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Parental Child Abduction is Child Abuse

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and victims of parental child abduction.

Peer Reviews following this Report
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L'enlèvement parental d'un enfant est un viol de sa personnalité; translated by
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Introduction

"Because of the harmful effects on children, parental kidnapping has been characterized as a form of child abuse" reports Patricia Hoff, Legal Director for the Parental Abduction Training and Dissemination Project, American Bar Association on Children and the Law. Hoff explains:

> "Abducted children suffer emotionally and sometimes physically at the hands of abductor-parents. Many children are told the other parent is dead or no longer loves them. Uprooted from family and friends, abducted children often are given new names by their abductor-parents and instructed not to reveal their real names or where they lived before." (Hoff, 1997)

As an early leader in the relatively new field of parental child abduction issues, Dr. Dorothy Huntington wrote an article published in 1982, Parental Kidnapping: A New Form of Child Abuse. Huntington contends that from the point of view of the child, "child stealing is child abuse." According to Huntington, "in child stealing the children are used as both objects and weapons in the struggle between the parents which leads to the brutalization of the children psychologically, specifically destroying their sense of trust in the world around them." Because of the events surrounding parental child abduction, Huntington emphasizes that "we must reconceptualize child stealing as child abuse of the most flagrant sort" (Huntington, 1982, p. 7).

There is an unfortunate and evident paucity of literature on parental child abduction. Just during the past two decades, Huntington (1982), Greif and Hegar (1993), and others have begun addressing concerns for children kidnapped by their parent abductors. With growing concerns for abducted children, some experts have coined terms like "Parental Alienation" to describe the potential negative impact on child victims. Regardless of the specific terms designed to illustrate the effects of parental child abduction, there is general consensus that the children are the resultant casualties.

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Risk Factors

Post-divorce parental child stealing has been on the increase since the mid-1970s, paralleling the rising divorce rate and the escalating litigation over child custody (Huntington, 1986). According to Hoff (1997), "The term 'parental kidnapping' encompasses the taking, retention or concealment of

a child by a parent, other family member, or their agent, in derogation of the custody rights, including visitation rights, of another parent or family member."

The abductor parent may move from one state to another, beginning a new round of investigation into the abuse with each move, impeding intervention by child protective services (Jones, Lund & Sullivan, 1996). Or, the abductor may flee to another country, completely shutting down any hopes of involvement by child protective services in the country of origin. The most pervasive scenario is that the abducting parent goes into hiding, or moves beyond the jurisdiction of governing law.

> "These kidnappings are very cleverly plotted and planned and often involve the assistance of family members. The target parent has no forwarding address or telephone numbers." (Clawar & Rivlin, p. 115)

Huntington and others believe that inherent in the act of kidnapping and concealment are negative consequences for the child victims. It is Huntington's contention that one of the most concerning factors is that the parent has fled and "is out of reach of law and child protection agencies." To escape discovery the abductor parent is hiding out, -- "so who knows what is happening with child!" (Huntington, 1982).

The abducted child is without the safeguards normally provided by child law. This leaves the child completely vulnerable to the dictates of the abductor parent, who, as evidenced in the following research by Johnson and Girdner, may not have the child's best interests in mind, or may be functioning with severe impediments.

A study entitled Prevention of Parent or Family Abduction through Early Identification of Risk Factors was conducted by Dr. Janet Johnston (Judith Wallerstein Center for the Family in Transition) and Dr. Linda Girdner (ABA Center on Children and the Law). The researchers detailed six risk parent profiles for abduction:

1. Have threatened to abduct or abducted previously;
2. Are suspicious and distrustful due to a belief abuse has occurred;
3. Are paranoid-delusional;
4. Are sociopathic;
5. Have strong ties to another country; and
6. Feel disenfranchised from the legal system.

These findings by Johnston and Girdner pose a bleak prognosis for children held at the hands of such inept parents.

According to Rand, an abducting parent views the child's needs as secondary to the parental agenda which is to provoke, agitate, control, attack or psychologically torture the other parent. "It should come as no surprise, then, that post-divorce parental abduction is considered a serious form of child abuse" (Rand, 1997).

It is generally accepted that children are emotionally impacted by divorce. Children of troubled abductor parents bear an even greater burden. "The needs of the troubled parent override the developmental needs of the child, with the result that the child becomes psychologically depleted and their own emotional and social progress is crippled" (Rand, 1997). Since the

problem of parental child abduction is known to occur in divided parents rather than in united and intact families, the inordinate emotional burdens compound abduction trauma. Rand reports that although Wallerstein is familiar with Parental Alienation Syndrome, Wallerstein and Blakeslee (1989) prefer the term "overburdened child" to describe this problem.

In custody disputes and abductions, the extended support systems of the parents can become part of the dispute scenario, -- leading to a type of "tribal warfare" (Johnston & Campbell, 1988). Believing primarily one side of the abduction story, -- family, friends, and professionals may lose their objectivity. As a result, protective concerns expressed by the abandoned parent may be viewed as undue criticism, interference, and histrionics. Thus, the abandoned parent may be ineffectual in relieving the trauma imposed on an innocent child by the parental abduction.

Generally the abductor does not even speak of the abandoned parent and waits patiently for time to erase probing questions, like "When can we see mom (dad) again?". "These children become hostages ... it remains beyond their comprehension that a parent who really cares and loves them cannot discover their whereabouts" (Clawar & Rivlin, p. 115).

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Impact of Parental Child Abduction

Children who have been psychologically violated and maltreated through the act of abduction, are more likely to exhibit a variety of psychological and social handicaps. These handicaps make them vulnerable to detrimental outside influences (Rand, 1997). Huntington (1982) lists some of the deleterious effects of parental child abduction on the child victim:

1. Depression;
2. Loss of community;
3. Loss of stability, security, and trust;
4. Excessive fearfulness, even of ordinary occurrences;
5. Loneliness;
6. Anger;
7. Helplessness;
8. Disruption in identity formation; and
9. Fear of abandonment.

Many of these untoward effects can be subsumed under the problems relevant to Reactive Attachment Disorder, the diagnostic categories in the following section, and the sections on fear, of abandonment, learned helplessness, and guilt, that follow.

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Reactive Attachment Disorder.

Attachment is the deep and enduring connection established between a child and caregiver in the first few years of life. It profoundly influences every component of the human condition, -- mind, body, emotions,

relationships, and values. Children lacking secure attachments with caregivers often become angry, oppositional, antisocial, and may grow up to be parents who are incapable of establishing this crucial foundation with their own children (Levy & Orlans, 1999).

Children who lack permanence in their lives often develop a "one-day-at-a-time" perspective of life, which effects appropriate development of the cognitive-behavioral chain -- thoughts, feelings, actions, choices, and outcomes. "They think, 'I've been moved so many times, I'll just be moved again. So why should I care?'" (ACE, 1999).

Stringer (1999) and other experts on attachment disorder concur that the highest risk occurs during the first few years of life. This disorder is classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) as Reactive Attachment Disorder. According to Stringer, common causes of attachment problems are:

1. Sudden or traumatic separation from primary caretaker (through death, illness hospitalization of caretaker, or removal of child);
2. Physical, emotional, or sexual abuse;
3. Neglect (of physical or emotional needs);
4. Frequent moves and/or placements;
5. Inconsistent or inadequate care at home or in day care (care must include holding, talking, nurturing, as well as meeting basic physical needs); and
6. Chronic depression of primary caretaker.

It is evident that these causality factors would place at high risk children who are subjected to similar conditions in the circumstances of parental kidnapping.

Attachment is the reciprocal process of emotional connection. This fundamental and necessary developmental process influences a child's physical, cognitive, and psychological development. It becomes the basis for development of basic trust or mistrust, and shapes how the child will relate to the world, how the child will learn, and how the child will form relationships throughout life. "If this process is disrupted, the child may not develop the secure base necessary to support all future healthy development" (Stringer, 1999).

Stringer (1999), Van Bloem (1999), The Attachment Center (ACE, 1999), and criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 1994) identify a significant and troubling list of behaviors associated with problematic attachment:

1. Unable to engage in satisfying reciprocal relationships;
2. Superficially engaging, charming (not genuine);
3. Lack of eye contact;
4. Indiscriminately affectionate with strangers;
5. Lack of ability to give and receive affection on parents' terms (not cuddly);
6. Inappropriately demanding and clingy;
7. Poor peer relationships;
8. Low self esteem;
9. Affectionate with strangers or attempts to leave with strangers;

10. Refuses, resists, or is uncomfortable with affection on parental terms;
11. Incessant chatter or nonsense questions;
12. Hyperactive, over-active, or attention deficit;
13. Poor, underdeveloped, or no conscience;
14. Hoarding, gorging, eating abnormalities, or hiding food;
15. Intense control battles;
16. Significant learning problems or lags;
17. Fire setting, fire play, or fascination with fire;
18. Daily lying or lying in the face of the obvious;
19. Fascination with weapons, blood, or gore;
20. Destructive to self or others; and
21. Cruelty to animals, siblings, or others.

This unsettling list of disturbances and other constellations of behaviors exhibited by abducted children comprises criteria from various childhood disorder categories of the Diagnostic and Statistical Manual of Mental Disorders that might lead one to rule out the following diagnoses:

1. Reactive Attachment Disorder of Infancy or Early Childhood;
2. Separation Anxiety Disorder;
3. Overanxious Disorder of Childhood;
4. Attention-Deficit/Hyperactivity Disorder;
5. Conduct Disorder;
6. Disruptive Behavior Disorder;
7. Oppositional Defiant Disorder;
8. Eating Disorders;
9. Learning Disorder NOS;
10. Regression and Elimination Disorders: Encopresis and Enuresis; and
11. Post Traumatic Stress Syndrome.

As a relatively new diagnosis to the Diagnostic and Statistical Manual of Mental Disorders, Reactive Attachment Disorder (RAD), also known as Attachment Disorder (AD), is often misunderstood, and relatively unknown (ACE, 1999). Although the official DSM-IV diagnosis may be overlooked by some professionals, the phenomenon of attachment disorder was observed 50 years ago by Rene Spitz in the well known monkey studies. Spitz reported that infant monkeys may actually die if they are not played with, talked to, held, stroked, and tended. Some species of young monkeys die when abandoned. Even a brief separation of infant monkeys from their mothers is seen two years later, causing the infants to be more timid, clingy, and relate poorly to others.

Humans are social animals. If abandoned as an infant or young child, we may first protest by screaming, then quietly withdraw; finally, we become detached and apathetic. Abandoned, we may joylessly play some with others, but there is no emotional involvement (Tucker-Ladd, 1980).

The DSM-IV (1994) defines Reactive Attachment Disorder (RAD) as markedly disturbed and developmentally inappropriate social relatedness in most contexts, beginning before age five. According to Van Bloem (1999), inexperienced professionals often misdiagnose Reactive Attachment Disorder (RAD) as Oppositional Defiant Disorder, Attention Deficit Disorder, Depression, Autism, Post-Traumatic Stress Disorder,

Bipolar Disorder, or Attention-Deficit/Hyperactivity Disorder. Other experts in RAD estimate that this disorder has been misdiagnosed as Bi-Polar Disorder or Attention Deficit Disorder in 40 to 70 percent of the cases (ACE, 1999).

Bloem (1999) suggests that Reactive Attachment Disorder is often accompanied by other diagnosis listed above, but that Attachment Disorder most often needs to be the primary diagnosis and the focus of early intervention. Some professionals may mildly disagree with Bloem's preferred diagnostic perspective; however, most would agree that the resultant trauma to a child, -- who in a moment was stolen away from his or her entire world of familiarity, -- is emotionally, developmentally, and psychologically devastating.

Van Bloem (1999) reports that for a child "it is not possible to develop true self-esteem and find peace without resolving differences and emotional pain due to stressed or damaged emotional ties to parents and family." According to Van Bloem, attachment helps the child to:

1. Attain full intellectual potential;
2. Sort out perceptions;
3. Think logically;
4. Develop a conscience;
5. Become self-reliant;
6. Cope with stress and frustration;
7. Handle fear and worry;
8. Develop future relationships; and
9. Reduce jealousy (Van Bloem, 1999).

The words "attachment" and "bonding" are used interchangeably. These bonding impaired individuals typically fail to develop a conscience and do not learn how to trust. With Attachment Disorder, individuals have difficulty forming intimate lasting relationships (ACE, 1999). Children with attachment disturbance often project an image of self-sufficiency and charm, while masking inner feelings of insecurity and self hate. Unfortunately, such children do not respond well to traditional parenting or therapy, since both rely on the child's ability to form relationships (Stringer, 1999).

Adult survivors of abuse may experience long term or chronic lifetime symptoms resulting from childhood trauma. For example, a person who has been physically abused might suffer from depression or anxiety. A victim of childhood sexual abuse might exhibit symptoms of Posttraumatic Stress, or other disorders as evidenced in the DSM-IV criteria of adult mental health disorders, such as:

1. Agoraphobia
2. Posttraumatic Stress Disorder
3. Dissociative Identity Disorder
4. Dysthymic Disorder
5. Substance Abuse or Dependency
6. Generalized Anxiety Disorder
7. Major Depressive Disorder
8. Panic Attacks or Panic Disorder
9. Borderline Personality Disorder

All too often, children suffering from Reactive Attachment Disorder go untreated and become adults without conscience (Antisocial Personality Disorder) and without concern for anyone but themselves. "Parental dreams are lost, and they grow up uncaring and without social conscience" (ACE, 1999).

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Learned Helplessness.

The concept of learned helplessness is based on the highly respected work of Seligman in 1975, when he observed this helpless condition among animals that were unable to alter their environment. Seligman subjected dogs to random shocks at variable intervals that were completely unrelated to their volitional behaviors. Nothing the dogs could do would protect them from being shocked. Under this experimental treatment, the dogs became passive and refused to leave their cages, even though the cage doors were eventually left open as the shock treatments continued.

"The key to the learned helplessness model is punishment that is totally unrelated to the victim's behavior, that is, the victim does not have to do anything wrong to be punished" (Lalli, 1997). As a consequence, the victim places him or herself under a virtual house arrest without informed judgment that includes facts of the situation. In the situation of parental abduction, the child victim often does not know why he or she has been abducted, has no control over the situation, and even though there may be very strong feelings of anger, frustration and confusion, -- the totality of helplessness may result in a yielding to the circumstances. This yielding and superficial appearance of resolution to the circumstance may be the result of complete devastation, lack of control, and total helplessness, -- rather than acceptance.

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Fear and Phobias.

Most phobias are groundless and excessive, such as fears of crowds, small spaces, addressing large groups, and heights. These fears of harmless situations may be associated with fantasies of horrible consequences, like the fear of public speaking. Thus, frightening and irrational thoughts of what might happen become paired with the real situation, which in turn produces a fear reaction. For example, at night a child has fantasies of demons lurking under the bed and in the closet. The stronger the fantasies, the worse the fear when the lights are turned off. Soon, the fears will occur prior to bedtime, from anticipation of being in the dark.

> "Likewise, most of us have at least a mild fear of the dark. Relatively few people have been attacked in the dark, no one by ghosts or monsters. Yet, at age 3 or 4 (as soon as our imagination develops enough) we begin fantasizing scary

creatures lurking in the dark. Our own fantasies create our fear of the dark." (Tucker-Ladd, 1960)

Children who are abducted have been stripped of almost everything familiar - toys, personal possessions, playmates, relatives, teachers, the neighborhood, playgrounds, favorite shopping and eating places, -- daily routine -- and a parent. Suddenly snatched from all that is familiar and deposited without adequate preparation into a completely new environment, -- fear of the unknown, future events, emotional safety, and physical safety can run rampant and become irrational. The real threat becomes even more exaggerated and capacities to deal with the threat seem completely inadequate. "This is horrible, out of my control, and I can't deal with it." Overwhelmed with the stress of new stimuli and unable to make sense of the situation may lead the child to excessive anxiety and fears, which in turn may develop into chronic anxiety, stress reactions, depression, paranoia and/or other complications discussed in the following sections.

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Stress and Generalized Anxiety Disorder.

One of the leaders in theories of anxiety, Hans Selye spent a life-time studying stress and postulated that almost any change is a stressor, since there is a resultant demand to deal with a new situation. If normal daily stressors are increased to unusual and traumatic events, like child abduction, the short and long term impact may significantly impair development and functioning, -- even into adulthood.

There are three stages in General Adaptation Syndrome (GAS). In the alarm stage, physiological changes occur, -- the heart beats faster, respiration increases and becomes more labored, senses become at least temporarily more alert, perspiration occurs, -- all preparing the body to flee or attack. The body responds with panic, a reaction to the fight or flight dilemma. Under continued stress, the second stage begins, -- resistance. The body becomes weary and attempts to adjust and adapt to the stress. Despite efforts to adapt, the autonomic system is still working overtime.

If the stress is extended (days, weeks, and months), resistance is further depleted and exhaustion occurs. Energy to continue stress adaptation is depleted. The body gives up, with some resultant damage potentially occurring, -- particularly to the heart, kidneys, and stomach. Commonly, psychosomatic disorders occur. These somatic disorders are psychologically mediated physical difficulties, like lethargy, pain, hypertension, headaches, abdominal and gastric distress, and sleep disorders. Feelings of hopelessness and a state of confusion generally accompany the physical symptoms and decision-making deteriorates under intense or prolonged stress.

Extensive replicated research findings have demonstrated these psychosomatic and physiologically damaging consequences may also occur as a result of extended stress from circumstances of childhood trauma. The potential for harmful effects of divorce on children has been widely substantiated. Stress has been documented to alter the brain,

cardiovascular systems, immune systems, and hormonal system. For example, it has been discovered that female adult survivors of childhood sexual abuse have a smaller hippocampus than non-abused women. Stress symptoms that are evident as an adult may be due to occurrences from many years prior, e.g., the long term effects of divorce, such as a fear of intimacy, may occur much later in life, -- 10 or 15 years later.

In children, extended stress may result in regression of behaviors, like age inappropriate thumbsucking, excessive clingyness, unexplained crying, bedwetting, and temper tantrums.

Prolonged and unresolved stress may also manifest in displacement, the redirection of impulses (often anger) from the real threat to an innocent and safer person. Often, the redirection is because the threat is too dangerous to confront. This may be the case in an abducted child who redirects his or her anger from the abductor to another person, possibly the abandoned parent for not rescuing and restoring life to the way it had been. Another form of displacement is internal. Instead of displacing hostility to another person, it is turned inward, against oneself. This is not uncommon in depression and suicide.

Extended stress and frustration to resolve the conflict, in an effort to relieve the anxiety, may result in reaction formation, -- denial and reversal of feelings. Love becomes hate, or hate becomes love. For example, with a problem between a parent and child, the child may express the anger through exaggeration of affection. In this situation, the child may superficially appear to be closely bonded with the parent who is contributing to the stress; if asked, the child will attest to a strong and loving parent-child relationship.

Yet another stress reaction is identification, -- the process of attempting to bond with the person responsible for the stressors and becoming like the abuser to diminish the conflictual anxiety. As an example, some sexual assault victims have been known to identify strongly with offenders, even to the point of developing intimate relationships with incarcerated abusers. In these situations, the victim may emulate and become more and more like the abuser. Identification with and emulation of the offender is particularly true in cases of child sexual assault victims who become adult offenders. In parental child abductions, some children have been known to identify with the abducting parent, to the point of completely rejecting and blaming the abandoned parent, despite evidence absent blame.

Stress also generally interferes with performance, resulting in inhibited learning, poor decision-making, and resulting in restricted development. Intense and prolonged stress, especially in childhood, may create an overreaction to stress, -- even years later. Intense reactions to stress and resultant failures become a self perpetuating cycle, creating more stress and more failure. Continued failure breeds the feelings of helplessness and hopelessness, which circles back to learned helplessness and giving up.

Generalized Anxiety Disorder is more intense than the normal anxiety generally experienced day to day. It's chronic and exaggerated worry and tension, even though time has passed, the circumstance has changed, and there seems to be nothing evident that will continue to provoke anxiety. Having this disorder means anticipating disaster and experiencing excessive concerns about health, money, family, or work. The problems

generalize to other situations in life, become self-sustaining, and the original stressors are then difficult to identify.

People suffering from Generalized Anxiety Disorder cannot seem to control or manage their concerns, even though they may realize their anxiety is more intense than the situation warrants. They seem unable to relax, often have trouble falling or staying asleep, with worries that are accompanied by physical symptoms, like twitching, muscle tension, headaches, irritability, sweating, or hot flashes. There may be feelings of being lightheaded, out of breath, nauseated or an urgency to urinate; or, there may be an almost constant feeling of having a lump in the throat. There may be a heightened startle response, lethargy, or difficulty concentrating. If severe, manifestations of Generalized Anxiety Disorder can be very debilitating, making it difficult to carry out even the most ordinary daily activities (DSM-IV, 1994).

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Guilt.

It is difficult for some to understand the guilt felt by a victim, particularly when the victim is a child. Survivors of childhood sexual abuse continue to remind us that they felt guilt – guilt that they may have in some way brought on the abuse, guilt for feeling some sensate pleasure, guilt for destruction of the family constellation when the abuse was discovered, and guilt for legal consequences to the offender.

Literature on divorce is deplete with references to children feeling that they had somehow brought about difficulties between their parents and were responsible for the culminating division of the family. The guilt of abducted children is not dissimilar.

> "These children are extremely guilty when they return and are very fearful of the reaction of the other parent. They do not know who to believe, the are bewildered and very fearful. Many children have a sense that the stealing was their fault and that it could have been avoided. They feel to blame for both the stealing and for the divorce. Many of the older children feel very guilty about not having tried to contact the parent victim. These children feel it is not possible to have a relationship with both parents, and they are town between them. It is not uncommon to see total confusion when they are returned, particularly with a sense of being returned to a stranger." (Huntington, 1982, p. 8)

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Acute Stress Disorder and Posttraumatic Stress Disorder.

The diagnoses of Acute Stress Disorder and Posttraumatic Stress Disorder are commonly applied by professionals to victims of abuse situations, such as sexual abuse and child abduction, when the presenting symptoms and applicable conditions apply. According to the criteria of the Diagnostic and

Statistical Manual of Mental Disorders (1994), a person suffering from Acute Stress Disorder has been exposed to a traumatic event in which both of the following were present:

1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others;
2. The person's response involved intense fear, helplessness, or horror.

Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:

1. A subjective sense of numbing, detachment, or absence of emotional responsiveness;
2. A reduction in awareness of his or her surroundings (e.g., "being in a daze");
3. Derealization;
4. Depersonalization;
5. Dissociative amnesia (i.e., inability to recall an important aspect of the trauma).

Like many reactive effects and symptoms discussed in the sections above, this diagnostic category also includes marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness). A victim of abuse may meet the criteria for this diagnosis when the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning; or, when the disturbance impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.

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Parental Alienation and the Overburdened Child.

> "Physical kidnapping situations leave children extremely susceptible to indoctrination against a target parent. Often the operating strategy is to frighten the child into believing that the only way to exist is to escape some ambiguous harm that is to be inflicted upon the parent, child or both of them by the target parent" (Clawar & Rivlin, p. 115).

In Children Held Hostage: Dealing With Programmed and Brainwashed Children, Clawar and Rivlin detail signs of abduction victim "maladjustment that go beyond the impact of separation and divorce" (p. 129). The authors delineate these parental child abduction consequences as "specifically related to the effects of brainwashing and programming." Clawar and Rivlin list 25 resultant manifestations, including anger, loss of self-confidence and self-esteem, development of fears and phobias, depression, sleep disorders, and eating disorders.

"Brainwashing" and "programming" are terms used more and more frequently by experts of parental child abduction. These term may initially

offend or alienate the reader who is not familiar with Parental Alienation and abduction dynamics. "Brainwashing" and "programming" -- or changing a child's belief systems, -- may be intentional, or, it may be the unintentional process of a parent imposing their belief systems on the child through an extended period of inadvertent repetition.

According to Garbarino et al. (1986), psychological maltreatment can be viewed as a pattern of adult behavior which is psychologically destructive to the child, sabotaging the child's appropriate normal development of self and social competence. To assist with a framework for understanding brainwashing and parental alienation concepts, five types of psychological maltreatment identified by Garbarino et al. were adapted by Rand (1997) to apply to the Parental Alienation Syndrome (PAS):

1. Rejecting - The child's legitimate need for a relationship with both parents is rejected. The child has reason to fear rejection and abandonment by the alienating parent if positive feelings are expressed about the other parent and the people and activities associated with that parent.
2. Terrorizing - The child is bullied or verbally assaulted into being terrified of the target parent. The child is psychologically brutalized into fearing contact with the target parent and retribution by the alienating parent for any positive feelings the child might have for the other parent. Psychological abuse of this type may be accompanied by physical abuse.
3. Ignoring - The parent is emotionally unavailable to the child, leading to feelings of neglect and abandonment. Divorced parents may selectively withhold love and attention from the child, a subtler form of rejecting which shapes the child's behavior.
4. Isolating - The parent isolates the child from normal opportunities for social relations. In PAS, the child is prevented from participating in normal social interactions with the target parent and relatives and friends on that side of the family. In severe PAS, social isolation of the child sometimes extends beyond the target parent to any social contacts which might foster autonomy and independence.
5. Corrupting - The child is missocialized and reinforced by the alienating parent for lying, manipulation, aggression toward others or behavior which is self destructive. In PAS with false allegations of abuse, the child is also corrupted by repeated involvement in discussions of deviant sexuality regarding the target parent or other family and friends associated with that parent. In some cases of severe PAS, the alienating parent trains the child to be an agent of aggression against the target parent, with the child actively participating in deceits and manipulations for the purpose of harassing and persecuting the target parent.

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Separation Anxiety and Fear of Abandonment.

Separation Anxiety and fear of abandonment is noteworthy enough that it deserves mention separate from fear and learned helplessness. While manifestations of this problem may also meet the criteria for Overanxious

Disorder of Childhood, in this instance features are more specific to having been removed from and seemingly abandoned by a parent. As mentioned above, the child may have no way of knowing what attempts the abandoned parent may be making for rescue, may believe to have been deserted by that parent, and may have been convinced by the abducting parent that the abandoned parent is deceased or no longer cares about the child.

According to the DSM-IV (1994), Separation Anxiety is manifested by developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:

1. Recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated;
2. Persistent and excessive worry about losing, or about possible harm befalling, major attachment figures;
3. Persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped);
4. Persistent reluctance or refusal to go to school or elsewhere because of fear of separation;
5. Persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings;
6. Persistent reluctance or refusal to go to sleep without being near a near a major attachment figure or to sleep away from home;
7. Repeated nightmares involving the theme of separation;
8. Repeated complaints of physical symptoms (such as headaches, stomachaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated.

The duration of the disturbance is at least 4 weeks. The onset is before age 18 years. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning (DSM-IV, 1994).

Even children who have not suffered the trauma of abduction may experience Separation Anxiety and fear of abandonment. The death of a parent, family member, or friend's parent, as well as extended absences of one parent and other factors normally expected in life may contribute to separation anxiety. That being the case, one can only imagine the degree of Separation Anxiety experienced by a child who believes to have been abandoned by a parent as a consequence of parental abduction circumstances.

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Grief.

Siegelman (1983), an expert on grief, contends that change is upsetting because we are leaving a part of ourselves behind. Any change involves loss of the known and relinquishing of a reality that has contributed to understanding and consistency. Elizabeth Kubler-Ross, a well respected

authority on grief, suggests that the second most intense life stress, second to death, is divorce or loss of a love relationship. "Love relationship" in this sense applies to all familial and close relationships, e.g., husband-wife, parent-child, siblings, etc.

Not only does an abducted child experience the physical distancing and loss of a parent, the child may also be lead to believe the parent is deceased. Parent abductors are frequently known to invent stories about the abandoned parent to silence the frightened child's questioning. With the death of a parent, generally comes loss of attachment, history, and roots. According to Ross, a sudden, unexpected loss is usually harder to accept than an anticipated loss for which we have had time to prepare, as is the case for a kidnapped child.

Loss and grief experts also agree that the loss of a person on whom we are dependent is difficult to handle, especially if that dependency left us without a life of our own and incompetent to care for ourselves -- like that of an abducted child kidnapped from a parent on whom he or she was dependent. Also, the assistance from personal support systems -- family and friends -- is an important factor in recovering from a loss. Support for such losses are likely to be especially weak when one lives away from family or has few friends, such as the grief-stricken child who was removed from their own support and reality. An abducted child has lost most, if not all support systems.

So, added to the abducted child's long laundry list of challenges, problems, stressors, and confusions, -- is grief. Grief for the absent parent, for a life that no longer exists, for friends and loved ones, and for the certainty and comfort of life as it was.

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What has been reported about abducted children?

According to Greif (1999) in his personal lecture notes on "The Impact of Parental Abduction on Children," the following have been experienced by "children on the run," whether they remain within their country of origin or are taken across international borders:

1. Physical, sexual, and emotional abuse (the range being from 6% with Finkelhor, to higher with others);
2. Neglect in terms of care, feeding, and psychological nurturing;
3. Specific training in how to be secretive in relation to hiding a sense of self, hiding accomplishments, distrusting authorities, etc.;
4. Being lied to about the searching parent, including being told the searching parent has abandoned the child, doesn't love the child, or the searching parent is dead;
5. Being moved constantly and denied contact for any significant time with any one other than the abductor - this may include being cut-off from contact with siblings, teachers, friends, grandparents, and other relatives;
6. In addition, and on a more complex level, an abducted child is exposed to a dynamic situation where the child may take on an

inappropriate, more adult-like role. In one scenario, the child may become the protector or caretaker of the abductor, if the abductor appears in need of emotional reassurance. In another scenario, the child over-identifies with the abductor in an "us against them" mentality where distrust of authority is the norm. One possible result of either dynamic is that the located child remains with the abductor!

Confirming the discussions above about the impact of child abduction, Greif adds that according to the literature, upon recovery the child may experience:

1. Concerns about safety and reabduction;
2. Guilt and shame;
3. Confusion about his or her identity if there has been a name change;
4. Loyalty conflicts between the searching parent and the abductor with whom the child may have identified;
5. Specific problems like depression, anxiety, anomie, bedwetting, thumb-sucking; and
6. Psychological regression, withdrawal, PTSD-like symptoms, and extreme fright.

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Conclusion

"As adults, many victims of bitter custody battles who had been permanently removed from a target parent, whisked away to a new town and given a new identity, still long to be reunited with the lost parent. The loss cannot be undone. Childhood cannot be recaptured. Gone forever is that sense of history, intimacy, lost input of values and morals, self-awareness through knowing one's beginnings, love, contact with extended family, and much more. Virtually no child possesses the ability to protect him- or herself against such an undignified and total loss" (Clawar & Rivlin, p. 105).

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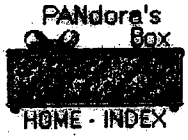

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