviewed by her she states: *"Based on the content of his declaration and the consistency of the converging data, it is unlikely that such an interview would change*

my opinions in the case," she declines to provide what content she is referring to, where the asserted consistency was, in what way the data converged and in omitting all of that information her opinion could not possibly support the contention that failure to interview the father would be "unlikely to change her opinion." Instead, she provides a statement which reflects that she will dedicate herself to being a biased advocate for the mother.

In Section III subtitled Summary of Opinions (page 1) Dr. Brandt opines:

> *"It is my expert professional opinion based on multiple sources of converging information, that Ms. Golan is a credible victim of domestic violence."*

There are multiple issues with this statement. First, a mistake that Dr. Brandt makes consistently is she that omits or declines to disclose what sources of "converging information" she used, how the information converged and how she determined the reliability or validity of the information she utilized which forms the underlying basis for her conclusion that Ms. Golan is "a credible victim of domestic violence."

Second, the issue of credibility in a legal setting is generally relegated to the role of fact finder. Mental health professionals in psychiatry and psychology do not receive training in the determination of credibility and further when studied empirically the ability of mental health professionals who attempt to assess credibility is poor, amongst the poorest of groups measured when compared to various law enforcement professionals and judges. If Dr. Brandt had the ability to measure credibility it would be expected that she disclose *how* she measured it and what the established empirical norms she used to justify

her assessment would have been. In a legal setting the science behind the opinion should justify the opinion itself. No such attempt was made.

Dr. Brandt's attempt to justify her opinion about credibility is stated as follows:

> *"In the clinical interviews I conducted, she presented as a deferential, highly anxious individual. Despite her intelligence, she has a pervasive trauma-based interference in her ability to provide a chronological linear narrative of her history ."*

There is absolutely no basis in the empirical or clinical literature to support this statement and no basis for determining what other possible factors might have yielded the same conclusions. It appears that Dr. Brandt is saying that despite Ms. Golan's intelligence (which was not objectively measured as part of her evaluation) the fact that she cannot remember or present a detailed or "linear" account of her history, she is therefore credible. If there were empirical support for these observations, it was Dr. Brandt's responsibility to provide it.

On page two, she continues to make similar observations, suggesting that Ms. Golan showed no indications of "malingering" but she fails to disclose what the clinical indicators of malingering are, how the data she collected fit or did not fit those indicators, or what the empirical or statistical reliability of those indicators are.

Dr. Brandt states in general terms that Ms. Golan described numerous instances of abuse, but does not educate the reader or the court about what the details of those instances are or how they comport with the symptoms she says are related to "severe post traumatic stress disorder." Secondary to this is the admonition in Diagnostic

and Statistical Manual of Mental Disorders that such diagnostic conclusions should be advanced with caution in legal settings. In the final section of the report Dr. Brandt does state some anecdotal information and accepts them without exception and with no caveats as to the accuracy of them.

Continuing on page two, are very general statements with no stated empirical support concerning Dr. Brandt's opinions of the parent-child interactions.

Dr. Brandt opines:

> *Although he [the child in this case] was advanced in his motor skills, and apparent memory, his expressive language is at the level of an 18-month-old child, nearly one year behind. Observation of his receptive language and cognition as reflected in his play also indicated that these are areas of marked delay. Thus, B.A.S. is an "at risk" child, and by definition, more vulnerable to additional stressors of any kind. In addition, there were multiple reports, as well as my own observation, that clearly demonstrate the typical signs and symptoms of exposure to domestic violence that occur in very young children.*

First, Dr. Brandt states that the child was "advanced in his motor skills," and that his apparent memory and expressive language skills are nearly one year behind. Dr. Brandt fails to provide the criteria upon which she made these judgements. She seems to have done so informally, but I find this insufficient to justify these very specific conclusions. There are norm based measures of language, motor skills and cognitive abilities. These could have been easily employed. Since she makes the very strong statement that the child:

> *"clearly demonstrates the typical signs and symptoms of exposure to domestic violence that occur in very young children."*

Considering the complete lack of science or normative reference associated with this statement, these opinions can be considered as nothing more than wild speculation. It is impossible for the lay reader or even the professional reader to determine what the "typical signs of exposure to domestic violence" are using her stated methodology, what specifically she is referring to in terms of exposure, or how she judged the accuracy of the self report concerning the alleged domestic violence.

This statement is followed by more speculation-presented-as-fact:

> *The wide variability and reversibility of his mental state and behavior in these interviews very clearly shows that his presentation is not solely based on what may be permanent features of his biological endowment that already put him at developmental risk.*

Once again, there is no link between what was observed, how it was observed, how reliable the observation was, and what empirical support it might have. There no support for how "clearly" the data supports the conclusion. This statement, like the majority of Dr. Brandt's conclusions is general and provided with the expectation that Dr. Brandt is competent and accurate merely because she claims she is.

Continuing on in a manner where no support is given to broad speculation Dr. Brandt opines:

> *There is a fixed pattern of the child's quite purposeful physical and verbal attacks. These occurred in Italy,*

> *where his exposure to domestic violence was essentially continuous. These attacks now recur, often in the context of exposure to his father despite the fact that this contact now occurs in a safe supervised setting. This is because it is a memory trigger of the prior abuse he witnessed. There is some likelihood that some other settings might invite this too, such as when other individuals are yelling at the mother in front of him. The remarkable specificity of his attempts to choke and poke at the eyes and head of his mother and other children is unmistakably imitative of what he has witnessed. These are indications of trauma exposure, consistent with childhood PTSD.*

Dr. Brandt declines to disclose what constitutes the "fixed pattern" she contends to see, how she knows that the "purposeful physical and verbal attacks occurred in Italy" (and how the accuracy of this supposition was determined), and how she knows that the attacks she speaks of recur in the context of exposure to his father. On this last point it is my understanding that the child sees his father in the presence of a supervisor and this has happened on approximately sixteen occasions. Dr. Brandt does not mention that as part of her methodology she observed any of these supervised sessions, nor does she state that she has interviewed the supervisor as a collateral contact, nor does she state that she reviewed any notes or reports rendered by the supervisor. If that data were available to Dr. Brandt she failed significantly in her due diligence to consider information that might have either supported or refuted her conclusions.

Finally her overall conclusions do not provide any support for her contention that:

> *B.A.S. would be exposed to grave risk of psychological and physical harm if returned to Italy.*

Responsible opinion generation would acknowledge the insufficiencies that I have brought to light and even so, despite the poor quality of the data, the lack of empirical support for the conclusions based on the data the over reaching conclusions based on the observations, and the informal means of assessing what could have been easily assessed with objective measures, it would be reasonable for this expert to express a concern for domestic violence. It would have been reasonable to assert that if the trier of the fact determined the presence of domestic violence there would possibly be "increased" risk (as opposed to "grave risk" which is wholly speculative). Instead, Dr. Brandt inserted herself as a substitute or additional fact finder, opining on credibility and evaluating "evidence" such as audio tapes which she declares are indicative of domestic violence without stating how or what information she derived from the additional materials which brought her to those conclusions.

There is but a single trier of fact in legal cases. Fact finding is determined by presentation of evidence, cross examination and responsible expert opinion. In this case, I believe Dr. Brandt went very far beyond the scope of her role and as a result failed to achieve the level of professional responsibility required to assist the court.

In Section IV of Dr. Brandt's report she finally provides some specifics derived from her interviews with Ms. Golan. Indeed, if these anecdotal accounts are true they are consistent with the criteria for battered spouse, and abuse by coercive control. However the statement "if these anecdotal accounts are true" is never an option for Dr. Brandt. Dr. Brandt's conclusions are based on absolute beliefs about mother's credibility, the substance of which can not be supported in a mental health setting and certainly not by the type of data she collected.

Mother's anecdotal accounts, while compelling, cannot be compared to what father's accounts are and while father apparently declined to be interviewed Dr. Brandt has a professional responsibility to declare how her absolute opinions about Ms. Golan's statements might have at least been tempered if she had information from the father. The same can be said for deferring to the Court's opinions of whether domestic violence occurred, and the frequency, intensity and duration of same if it occurred.

The presence of domestic violence *does* have an impact on children but the precise effect on this child *if the allegations are true* are not supported by Dr. Brandt's evaluation. The criteria she used to assess the child's level of trauma are non-scientific, subjective and unsupportable.

For all the reasons stated in this report, it is my opinion that Dr. Brandt's report is extremely biased and should be used as a reliable aid to the trier of fact.

Considerations Advised By The Guidelines Dr. Brandt Was "Informed By"

Dr. Brandt asserts that she abided by the ethical considerations promulgated by The American Academy of Psychiatry and the Law (American Academy of Psychiatry and the Law (2015, 2005). She also lists in her reference section the American Psychological Association Guidelines (American Psychological Association, 2017;2013). It is unclear why she references the latter because while Dr. Brandt provided a list of references at the end of her report nowhere in the report does she draw a connection between what she writes and how *anything* is supported or relates to that which she references. The reader is left to guess what the connections might be, so I am assuming when she refers to the American Psycholog-

ical Associations Guidelines she agrees that those guidelines advance reasonable expectations for the performance of mental health practitioners and the settings in which they operate. There is considerable overlap in these sets of guidelines so the distinction of following one versus the other might be that The American Psychological Associations Guidelines are a bit more focused on testing and empirical validity and reliability. My opinion is that Dr. Brandt did not demonstrate a particularly strong relationship between her work product and The Guidelines she avers informed her. Here are some examples from the American Academy of Psychiatry and The Laws "Practice Guideline for the Forensic Assessment:

The Introductory section (Section 2) of these guideline notes that the field is moving more and more to an "evidence based approach" advising that psychiatrists in legal settings make "conscientious, explicit and judicious use of current best evidence in making decisions about care of individuals." The facts that Dr. Brandt discussed much of her data in vague and general terms, with no reference to validity or reliability and limitations placed on her by interviewing only one party do not, in my opinion fulfill this criteria with respect to her conclusion that the child in this case would be exposed to "grave harm".

The Quality Improvement in Forensic Practice (Section 3) notes that the process of assessment demonstrates "inconsistencies" across practitioners and there is a need to develop "consistent practices that can inform forensic assessment." Responsible practitioners acknowledge that these inconsistencies are important to transmit to lay readers of reports and lay listeners to their testimony. Dr. Brandt's tendency to state her conclusions about risk to the child, the presence of domestic violence, the presence of Post Traumatic Stress Disorder in absolute terms are

misleading to the reader, especially since they are based on underlying facts which are outside her scope to evaluate. This tendency of Dr. Brandt's could have easily been mitigated by informing the court that caveats should be applied to the data as well as decisions made about the data.

The section entitled "Ethics Foundations" (Section 4) applies a caveat that Dr. Brandt would have been advised to repeat and use to qualify her opinions: "…evaluees in forensic contexts may exaggerate or minimize their symptoms…" The section goes onto stress the importance of the accuracy of their work and dedication to investigating malingering (the exaggeration of symptoms for manipulative ends). Dr. Brandt addressed malingering but gave no attention to her conclusions about malingering and provided no empirical foundation for how she arrived at those conclusions. She expected the reader to her adopt her speculative hypotheses simply because it was she who advanced them.

In section 5.4 entitled The Interview, The Guidelines advise in a practical way:

> *It is an important characteristic of the forensic assessment that the evaluator, unlike a clinical interviewer must take a questioning or skeptical approach to the interview. It is also important not to be judgmental or biased against an evaluee [presumably more so with someone the interviewer has not personally evaluated, like the father in this case]. The approach, then, must include ongoing hypothesis testing until conclusions have been reached.*

More directly put this guideline expects that an evaluator consider "both sides of the story" and use the data to show how one side might be more supported by the other

or how their might be multiple answers to the questions asked of the data. There was no such juxtaposition of competing hypotheses in Dr. Brandt's work.

In section 5.5 it is reasonable advanced that "If am assessment is limited to a record review with no interview [as was the case here], this limitation should be discussed in the report and testimony…"

In Dr. Brandt's report not only did she fail to describe the potential limitations of not interviewing the father, she took the position that even if she had interviewed the father she doubted if her opinion would in any way change. In doing so, she identifies that she has no motivation to assess the father in any way except as how the mother sees him.

In section 8.2 entitled Psychological Testing the guidelines point to the possibility of using a psychologist or trained psychometrician to gather data to support other methods of data collection. Since Dr. Brandt made preferred such a strong opinion on the fact that mother was not malingering, the scientific rigor of her statement would have been tested objectively by any number of tests designed to assess malingering.

In section 9 entitled Opinions the guidelines recommend that the expert substantiate their opinions with scientific foundation. While Dr. Brandt alludes to "vast" numbers of studies and other far reaching statements she never connects the data, the reliability or the validity of the data or her conclusions to any body of empirical work. She includes research cites, but never says exactly what it is she thinks they support.

While Dr. Brandt fails to address the issue of whether she was guided by the American Psychological Association Ethical Guidelines in both General Psychology as well

as Forensic Psychology (2013) she nonetheless lists the general guidelines in her reference materials. Without what would be a repetitive criticism based on these guidelines, I point out that the mental health community of these two related professional fields, independently constructed guidelines which find many of the same issues to be substantive, including stating the limitations of data, limitations attached to the interviewing of just one party and responsibility to connect science to opinion.

Issues Surrounding Credibility

While Dr. Brandt attests to the credibility of the individuals she interviews, she offers no methodology as to how she arrived at that conclusion. The work of Eckman and O'Sullivan (1995) tested the hypothesis that mental health experts could discern the difference between the truth and a lie. For the most part, their research (and the research of others) showed that they cannot. Later research showed that with training their percentages could improve. When Dr. Brandt testifies that she believes someone or something is "credible" she has an obligation to show how she came to that conclusion, and how those conclusions are supported by measures of known reliability and validity which is supported by science.

Separate and apart from the issue of whether she is competent to assess credibility there is discussion in psychological and legal communities as to whether or not an expert can even advance an opinion on credibility. Without asserting any knowledge of the law Wilkinson (1997) provides a detailed discussion of whether or not this is proper under Federal Rule 704(b). This is important to me as a matter of discussion much less so than whether mental health professionals can competently perform these types of assessments in the first instance.

The Report of Dr. Tronick

Dr. Edward Tronick is a respected author in the field of domestic violence. He provided an extensive explanation of factors and descriptions of how domestic violence effects children. He did to make the same number of speculative and over reaching statements made by Dr. Brandt and as such I believe that his statements were advanced with a lot more integrity, until he offers the following statement:

> *Based on the harmful effects of exposure to IPV on children—and on my understanding of the facts of this case as stated in the parties' submissions—I conclude a child such as Ms. Golan's would be at grave risk of harm should he return to his habitual residence.*

Lack of first hand knowledge which would have been gained by performing a proper evaluation of the parties, renders this statement professionally irresponsible and in violation of The American Associations Guidelines. A professional with the degree of professional knowledge of scientific methodology should be well aware that "his knowledge of the facts of this case" are not sufficient data points to support the conclusion he draws about "grave risk."

There should be no impediment to a responsible expert separating himself or herself from reaching absolute conclusions without having done a proper comparative evaluation of the parties. It would have been ethically appropriate to provide the caveat that the child's exposure to risk "might increase" (based on the very literature he cites) if the allegations made against the father are true. Still, there are factors to consider even if they are true. Despite the plethora of research literature cited, there is

no one to one correspondence between IPV and risk to any one particular child. If he had the opportunity to do an evaluation he would have been in a much better position to opine on how factors surrounding this child might have affected him. No expert can say that this child would absolutely be abused by his father even if there is a finding of domestic violence, and neither expert adequately supports the notion that there is "grave risk" to the child by any reliable or objective data collected first hand. Only a fact finding as to the frequency, intensity and duration of IPV as well as what level of exposure the child had (based on the facts adduced at trial) would be relevant to determining what type and in what location the father might have continued access to the child because of any alleged risk he poses to the child.

Another factor that might shed some light on these issues would be the direct observations of the social worker (Diane Hessman) who has multiple observations with the father and child, and whether the quality of the interactions has been observed to be beneficial to the child (and by what criteria) or hurtful (which would be important information when addressing the issue of risk).

I will conclude my analysis by urging the court to look closely at: (1) the insufficient quality of the data presented as is reflected in the reports of Drs. Brandt and Tronick and (2) the quality of the statements made by experts regarding the data, who in the case of Dr. Brandt did not perform due diligence in the presentation of her findings, and in the case of Dr. Tronick who had no opportunity to evaluate at all, and opined overzealously on information he was given with no first hand knowledge whatsoever.

Respectfully submitted,

s/ Peter J. Favaro, Ph.D.

Peter J. Favaro, Ph.D.

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