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'Swim, swim and die at the beach': family court and perpetrator induced trauma (CPIT) experiences of mothers in Brazil

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ABSTRACT

Gender-based violence (GBV) and Domestic Violence (DV) are prevalent in Brazil. There are growing concerns globally regarding the weaponisation of the pseudo-concept 'Parental Alienation' (PA) in the family courts against women. Additionally, a lack of understanding of mothers' family court and health-related experiences indicated a need to explore this topic further. A qualitative study was conducted with thirteen mothers who are victims of Domestic Violence and have been accused of PA. Mothers reported a range of harmful health experiences, delineated here under the conceptual framework of Court and Perpetrator Induced Trauma (CPIT). Six themes are presented, which encapsulate a range of harmful actions, behaviours and circumstances (ABCs) that surround these mothers and their responses to these ABCs. Multiple physical health conditions were reported as associated with family court proceedings. This included maternity problems, musculoskeletal, autoimmune, and respiratory conditions and a broad range of mental health implications including suicide and other trauma responses. Human rights violations, the weaponisation of 'Parental Alienation' and inherently misogynistic and oppressive justice systems in Brazil were also reported. Urgent measures and further research are now needed to investigate causal links between harm to health and the family courts and to strengthen human rights protection for women and child victims in Brazil and beyond.

KEYWORDS

Women's health; domestic violence; family court; gender-based violence; trauma; parental alienation; suicide; human rights

Introduction

Violence against women in Brazil

A woman in Brazil will become a victim-survivor of Domestic Violence (DV) (violence perpetrated by an intimate perpetrator or family member) every seven minutes (Redação 2016). Brazil has one of the highest rates of femicide (intentional female murder) in the world (de Araújo Moraes *et al.* 2023). Approximately one-third

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of Brazilian girls and women were found to have suffered Intimate Partner Violence (IPV) in 2016, with more than half of the perpetrators current or former ‘partners’ (Office of the United Nations High Commissioner for Human Rights 2022).¹ Indigenous, Black and Brown women are disproportionately impacted by violence and femicide (Moroskoski *et al.* 2022). Brazil transitioned from being a military dictatorship to a democracy only fifty years ago. Rape of political prisoners and the use of rape as a weapon of war was prevalent in Brazil, and ongoing historical connections to deeper societal patterns of subordination and violence against women in public and private remain apparent (Roggeband 2016).

To counter these high levels of violence against females in Brazil, a new Federal Law (11,340/2006) was introduced in 2006, identified by the name of a victim-survivor - Lei da Maria Penha (Gov.Br 2006) - that introduced more stringent criminal penalties for perpetrators. The law has had many positive impacts, although the deaths of women are still increasing (Ribeiro 2022).

The Sistema Único de Saúde (SUS) is Brazil’s national health system, delivered at state and municipal level, which provides universal health coverage (free healthcare to all) (Aetna 2023). While the recording of suspected or confirmed DV has been compulsory in the SUS since 2003 and health professionals are an important point of disclosure, there, invisibility of DV continues, due to victims’ fears around disclosure (Vieira *et al.* 2013).

Post-separation abuse and ‘parental alienation’ in the family courts

Coercive control (CC) and pre and post-separation abuse often go hand in hand. CC is a severe form of IPV/DV. Perpetrators of CC subject their victims to persistent, wide-ranging controlling behaviour over a long period of time making clear that disobedience will be punished. Punishment is not always violent, but usually something the victim-survivor fears, such as abusing them economically or abusing their child, often through child-custody arrangements, with an intention of terrorising the victim into permanent subjugation (Hardesty and Ganong 2006, Stark 2009, Kelly *et al.* 2014, Katz 2022, Spearman *et al.* 2023).

The family courts in Brazil provide an opportunity for this violence to increase, where perpetrator fathers use the pseudo-concept² ‘Parental Alienation’ (PA) and similar variations, to penalise mothers and children (Convention on the Elimination of All Forms of Discrimination against Women CEDAW 2022). So-called PA broadly suggests the idea that if a child has a negative stance towards one parent (the non-preferred parent, typically the father), then the child’s preferred parent (typically the mother) is to blame. When victim-survivors report abuse and violence, this counter-allegation and legal strategy of PA is frequently drawn upon globally to denounce and disqualify reports of abuse, implying that mothers are lying and manipulating children, resulting in negative outcomes for mothers (see Barnett 2020a, 2020b, Birchall and Choudhry 2022, Dalgarno *et al.* 2023, *in press*, Elizabeth 2020, Gutowski and Goodman 2020, Hunter *et al.* 2020, Katz 2022, Laing 2017, Lapierre *et al.* 2020, Feresin 2020, Meier and Dickson 2017, Meier 2020, Mercer and Drew 2022, Milchman 2017, Prigent and Sueur 2020, Rathus 2020, Sheehy and Boyd 2020, Spearman *et al.* 2023, Zaccour 2020 and others). In reality, it is acknowledged that false accusations of child abuse by mothers and children are rare

and it is usually fathers who make false allegations of abuse (Trocmé and Bala 2005, Allen and Brinig 2011).

Numerous signatories of a joint letter to the Office of the United Nations High Commissioner for Human Rights (OHCHR) acknowledge that '*Accusations of parental alienation by abusive fathers against mothers must be considered as a continuation of power and control by state agencies and actors, including those deciding on child custody*' (2019, p. 3). Additionally, a PA allegation can trigger a set of events and exposure to abusive professional practices and family court processes, which can be experienced as revictimization and more harmful than the original violence experienced (Dalgarno *et al.* 2023 *in press*).

PA is founded upon '*junk science*' (Thomas and Richardson 2015, p. 1). Importantly, Brazil's own Federal Council of Psychology (CFP) Technical Note N° 4/2022/GTEC/CG directs psychologists to use other approaches recognised and consolidated in the field where there is an allegation of PA and to note '*the lack of consensus in the field of psychological science and in the professional category regarding the use of the terms Parental Alienation Syndrome [PAS] and Parental Alienation*' (2022, p. 6). However, psychologists, judges, lawyers and others can and still do apply a label of 'parental alienation' in the Brazilian courts (Ayeb-Karlsson *et al.* (2023 *under review*)).

At its inception, PAS was created by Gardner, who had extremely harmful pro-child sexual abuse beliefs, discussed in depth in his work, such as '*pedophilia also serves procreative purposes*' (Gardner 1992, p. 24). More recent developments of so-called PA have failed to depart from Gardner's 'symptoms' of PAS (Prigent and Sueur 2020) and little has changed in practice in relation to the switch from PAS to PA in the family courts (Department of Justice, Ireland 2023). The largest study globally on custody outcomes in the US found '*alienation trumps abuse*', where allegations of PA double the risk of a child being removed completely from a protective mother and permanently placed with an abusive father (Meier 2020, p. 99).

The PA law in Brazil

Unfortunately, in 2010 a civil law (and penalties) - the PA Law 12318/2010 (Lei N° 12.318) - was introduced in Brazil, which solidified this pseudo-concept into legislation (GOV.BR 2010). This law describes PA as '*the interference in the psychological development of the child or adolescent promoted or induced by one of the parents, by the grandparents or by those who have the child or adolescent under their authority, custody or supervision in order to refute a parent or harm the establishment or maintenance of links with the parent*' (Art 2). There is a much broader range of those who can be considered an 'alienator' (including grandparents or any other person, who has the child '*under their authority*'), in comparison to other countries, such as England, where only parents can be considered 'alienators' (Children and Family Court Advisory and Support Service Cafcass 2023). It also states: '*The following are exemplary forms of parental alienation, in addition to the acts declared by the judge or verified by expert examination, carried out directly or with the help of third parties:*

I - carry out a campaign to disqualify the conduct of the parent in the exercise of paternity or maternity;

II - hinder the exercise of parental authority;

III - hinder contact between a child or adolescent and their parent;

IV - hinder the exercise of the regulated right to family coexistence;

V - deliberately keep relevant personal information about the child or adolescent from the parent, including educational, medical information, and changes of address;

VI - file a false complaint against the parent, their family members or grandparents, to impede or make it difficult for them to live with the child or adolescent;

VII - change the home to a distant location, without justification, in order to make it difficult for the child or adolescent to live with the other parent, with that parent's family or with grandparents.' (ibid). It is notable that 'in addition to the acts declared by the judge or verified by expert examination', the law enables any act to be declared as an act of 'alienation' and the inclusion of the words 'or carried out directly with the help of third parties' enables the acts of third parties to be considered as acts of 'alienation'. For detailed discussion of the legal framework of PA in Brazil and findings on legal implications within family, criminal and civil law and outcomes in Brazil, see Ayebe-Karlsson *et al.* (2023 *under review*).

Disturbingly, at the public hearing of the approval of this law, it was acknowledged that fathers are most likely to be accused of Child Sexual Abuse (CSA), yet it was falsely reported that 30–70% of these allegations are untruthful (directly contradicting evidence that false allegations are rare (Trocmé and Bala 2005, Allen and Brinig 2011). PA was also reported there as largely a weapon of vengeful mothers and that fathers (accused of CSA and other violence) must not lose contact with their child and must maintain their bond, whether there is abuse or not (Chamber of Deputies 2009).

Mothers and children in Brazil are increasingly reporting violence within the family courts and mothers are then losing custody and residence of their children due to PA counterclaims, with fathers disproportionately making PA allegations and mothers disproportionately labelled as 'alienators' (Goldfarb *et al.* 2019, Mattos 2021, Rakell and Felipe 2021, Stoltz *et al.* 2023). This highlights that while the PA law can be applied almost without restriction to any person, it is notably in practice only applied to mothers. de Alcântara Mendes and Ormerod (2023) note an urgent need to explore in more depth the role of contextual (systemic and organisational) factors that impact on child custody cases in Brazil, not least because of overuse of PA allegations which have become 'gratuitous' (p.11) and 'fashionable' (p.12).

Health and violence against women

The health and well-being impacts on victims of gendered violence are well documented and wide-ranging including, but not limited to; fear, confusion, self-doubt/self-blame, low self-esteem, trauma, depression, suicidal ideation and suicide, anxiety, illness, deprivation, restriction of freedom and femicide (for examples see Herman 1992, 2015, Stark 2009, Crossman *et al.* 2016, Rivara *et al.* 2019, Ministry of Women, Families and Human Rights Brazil 2020, Katz 2022, McManus *et al.* 2022, Spearman *et al.* 2023, Taylor and Shrive 2023).

The health impacts and experiences of family court and PA allegations and treatments are becoming more widely understood (see Dalgarno *et al.* 2023, *in press*, Gutowski and

Goodman 2020, Mercer and Drew 2022, Spearman *et al.* 2023), with recent studies reporting a PA allegation in and of itself as potentially having health impacts on victims (Dalgarno *et al.* 2023 *in press*). While causality cannot be assumed from self-reported qualitative research, studies in the Global North with female victims-survivors self-report health impacts ranging from musculoskeletal conditions, autoimmune conditions and cancers, through to suicide, which they felt were largely trauma responses associated with abuse and control within family court proceedings. One study described these experiences cumulatively as Court and Perpetrator Induced Trauma (CPIT) (Dalgarno *et al.* 2023 *in press*), with others reporting similar trauma responses (Gutowski and Goodman 2020). However, data on specific health experiences in family court proceedings and PA allegations as experienced by mothers in Brazil is less available, and with Brazil's high levels of gendered-violence, deep-rooted structural and contextual gender inequalities, this requires further investigation.

Materials and methods

Ethical approval for the study was granted by the University of Manchester ref: 2023–13605–27631. Qualitative approaches to the design, data collection, and analysis were undertaken in order to better understand the subjective experiences of mothers. A topic guide was developed with legal professionals, experts by experience, DV support organisation representatives and a Brazilian researcher. Mothers who are victims-survivors of DV, engaged now or within the last 10 years in family court proceedings in Brazil and have been accused of 'Parental Alienation' were invited via the Brazilian DV support group to participate in the study. Interviews were conducted during April and May 2022 over Zoom by a female Brazilian researcher, taking a culturally nuanced approach to conducting the interviews, enhancing the study's cultural integrity. Multiple meetings were undertaken to improve accuracy of analyses of this cross-cultural research (Pelzang and Hutchinson 2017).

Semi-structured interviews were conducted with 13 mothers. Experts with experience contributed consistently to the ongoing development of the study. We acknowledged a critical realist position (Archer *et al.* 1999); that is, that society is both 'real' and pre-existing, and that subjective human agency reproduces and transforms society. Women/mothers are always acting in a world of gendered structural constraints (Chant 2013). Experiences therefore have a 'reality' and there are 'real' structures within societies such as justice institutions which are inextricably male-dominated and patriarchal in function and deployment; but also, we acknowledge that the lived experiences of these structures can be both gendered and subjective. However, having multiple researchers take an iterative approach to clarify, discuss, confirm and/or disconfirm patterned themes and coding within the dataset means that a shared reality or common themes 'exist'. Investigator triangulation in this way increases the credibility and validity of qualitative research findings (Denzin 2012).

Two authors (ED and SA-K) independently coded all transcripts and two authors (EK and AB) coded three each. Initial coding of several transcripts was undertaken thematically using familiarisation with the data, free coding and identifying themes as described by Braun and Clarke (2006). NVivo 12 software supported initial coding and organisation. An initial coding framework was produced by all

researchers to organise the data into meaningful groups. From here, key themes were listed and were revised to more accurately reflect the data. Framework analysis (Ritchie and Spencer 2002) was used to further an in-depth analysis of mothers' health-related experiences by the lead author. A matrix was then created of all the themes and subthemes and a summary of how participants discussed each of them. Charting was then used to rearrange the data and thematic framework to create order. Mapping and interpretation then allowed for examination of how the themes were patterned and related to each other; for example, how specific experiences were reported as 'traumatic' and were tied by participants to specific traumatic events. From here, the conceptual framework of CPIT (developed by Dalgarno *et al.* 2023 *in press*) was drawn upon to further refine themes into categories of 'Actions', 'Behaviours' and 'Circumstances' and associated trauma responses. This analysis was therefore both inductive and deductive, which is an appropriate approach when there are specific issues to explore, as this analysis intended to pay specific attention to how each of these areas were linked to health-related experiences. Regular team discussions and analytical critique continued throughout this process, as well as the lead author maintaining a reflexive diary to record how key analytical decisions were made and to improve rigour and reduce bias (Braun and Clarke 2006).

Table 1. below shows the characteristics of the participant mothers. Most participants were of white ethnicity, with a mean age of 43 and hearings took place mostly within the South of Brazil.

Table 1. Characteristics of mothers.

| Mothers age | N= 13 | Ethnicity of mothers | N=13 | Location of court hearings (state) | N=13 |
|-------------|-------|--|------|------------------------------------|------|
| Age range | 26–59 | White | 9 | State of Parana | 1 |
| Mean age | 43 | Mixed (dual African European heritage) | 2 | State of Rio Grande do Sul | 5 |
| | | Brown | 2 | State of Rio de Janeiro | 2 |
| | | | | Goiás State | 1 |
| | | | | State of São Paulo | 3 |
| | | | | State of Santa Catarina | 1 |

Table 2. shows the mean age of the 16 children of the mothers was 10 years. Over half of the children were male. The ages in the table refer to the children's ages at the time their mothers participated in the study.

Table 2. Characteristics of children (as reported by mothers).

| Children's ages (in years) | |
|----------------------------|------|
| Age range | 4–22 |
| Mean age | 10 |
| Sex of children: | |
| Male children | 9 |
| Female children | 7 |
| Total children | 16 |

Results

All mothers had been accused of PA and all fathers had been accused of DV by the mothers as per the inclusion criteria for the study. The mothers reported being subjected to much harsher treatment by the courts than fathers accused of DV. For example, no matter what type of abuse or violence was reported/evidenced by mothers and children, fathers maintained some form of direct contact with the children. Conversely, three mothers lost custody of their children with one having no contact at all due to being branded an ‘alienator’. Mothers were also supervised by court professionals during supervised contact, a more stringent approach than that taken towards fathers, who were able to be supervised by family members. Concerningly, 5/8 criminal investigations into child sexual abuse, child rape and DV by fathers, which were underway prior to family court (FC) proceedings, were closed following PA being counter-claimed by the fathers in the FC, as this information was provided to the criminal prosecutors. The same did not happen conversely; that is, no information regarding crimes of violence/rape raised in FC by mothers/children was passed to police/criminal prosecutors and no criminal investigations were triggered against fathers. Most investigations of child abuse/rape were initiated prior to FC proceedings. Mothers were at times also investigated under criminal proceedings and convicted for non-payment of child support and denouncing a judge on the internet. This shows that the threshold where mothers’ and fathers’ behaviours were considered worthy of criminal prosecution and convictions were in stark contrast i.e., speaking publicly about abuse and inability to pay child support resulted in a prison sentence for mothers, whereas child rape, CSA, DV, CCB and other acts of violence including illegal firearms possession and associated violence by fathers did not. Whilst being accused of ‘PA’ was a prerequisite to inclusion in the study for mothers, the findings reveal PA to be a powerful allegation, with over half of mothers being determined as ‘alienators’ by FC proceedings at the time of data collection.

We now highlight the health-related experiences of the mothers. Two out of six key health-related themes and six subthemes will be presented.

1. Court and Perpetrator Induced Trauma (CPIT)

- (a) *CPIT Actions, Behaviours and Circumstances (ABCs) and trauma responses.*
- (b) *CPIT as re-traumatisation and re-victimisation from PA and court professionals.*
- (c) *CPIT health experiences and trauma responses of mothers.*

2. PA labelling, treatments and related outcomes

- (a) *The construction of PA and PAS by court actors: False memories, maintaining control and refuting CSA claims.*
- (b) *Experiences of being labelled an alienator: invidious acts of violence*
- (c) *The lasting omnipresence of PA allegations, CPIT and control of mothers.*

Court and perpetrator induced trauma (CPIT)

CPIT actions, behaviours and circumstances (ABCs) and trauma responses

CPIT is a conceptual framework which encapsulates Actions within proceedings undertaken towards mothers and their children, such as removal of children from

their mothers; Behaviours utilised by fathers, lawyers, police and other court actors, including threatening and aggressive language towards mothers; and the broader Circumstances (ABCs) and processes (structural gender inequality), which traumatised mothers and children. It also denotes the mothers' and children's trauma responses to CPIT ABCs and experiences of associated health outcomes. The ABCs were reported as acts of structural violence, oppression, control and punishment and as violating the human rights of mothers and children. Mothers frequently, both implicitly and explicitly, reported CPIT through a lens of an inequality of arms, with mothers often having much less or no power of agency in proceedings, in comparison to fathers and court professionals, which mothers framed as '*injustice*', '*extortion*' and '*misogyny*'. CPIT responses were mothers' trauma responses to these experiences, such as certain health and trauma responses and feelings of '*oppression*' and '*torture*' within family court and associated settings. That is, mothers felt disempowered, abused, and experienced harm to health repeatedly by the family court systems, which they believed were father-centric and functioned as profit-making businesses rather than as institutions for child and adult DV victim-survivor protection. The mothers who participated either had private lawyers hired by themselves or they used the service provided by the government for people with low incomes (similar to legal aid in England), which is known as the 'public defender office'. The latter are government-funded and were reported as being unable to dedicate much time or resource to a single case. Belief in a just world (the notion that the world is fair and moral actions will invoke moral outcomes) was implied quite commonly, and this was discussed often in the context of control and institutional betrayal, which damaged mothers' beliefs in a just world:

"Procrustes. That's Greek mythology. He would live in a tower . . . where he had a wooden bed. He would make the people who were guests there fit that bed. He sedated them, if people were too big, he would cut their limbs, so they would fit the bed. If people were smaller than the bed, he would stretch them until they fit the bed. In the Procrustes syndrome, you fit the person in there, if they are too big you cut them and if they are too small you stretch them. But you already have the mould, it doesn't matter who that person is, this person will have to fit the mould. The Family court is just like this towards women." Comment from **Helena, a mother**, on the ABCs of CPIT:

She added

"It is a feeling of injustice, helplessness . . . I understood that you get into that [court] to lose. We don't have any chance, any chance. That's just staging, you are going to lose it, you can be sure about it. We are only used to fill the experts and the lawyers' pockets, our own lawyers . . . we don't have any chance . . . I felt betrayed". (Helena, commenting on the trauma and health experiences and responses)

Vania, another of the mothers said:

"I think that what hurts me the most is the fact that, despite I knew I was a victim-survivor, just like my son was, I was feeling like a criminal. . . I never had criminal incidents, I had never been involved with drugs, I always had a straight life. On the other hand, the father already had criminal records, but they haven't even taken that into consideration. Nothing, nothing, nothing . . . the more we report the more we are punished. That was my fear. I would say, by using an expression "Swim, swim and die at the beach". **Vania**.

CPIT as re-traumatisation and re-victimisation from PA and court professionals

Mothers discussed CPIT often via a dual lens of ABCs and trauma responses of re-victimisation and feeling tortured. This was positioned as systemic and structural violence, where litigation was seen as a weapon of the abuser and abusive behaviours and actions were enabled and enacted by the courts. It was felt that the courts deliberately aimed to protect abusive fathers; sacrificing the safety and wellbeing of the mothers to protect the interests of the perpetrator fathers:

“I think that ... this torture system ... How can I deal with the visitations? It’s great suffering, it’s anguishing ... each court hearing is revictimization ... the continuity of this endless lawsuit is revictimization. You expose yourself, for it gives room to the guy to demoralise you and we are revictimized the whole time, by the abuser and by their own judicial system, by maintaining this abusive litigation.” **Dolores**

CPIT health experiences and trauma responses of mothers

The table below summarises the physical and mental health related experiences reported by mothers, as relayed in their own words as ‘impacts’. They are interpreted here as CPIT traumatic experiences and trauma responses as they were intrinsically tied by the mothers to the CPIT ABCs [Table 3](#).

Table 3. Physical and mental health experiences as reported by the interviewees (trauma impacts and responses).

| | |
|--|--|
| Mental health, and other ³ impacts: | Trauma/Post Traumatic Stress Disorder (PTSD), Helplessness, Insomnia, Nightmares, Exhaustion and Fatigue, Isolation, Attempted Suicide, Suicide ideation, Suicide (of mothers known to them), Self-Harm, Chronic Stress, Generalised Anxiety Disorder, Anxiety, Panic Attacks, Chronic Fear, Severe Depression, Revenge Fantasies, Apathy (to death), Aggression, Disassociation, Paranoia, Psychosomatic Problems, Poor Self-Care, Low Self-Esteem, |
| Related Other: | Compulsive Nail Biting, Decreased Quality of Life, Medicated with Anti-Depressants and Anti-Anxiety Medication, Pathologisation of mothers e.g. attempts to get mothers diagnosed as ‘schizophrenic’ ‘Bi-Polar’ and ‘crazy’, Successful Attempt to get mother diagnosed Bi-Polar, Attempts and Successful Attempts to hospitalise mothers, Re-victimisation, Racism, Misogyny, Oppression, Humiliation, Demoralized, Defamed, Gaslighting, Torture, Anguish, Job-Loss/Occupational and Academic impacts, Economic Abuse, Financial Ruin, Geographical Immobility (freedom of movement/relocation restricted) |
| Musculoskeletal conditions and Autoimmune conditions | Physiological Immobility, Fibromyalgia, Arthritis, Adhesive Capsulitis Chronic joint pain, Permanent Physical Disability, Unable to dance, Unable to Drive |
| Gastrointestinal/linked conditions | Gall bladder and Liver Cirrhosis, Bowel Inflammation, Inflammation of Stomach, Eating Disorders, Escape through eating, Under-Eating, Over-Eating, Dysregulated Diabetes (Type 1), Gastritis |
| Other physical | Skin Conditions, Allergic reactions, Anaemia, Cardiac Arrest, High Blood Pressure, Low Blood Pressure, Immunity Problems, Weight Gain due to Cortisol/Stress, Hair turning white rapidly, Hair Loss, Decreased Physical Health, Headaches |
| Respiratory and related conditions | Rhinitis, Sinus Problems, Flu, Loss of voice |
| Maternal health impacts | Problems in pregnancy |

All participants reported harm to their health and well-being and that of their children as associated with FC. Mothers also adopted language that expressed the dehumanisation they felt subjected to:

The fear all the time is, I'm going to lose my children, you're going to die . . . it's like you're the prey for years . . . No animal could survive that, I think, would die of stress, I don't know, if you put in a small cage a zebra, and a bunch of lions around about, what would happen to the zebra in the cage? I don't know. **Beatriz**

I think it was also due to stress, cortisol, stress hormone, gastritis, nightmares . . . for there were so many petitions accusing me of so many nonsense things. I was called a hooker, then a bad wife, then a murderer . . . there was no point in proving in the Family Court that that was not like that for they would just keep going "No, it is". We become the dead dog that everybody kicks. **Helena**

Several mothers had developed eating disorders and described this as a trauma response to the post-separation abuse within FC (CPIT), rather than the DV they had previously suffered pre-separation. This was reported as completely devastating for many of the mothers' overall well-being, quality of life and immunity to illness:

So, I have an eating disorder, I'm always tired, there is no way I could go running for I am constantly exhausted. I wake up tired. And that is not something that had started 10 years ago. It started during the proceedings. There is this impact on physical health. I'm always with rhinitis, sinus, these things. I would never get the flu before, but now I am always like that. So, there is an impact on psychological health, professional life, academic life, physical health, on life quality as a whole. **Adrianna**

Mothers discussed self-harm as a result of proceedings, suicidal ideation and attempted suicide. One mother reported she knew another mother who had died by suicide as a result of the family court experience:

"The judicial system won't stop until they end up with the physical and emotional health, and many times with the lives of these women, right. I was in touch and would talk every day to a mother who ended up seeking suicide . . . she committed suicide." **Marcia**

Harms to health and trauma responses were consistently experienced by the mothers in relation to CPIT ABCs such as visitation order breaches by fathers and the behaviours of court actors and perpetrator fathers. These trauma responses were then reported and weaponised against mothers as '*evidence*' that mothers were '*crazy*', and children were '*alienated*' emphasising a trauma and CPIT trap:

He was supposed to stay at the park, but he left with the child and I don't know where he is, he doesn't answer my calls, I'm in despair . . . the police went after him and blocked the ways out of the town . . . Then he went to the police station with his lawyer and she said, "she is crazy, she is disturbed, she is mad . . . she is accusing him of child abduction. The prosecutor then claimed that I was "crazy", that my acts "were harming the development of the child", then the prosecutor diagnosed symptoms of parental alienation syndrome in the child . . . the child was 9 months old. **Vitoria**.

Figure 1. below shows the CPIT Actions and Behaviours of court professionals and perpetrators and the Circumstances (ABCs), the women's trauma responses, and how these were then used against them to further abuse and discriminate against the women:

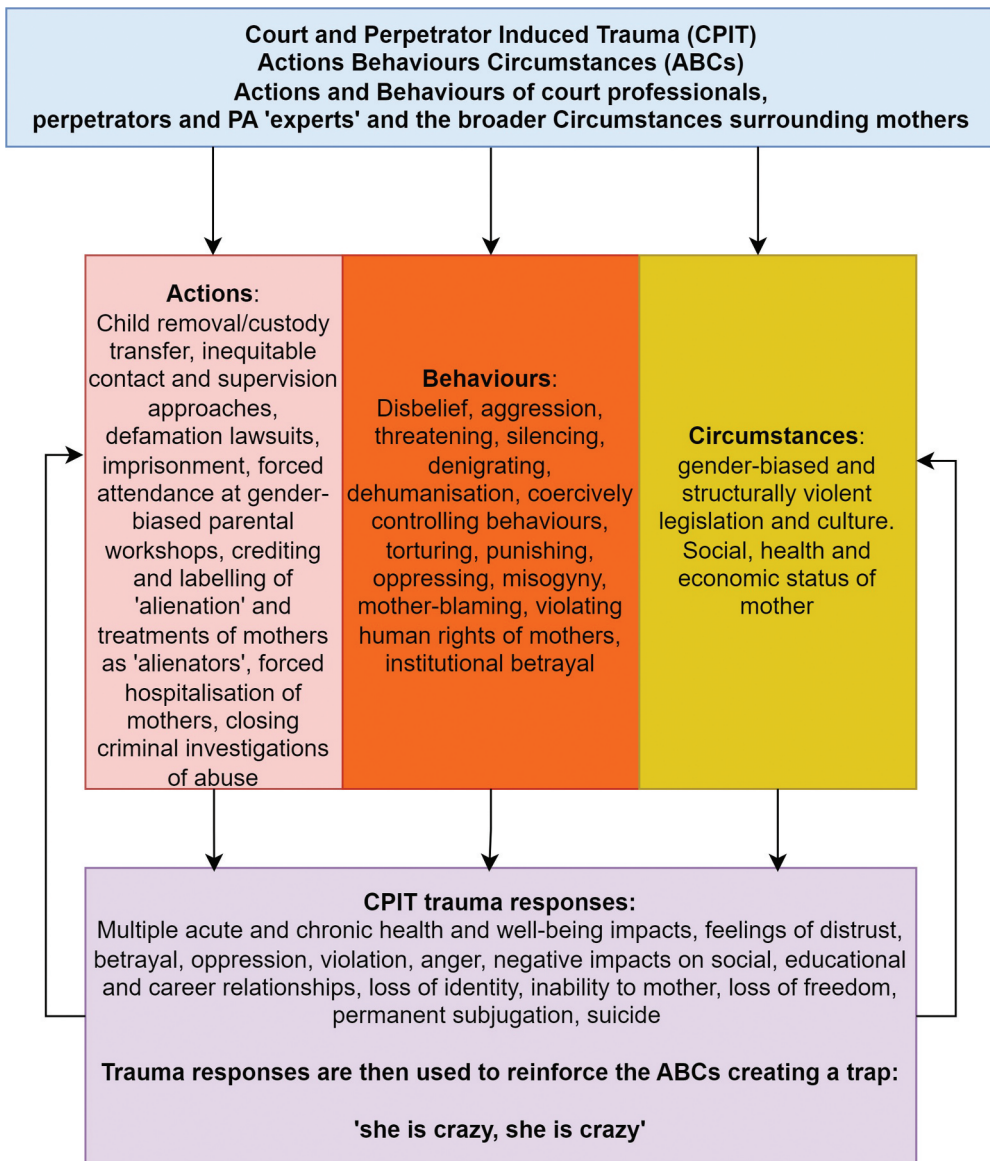


Figure 1. CPIT ABCs and trauma experiences, impacts and responses.

PA labelling, treatments and related outcomes

The construction of PA and PAS by court actors: false memories, maintaining control and refuting abuse claims

PA labelling of mothers was a CPIT Action and a Behavioural mechanism of control, which is also a function of and emphasises the Circumstances surrounding abused women (and children) in FC. Mothers reported that, no matter what evidence was available, the dominant narrative in proceedings of 'mothers as alienators' was always

maintained in some way by court actors and fathers. Patterns also emerged within the way PA was used by fathers and court actors, which highlighted a further absence of agentic control over proceedings for mothers. Many mothers had medical and criminal evidence of their own and their child(ren)'s abuse. This narrowed and at times weakened the courts' and fathers' ability to claim 'alienation' (for example in the sense of coaching a child to lie), as this credible evidence undermined the position that the reported abuse was a lie. In these substantiated cases of abuse, approaches to deciphering PA as representing '*false memories*' were then drawn upon, to work around the presence of this evidence and to maintain control of the narrative of the mothers as '*alienators*':

It was an open wound and bruised. Do you know? He [son] went through a legal medical examination, he told them what had happened. They [father's legal team] still tried to claim that it was parental alienation there. Then she [the prosecutor's assistant] said "no, it is already proven that it isn't it, look" ... then he [father] wanted to claim false memories.

Efigenia

Another participant described in detail that at a parental workshop for '*high conflict parents*', which many of the mothers were forced to attend, how '*false memories*' had been utilised in this way on another occasion by court actors. The participant discussed how five different medical doctors had confirmed separately that a child had been sexually abused by their father. However, the court refused to accept this medical evidence and would continue the child's visitation arrangements with the father, who would continue to sexually abuse the child. Each time more abuse occurred, the mother would take the child to a new medical team/doctor, who would again, confirm the sexual abuse. Eventually, the court social worker then said in response to the child's panic attack (on seeing a hospital following the sixth incident of sexual abuse), that the child's response was demonstrable of '*false memories*'. This highlighted further the inclination of court actors to apply the label of '*false memories*', when faced with credible and substantiated medical evidence of abuse. This was reported as so shocking to a medical doctor, who was present in the workshop, that the doctor had stood up to express their concern about this approach:

Yes files, saying that the child was sexually abused ... She had to go there five times, and she had different doctors confirming that the child was sexually abused ... five different teams from doctors from the children's hospital, and there [in family court] they decided, every time the child would go to the father's visitation ... Then [court social worker] took the child to the hospital, to another doctor. When the child saw something on the way and recognised it was going to the hospital, the child started to have a panic attack, so they said they "knew it was false memories and it is child alienation". Then they blamed the mother, then there was a woman amongst us attending [the workshop], and the woman stood up; "Excuse me, I am a doctor. What is your alternative to denying five different decisions from five different doctors?" **Beatriz**

When there was less or less substantial professional/medical evidence of child abuse, the mothers reported it being much easier for the courts to apply a label of PA via a broad range of alleged 'alienating' behaviours by the mothers. There appeared to be no limit to what could be considered as PA behaviours (see theme 2b).

Figure 2. demonstrates how descriptions of PA by court professionals leaned heavily on '*implantation of false memories*' rather than describing a broad range of behavioural indicators of PA, where there was multiple and/or substantiated evidence confirming there had been child abuse

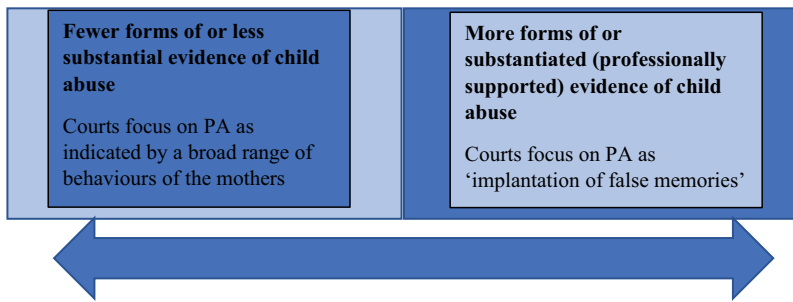


Figure 2. The evidential spectrum approach to PA labelling.

Experiences of being labelled an alienator: invidious acts of violence

PA was reported as being utilised frequently to silence allegations of abuse and violence. Mothers were labelled by various court actors as ‘*alienators*’ or as having ‘*parental alienation*’ or ‘*parental alienation syndrome (PAS)*’ on multiple occasions, often by legal professionals and often without any assessment by health or social care professionals. The consequences that followed were experienced as invidious acts of violence, where this not only reversed the victim-survivor mother and offender father statuses, but brought with it severe punishment for the mother:

Parental Alienation was used to disqualify a complaint of sexual abuse against my daughter. It closed the [criminal] investigation of the sexual abuse and it established a precedent for me to be sued for slanderous defamation and now I am the defendant. **Marcia**

This mechanism of alleging PA also moved the gaze of the court from investigating thoroughly the circumstances and impact of the abuse that had occurred, to focussing on an alleged and pre-determined cause and perpetrator (the mother is an alienator and to blame for this allegation). This distracted the court from examining the abuse and the impact on the child:

It [PA allegation in family court] delays everything. It is a tool that delays the whole investigation. I filed the police report on [date], and my daughter was never heard. **Renata**

Eight of the 13 cases included child sexual abuse (CSA) (reported in more detail elsewhere). In total, five mothers reported that police-led criminal investigations into CSA were closed due to allegations of PA in FC. Some mothers (above) were being sued or threatened with being sued for slanderous defamation, and a further mother was propositioned by the state prosecutor to withdraw the criminal charges of DV and CSA, in exchange for the father’s custody application to be withdrawn. This highlighted gender power imbalances as well as potential cross-jurisdiction malfeasance and implications, and the devastating consequences on the mothers (and children):

His lawyer took this parental alienation [family] court decision to the Domestic Violence Court and also took it to the restraining order lawsuit at the Child’s Court, then the Child’s Court judge also closed the child abuse investigation due to the parental alienation court decision. **Adrianna**

The alleged evidence of ‘*alienation*’ used to describe how mothers were considered alienators was wide-ranging. Examples ranged from; allowing children to ‘*eat junk*

food', 'reading the Bible to the children', being 'excessively careful', 'placing the mother and child doll in a separate room to the father' (in a psychological assessment), 'breastfeeding', because the mother or child had 'reported child sexual abuse', through to 'showing signs of alienation' with no indication provided to some mothers of what these signs were:

He [judge] said that the [domestic violence] evidence was not good enough and that I was "suffering from the helpless Parental Alienation Syndrome" [which] was issued 20 days after the beginning of the investigation . . . I haven't seen one single psychologist my whole life.

Adrianna

Being labelled as an alienator brought with it a further specific set of ABCs and trauma responses reported by mothers. This was often described by highlighting a departure from reality, signifying the nightmarish and 'movie'-like nature of what occurred and further descriptions of institutional control and betrayal. A common outcome of PA labelling for mothers exposed to PA 'experts' was being forced into PA assessments and 'therapies', often with their or their child's rapist/abuser. These mothers reported that PA 'experts', who were often employed directly by the courts, were not only father-centric but actively partook in collaborative efforts to silence, control and denigrate the mothers. The agentic position of some mothers was also further diminished for the mothers who had a more disadvantaged social status, such as this mother who was of mixed African and European ancestry. She implicitly discussed both the control over her brought by proceedings and the control over what she could and could not say at a micro-interactional level:

[It] was an extremely hard experience for me. Since it was both [the PA expert and the father] of them against me, him against me, so I couldn't say anything, they were interrupting me all the time, and when he started talking, I had to accept it . . . a conversation with my children's rapist, the man who raped my children . . . watching them expose my family, my life, my childhood traumas, for he had told them everything, things concerning my life. . . it was like a circus. It was like, a horror movie. Right. . . they wanted to humiliate me because of my social status. **Francisca**

All of the mothers repeatedly discussed feeling 'controlled' 'trapped', without 'freedom' and even unable to report any abuse or 'express any anger', or maintain their positions on reporting the abuse; as, if they did, threats of an alienation label and consequences were made clear to them:

With those words "I am giving you a parental alienation yellow card. Do you know what is going to happen if you insist on your position, right? It is the red card and custody loss". . . it is revictimization . . . the Parental Alienation Law creates a precedent for you to become a victim of other events, such as being vilified, discredited. Being pathologized since you are considered crazy. **Marcia**

The lasting omnipresence of PA allegations, CPIT and control of mothers

Mothers described FC proceedings as a weapon of control over their health, well-being, and lives more broadly, which was omnipresent and long-lasting. They reported being trapped by proceedings and often referred to having no freedom:

I am still suffering; our suffering remains as long as the lawsuits remain. Life doesn't go on while we are responding to a lawsuit. You feel as if your life is stuck. As if your life is linked to that . . . I don't feel I have freedom. **Vania**

Similarly, the omni-presence of PA allegations was also a far-reaching mechanism of long-lasting control and was discussed by mothers as impacting multiple areas of their lives including stripping them of their identities, friendships and often their careers:

He spread to the whole city that I'm "an alienator", right. So, my clientele, the work I used to do, everyone disappeared. My friends that worked with me. I also quit dancing, quit doing my performances. Then everyone disappeared from my life. So, I'm disfigured, nobody knows who I am anymore. Nobody knows that I'm a performer. **Francisca**

In the cases where proceedings had ended (and mothers maintained custody), this was not seen as a departure to freedom nor a return to good health, but rather was reported as a point where they could now process the trauma to which they had been subjected by ending their lives:

The proceedings had stressed me out to the point that I wanted to take my own life . . . when I learned about the child custody decision . . . I thought I would react like "I'm going to throw a party. It is going to be wild. I will celebrate it so much. My son is with me and now no one can do anything against me!" But the first thing I thought about as soon as I was alone after the decision was, "now I can kill myself." **Iara**

For some mothers, the proceedings, PA allegations and CPIT harms to health had restricted their freedom, psychologically and physically, to the point that it had effectively made them prisoners within their own bodies; arguably, an ultimate act of control and violence:

With the alienation claims and the threatening of losing custody . . . for I started to have anxiety crises, depression, panic attacks . . . I have fibromyalgia, and it has psychosomatic characteristics, so, nowadays, my quality of life has decreased 50%, comparing to what it was at the beginning of that proceeding. I am selling my car now because I can no longer drive. **Marcia**

Discussion

Torture, control and human rights violations in the family courts

The former United Nations Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment) stated, ' . . . [DV] often falls nothing short of torture and other cruel, inhuman or degrading treatment or punishment (also referred to as "torture and ill-treatment")' (Melzer 2019, p. 3). Melzer further noted the failure of several states to protect DV victim-survivors, over-inclination to trivialise such violence and that DV can extend to institutions, that is, beyond the domestic or home setting. The present study demonstrates this torture as reportedly carried out by the very institutions in Brazil established to protect those most vulnerable.

We argue that these gender-biased structures and PA legislation within Brazilian family courts have ramifications within and across linked Brazilian justice institutions and victim protection. Brazilian courts appear to be prioritising and interpreting joint

custody and the maintenance of links between fathers and children as the most pressing and efficient solution to PA claims and litigation, regardless of family dynamics, history of violence or any other characteristics including health (de Alcântara Mendes and Ormerod 2023). They also appear to be legislatively and practically prioritising the best interests of abusive fathers. Not only does this suggest bias against women, but we also report an inclination to punish mothers more harshly for arguably much lesser ‘abusive’ behaviours, which many would argue are not abusive at all, and are actually natural mothering behaviours, such as advocating for their children’s safety and ‘breastfeeding’. Effectively, PA was positioned as more harmful than any other type of abuse, reflected also in the harsher outcomes for some of the mothers in this study, such as no contact at all in comparison to direct contact being awarded to all the fathers, regardless of the type of violence or crimes committed.

Brazilian PA family court lawsuits are now ranked procedurally within legislation, above criminal DV and child abuse lawsuits; *[for] declared evidence of an act of parental alienation, at request or ex officio, at any procedural moment, in an autonomous or incidental action, the process will have priority processing . . .* (Presidency of the Republic Civil House Deputy Chief for Legal Affairs 2022a). This amendment to the PA law is bolstered by the establishment of a specific period of time for presenting forensic reports, meaning PA assessments have obligatory priority in civil law over criminal investigations of abuse, which may take much longer (Presidency of the Republic Civil House Deputy Chief for Legal Affairs 2022b). This clearly has given opportunities for abusive fathers to file counterclaims of PA in civil law, whilst criminal investigations of DV/CSA are ongoing and has resulted in the breakdown of no less than five of eight of such cases within our small sample alone. It is also notable that the same did not happen conversely; that is, mothers who reported child abuse/rape within the proceedings when PA had been claimed by fathers, did not trigger criminal investigations by police. This highlights the perfunctory and non-performative nature of DV and human rights legislation (Choudhry 2019). Essentially, legal loopholes are being used to eradicate any agency of and to silence women and children in Brazil.

Moreover, women in our study were sued for and charged with ‘slandering defamation’ in additional lawsuits (in one case a slanderous defamation lawsuit was issued by a judge himself against the mother for denouncing the judge publicly) and another mother was imprisoned for non-payment of child support. The Brazilian Senate defines slanderous defamation as a ‘Crime against honour’ citing: *‘Slandering someone, falsely attributing to them a fact defined as a crime: Penalty - detention, from six months to two years, and fine’*. (Art 138, Lei N° 2.848, GOV.BR 1940). This means that while PA is not enforced as a criminal offence, it is tantamount to a criminal penalty as it effectively criminalises women in linked ways. The PA law was, according to our participants, facilitating the closure of criminal investigations of abuse, thus subjecting the mothers to civil slanderous defamation lawsuits, as well as criminal lawsuits, for the crime and associated penalties of ‘slandering defamation’ (as they had accused the fathers of crimes).

The PA Law also identifies a ‘culprit and victim’ bringing a polarisation similar to criminal proceedings, yet there is no legal defence for mothers accused of PA, unlike criminal proceedings where abusive fathers have a right to a full defence (Ananias 2020, p. 28). This means the inequality of arms within the law is stark and weighted heavily against victim mothers and children. The sanctions currently available if PA is ‘found’ include:

I - declare the occurrence of parental alienation and warn the alienator;

II - expand the family coexistence regime in favour of the alienated parent;

III - stipulate a fine for the alienator;

IV - determine psychological and/or biopsychosocial monitoring;

V - determine the change of custody to shared custody or its inversion;

VI - determine the precautionary establishment of the child or adolescent's domicile'

(Art 6. GOV.BR 2010). Evidence from 404 judgments in courts in the State of Bahia, Minas Gerais, São Paulo and Rio Grande do Sul (the only courts that had made their judgements available), were analysed by Rakell and Felipe (2021). Two states (São Paulo and Rio Grande do Sul) were relevant to the experiences of eight of our participants, where PA cases were the most prevalent (accounting for 253/404 judgements). They reported across the whole dataset, that 63% of PA allegations were made by non-resident parents (more commonly fathers) with 19% made by mothers. In total, 89% of PA allegations were reported as being raised to discredit the other parent, at times as a 'vengeful alienator', demonstrating the inherent misogynistic tropes of a woman 'scorned' at play. Overall, 89% of that which was considered as 'proof' for PA came from 'other' sources, with 7% from psychologists, 3% from social workers, 1% from psychiatrists and less than 1% from paediatricians. This aligns with our findings and further suggests courts may be inclined to accept wide-ranging sources as 'evidence' for alleged PA behaviours. It was further noted that psychologists were more likely to 'fit the behaviour of members of the family group in dispute within the framework of symptoms described in Richard Gardner's theory. Or even, they will be comparing them with "exemplary forms of parental alienation"' (p. 17). While São Paulo has the greatest population density, Rio Grande do Sul is considerably less populated than Minas Gerais and Bahia (Statista 2022). Rio Grande do Sul also has a much lower Gross Domestic Product (GDP) (measure of wealth, income and inequality) than Minas Gerais and São Paulo (Statista 2020) and so further research should seek to explore why the use of PA allegations is so prevalent there (155/404 cases (more than double the cases in Bahia and Minas Gerais)). Moreover, the authors reported the use of PA increased and exacerbated family court litigation for parents, rather than resolving or helping matters in any way, echoing our findings that use of PA pseudo-concepts only serves to harm rather than to heal. In a smaller study, Gomide *et al.* (2016) reported mothers were accused of PA in 66% of cases in contrast to 17% of fathers who were accused, with fathers making more unfounded accusations than mothers. Furthermore, the report of the UNSRVAWG (2023) highlighted a Parliamentary Commission of Inquiry in Brazil in 2017 reported correlation between sexual abuse, DV and PA, and yet PA proponents and lawyers lobbied against protective measures for victims. Concerningly, there is now a move towards formally criminalising PA, making it 'a crime against children and adolescents' citing imprisonment from '3 months to 3 years' with 'false allegations of abuse including child sexual abuse aggravated by 1/3 of the sentence' (PL 2354/2022, Chamber of Deputies 2022). If approved, this may be catastrophic for victims and further erode the rights of children and women.

Human rights violations were frequently reported. An indisputable message was sent to our participants that abusive fathers may use family courts to silence and decimate their victims into a position of permanent subjugation; and, what is worse, the state is

facilitating this. This calls to a need for the development of urgent approaches that consider multi-factorial impacts of abuse, which can inform multi-organisational legislation and echoes the arguments of others such as Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (2022) and the UNSRVAWG (2023) who have urged global leaders to recognise PA allegations as continuation of power and control by state agencies and actors.

PA allegations are an effective Deny Attack Reverse Victim-survivor and Offender (DARVO) mechanism (Freyd 1997), where perpetrators justify, minimise or deny their abusive behaviour, attack the credibility and character of the victim-survivor (Meier 2010, 2020, Silberg and Dallam 2019), and turn the blame on the victim-survivor by making counter accusations against them. The mother victim-survivor is then viewed as the 'real' offender and the abuser is viewed as the victim-survivor (Dalgarno *et al.* 2023, *in press*, Eilers 2019, Saunders *et al.* 2012, Hannah and Goldstein 2010, Meier 2013, Meier and Dickson 2017). Abusive fathers have successfully utilised PA allegations to obtain sole custody and access to children (Meier and Dickson 2017, Stoltz *et al.* 2023). More than this, when access was supervised in Brazil, these fathers had less restrictive supervision than mothers. They were entrusted with supervision by family members, while mothers with arguably much less harmful allegations, were sanctioned much more harshly with supervision by court professionals, or no access at all. This highlights the invidious nature of these acts of violence against mothers in these courts (Neilson 2018; UNSRVAWG, 2023).

Alleging PA moved the gaze of the court from examining the impact of the abuse that had occurred, to an alleged cause (the mother is an alienator and is to blame), distracting the court from examining and understanding what is important - the abuse (Dallam and Silberg 2016, Lubit 2019, Milchman, Geffner and, Meier 2020). This means that courts are making comparisons that are false cause fallacies; that is, imagined links between premises and conclusions that may not exist. These male-centric approaches echo the findings of others more broadly in relation to the reinforcement of differential systemic responses to males and females, and can be seen as a determinant in the maintenance of cultural gendered practices (Nicolodi and Arantes 2019).

Mothers reported that observations of them as 'alienators' were based on subjective and ambiguous inferences (rather than professionals' actual observations of mothers' 'alienating behaviours' in practice) (see Mercer and Drew 2022, Milchman 2022). Moreover, the pseudo-concept of 'parental alienation' encourages the observer to assign blame to a parent, rather than seeing the abuse through the child's eyes (Zaccour 2020). Yet, in the present study, this was not merely drawing inferences from subjective observations about mothers, this was drawing subjective inferences on potentially *pre-concluded* assumptions, that there was a causal explanation for the abuse that had occurred and that the cause was the mother. In our study, children as young as 9 months were 'diagnosed' with 'symptoms of PAS' by prosecutors, as quickly as 20 days after the FC investigation had begun, without mothers seeing any psychologist, indicating possible pre-determined biased outcomes. These professionals were often not even trained psychologists or mental health professionals. This practice is highly questionable, not least because of the boundary violations of these legal professionals, but also because PAS is not a recognised syndrome in any international diagnostic classification system

(Milchman *et al.* 2020) and it is exceedingly rare for such young children to be diagnosed with any mental health condition (Substance Abuse and Administration Services 2016).

We highlighted patterned approaches to the application of the PA DARVO strategy and that there may be propensity to lean upon ideologies of ‘false memories’ when there is substantiated evidence of child abuse, to circumvent such evidence. The false memory movement, which focused on trying to find other explanations for clear disclosures of child sexual abuse, has a suspect history going back to the 1980s and was subsequently discredited, with the False Memory Syndrome Foundation being dissolved in 2019. ‘False memory syndrome’ is usually attributed to adults who disclose CSA in childhood, so even on its own terms, portraying recent disclosures by children of CSA as ‘false memories’ is illogical (Salter and Blizard 2022). Further research should examine the prevalence of this patterned approach by legal and allied professionals.

To maintain the human right to a fair trial outlined globally, the use of PA must be prohibited to allow mothers and children a more even footing on which to make their cases to the courts.

Control, violence and health-related experiences

We and others have noted that the weaponization of children in child custody cases is an act of re-establishment of power and control by abusive fathers over mother and child victims (Feresin 2020), and one that limits their rights, freedom and security (Lavédrine and Gruev-Vintila 2023). We argue this has now gone beyond silencing and limitation of rights and freedoms; it is an act of the most severe and invidious violence, as the mothers and children are denied a chance to even express any anger at these abuses, which is a natural trauma response (Herman 1992, Taylor and Shrive 2023). This is therefore not only coercive control that is limiting, silencing and subjugating (Stark 2009, Kelly *et al.* 2014, Katz 2022), but control over a mother’s bodily autonomy; their ability to think, feel and even exist freely and free from harm and inhumane treatment, a clear breach of Articles 1, 3, 5 and 19 human rights (Universal Declaration of Human Rights (Assembly, 1948). For racialized women, particularly Black women, the violence, dehumanisation and abuses experienced are heightened further, breaching their Article 2 rights to equality in the law (UDHR, 1948). These women require more additional and more rigorous protections (Romio 2013).

The ABCs of CPIT, the health experiences and trauma responses, have been expanded here and reflect those found in studies in the global North with a range of mental, physiological, health and somatised trauma impacts reported (Clements *et al.* 2021, Dalgarno *et al.* 2023, *in press*, Spearman *et al.* 2023, Gutowski and Goodman 2023, Herman 1992, 2015, Taylor and Shrive 2023). Mothers reported wide-ranging physical and mental health harm associated with the Family Court, ranging from maternity problems to gastrointestinal conditions, through to permanent disability, multiple mental health, wellbeing, occupational and relationship harm, suicidal ideation and death by suicide (Dalgarno *et al.* 2023 *in press*). Institutional betrayal in the Family Court exacerbated these trauma responses, leaving mothers feeling disenfranchised and dehumanised (Dalgarno *et al.* 2023, *in press*, Gutowski and Goodman 2023).

Much like the ‘*antecedents, attributes and consequences*’ of Spearman *et al.* (2023) and authors who examine litigation abuse, we delineate these within the CPIT framework.

Moreover, we argue it is essential to make visible those responsible for inducing these responses with this label. This can be the courts, actors therein and perpetrators of abuse, who, it is clear, can and are acting in ways that are reported and experienced as deeply abusive. CPIT and PA allegations may be globally impeding victims' ability to heal from abuse and violence and may be causing far-reaching harm to the health of victims (Dalgarno *et al.* 2023, *in press*, Hunter *et al.* 2020). The public health and economic impacts of CPIT may be far reaching in health and justice systems not only in Brazil but globally and now require further large-scale epidemiological and economic investigation. Particular attention should be paid to the practices of legal professionals and so-called alienation 'experts', who may alone be causing long-term trauma harms and whose behaviours have been raised again as specifically damaging and abusive (Dalgarno *et al.* 2023 *in press*).

CPIT goes beyond an approach of examining legal/litigation or paper abuse (see Coy *et al.* 2015, Elizabeth 2017, Douglas 2018, Rivera *et al.* 2018, Clemente *et al.* 2019, Gutowski and Goodman 2023), which focuses in the most part on examining litigation as a strategy of abuse by perpetrators, as CPIT centres the actions and behaviours of all court-related actors and the related circumstances and health implications for victims. CPIT complements the work of the late Huffer (2013) and her theories of legal abuse syndrome, developing it to encapsulate physical health implications and more recent developments in understanding trauma, while avoiding pathologising labels such as 'syndrome', which can be harmful to victims (Herman 1992, 2015, Taylor and Shrive 2023).

Conclusion

Further investigation of CPIT and the associated outcomes for victims' health, welfare and human rights is required. The practices of family court professionals and their influence on victims, external agencies and criminal investigations require immediate intervention. Investigation of the implications of CPIT for health and justice system utilisation within Brazil and globally is required. The control harnessed and weaponised via allegations of the pseudo-concept of PA and false memories and the consequences of this, are those experiences that we argue are most grievous in leaving the mothers as permanent prisoners within their own bodies. This is arguably the ultimate weapon of abuse and mechanism of control by perpetrators. The torture and dehumanisation of mothers and children in family courts in Brazil and globally must not be allowed to continue. We echo the urgent call for states to prohibit the use of PA in court rooms globally and call for immediate intervention and reparations for these victims.

Notes

1. We note here our discontent with the term 'intimate partner violence' (IPV); specifically, the use of 'partner', as such gender-neutral definitions ignore who initiates the violence, differences in physical strength and fighting competence between men and women, motivations to use violence, whether violence is reactive or in self-defence (DeKeseredy and Hinch 1991) and implies an equal and reciprocal relationship, rather than a phenomenon where a perpetrator targets, controls and abuses their victim. We will refer to such literature indicating IPV using our preferred term, **intimate perpetrator violence**, at least diminishing the idea of 'partnership' or mutual blame.

2. In March 2022, the United Nations (UN) Commission on the Status of Women denounced PA as a ‘pseudo-aggressive’ concept (Francica 2022), while the 2023 report of the UN Special Rapporteur for Violence Against Women and Girls (UNSRVAWG), its causes and consequences, called on world leaders ‘to prohibit the use of parental alienation or related pseudo-concepts in family law cases and the use of so-called experts in parental alienation and related pseudo-concepts’ (p.19). Similarly, GREVIO (2023) (the independent expert body responsible for monitoring the implementation of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention)), considers PA to be a ‘scientifically unfounded concept’ (p.52). Numerous scholars have noted that PA is ‘junk science’ (see Cynwyd 2006, Thomas and Richardson 2015). We provide here a brief insight into what is considered scientific and what is considered pseudoscientific to further justify inclusion of our framing of PA as a pseudo-concept. González-Méijome (2017, p. 203) writes: ‘We should not confuse ‘evident’ thoughts with facts supported by ‘evidence’. Evident is sometimes used synonymously for ‘obvious’, something that can be seen. However, a better definition would be that the word ‘evident’ refers to something ‘clearly understood’. Personal thoughts can be evident simply because they make sense according to some biased facts or because they coincide with general beliefs. Evidence, however, is defined as ‘the available body of facts or information indicating whether a belief or proposition is true or valid’. Therefore, we should not confuse beliefs with evidence and should always seek confirmatory observations (facts), properly collected, and analysed. Ultimately, evidence can confirm our beliefs but not the reverse’. As delineated in chapters 11 and 12 of the edited book by Mercer and Drew (2022), PA proponents have failed to provide a shared scientific or clinical definition of PA, and therefore endeavours for PA to be ‘clearly understood’ immediately fail. Experts cannot ‘know’ to what extent one parent’s views about another are legitimate, or how those views have influenced a child’s perception of the non-preferred parent. PA cannot be directly observed, as many proponents of PA accept. PA research relies on confirmatory observations, which are not properly collected and analysed. PA studies have no control groups, no clinical or objective selection criteria and lack systematic consideration for alternative reasons for a child’s rejection of a parent. In sum, no scientific validity for PA has been proven. While there are multiple PA studies, they are highly questionable, as they are often based on samples from the client base of ‘alienation’ ‘experts’ (prone to subjective intuition (Lilienfeld *et al.* 2015) and conflicts of interest) or are deeply flawed methodologically (e.g. they are retrospective studies prone to recall, selection and confirmatory bias). The greater the number of these features, the more probable that such research is pseudoscientific, rather than scientific (Lee and Hunsley 2015). The President of the Family Division in England has denounced the use of pseudoscience in his 2021 memorandum (citing the guidance of Lord Reed PSC in the Supreme Court in *Kennedy v Cordia (Services) LLP (Scotland)* [2016] UKSC 6) (McFarlane, 2021). The use of and reliance upon pseudoscience by those working in justice settings can result in a plethora of adverse consequences to families and society and should be avoided at all costs (Jupe and Denault 2019). Additionally, there are no causal studies in existence demonstrating any links between ‘parental alienation’ and health/attachment impacts to children, which would need to be replicable and to be studied controlling for confounding variables to ensure that there is indeed a causal link between so-called ‘alienation’ and those impacts (ensuring the links are not explainable by other factors). As such, we utilise the well-founded framing of PA as a pseudo-concept.
3. Other health experiences are reported in detail elsewhere.

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