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Indicators of Parental Alienation in Children Referred for Forensic Psychiatric Evaluation After Allegations of Sexual Abuse: A Retrospective Case Series

Cinsel İstismar İddiaları Sonrasında Adli Psikiyatrik Değerlendirmeye Sevk Edilen Çocuklarda Ebeveyn Yabancılaştırma Göstergeleri: Retrospektif Olgu Serisi

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Öz

Amaç: Bu çalışmada, babaya yönelik cinsel istismar iddiaları sonrasında adli psikiyatrik değerlendirmeye sevk edilen çocuklarda ebeveyn yabancılaştırma göstergelerinin belirlenmesi amaçlanmıştır.

Yöntem: Bu retrospektif olgu serisine, 2021–2025 yılları arasında Türkiye'de yetkilendirilmiş bir adli kurumda cinsel istismar iddiası nedeniyle adli psikiyatrik değerlendirmeye sevk edilen on çocuk dahil edilmiştir. Sosyodemografik, psikiyatrik ve hukuki veriler resmi dosyalardan elde edilmiş; çocuk ifadeleri ve adli raporlar üzerinden ebeveyn yabancılaştırma göstergeleri yönlendirilmiş nitel içerik analizi ile belirlenmiştir.

Bulgular: Ortalama yaş, iddia edilen olay tarihinde 6,70 yıl (aralık: 4,50–9,00), adli değerlendirme tarihinde ise 8,89 yıl (aralık: 6,29–10,32) olarak saptanmıştır. Tüm çocuklar ebeveyn ayrılığı veya boşanma sonrasında anneleriyle yaşamakta olup, babaya yönelik yinelenen iddialar tüm olgularda belgelenmiştir. Ebeveyn yabancılaştırma göstergeleri altı olguda yalnızca adli kurum tarafından, iki olguda yalnızca üçüncü basamak sağlık kuruluşları tarafından ve iki olguda her iki kaynak tarafından bildirilmiştir. En sık saptanan göstergeler Kaçınma–Olumsuz Duygulanım ve Kutuplaşmış İlişki (her biri n=9) olup, bunları Telkin–Yetişkin Söylemi ile Aile ve Yakın Çevreyi Reddetme (her biri n=7) izlemiştir. Beş olguda aile içi şiddet veya tehdide ilişkin ifadelere yer verilmiştir.

Sonuç: Bu küçük ölçekli retrospektif olgu serisinde çocukların anlatıları; travmaya bağlı tepkiler, dış etki ve kutuplaşmış aile dinamiklerinin iç içe geçtiği örüntüler göstermiştir. Travma odaklı, gelişimsel açıdan duyarlı ve multidisipliner adli psikiyatrik değerlendirme, istismarla ilişkili belirtilerin telkine açıklıktan ve olası ebeveyn yabancılaştırmadan ayırt edilmesine katkı sağlayabilir. Örneklem küçük olduğundan bulgular temkinli yorumlanmalı ve daha geniş serilerle doğrulanmalıdır.

Anahtar Kelimeler: Çocuk İstismarı, Cinsel; Velayet, Çocuk; Adli Psikiyatri; Psikolojik Travma; Ebeveyn-Çocuk İlişkileri; Ebeveyn Yabancılaştırma

Abstract

Aim: This study aimed to identify indicators of parental alienation in children referred for forensic psychiatric evaluation after sexual abuse allegations against the father.

Methods: This retrospective case series included ten children referred for forensic psychiatric evaluation of alleged sexual abuse at an authorized forensic institution in Turkey between 2021 and 2025. Sociodemographic, psychiatric, and legal data were extracted from official files; directed qualitative content analysis identified indicators of parental alienation from children's statements and forensic reports.

Results: Mean age was 6.70 years (range: 4.50–9.00) at the time of the alleged incident and 8.89 years (range: 6.29–10.32) at forensic evaluation. All children were living with their mothers following parental separation or divorce, and recurrent allegations concerning the father were documented in all cases. Indicators of parental alienation were identified by the forensic institution alone in six cases, by tertiary medical institutions alone in two, and by both sources in two cases. The most frequent indicators were Avoidance–Negative Affect and Polarized Relationship (each n=9), followed by Suggestion–Adult Discourse and Rejection of Family and Close Circle (each n=7). Domestic violence or threats were referenced in five cases.

Conclusion: In this small, retrospective case series, the children's narratives reflected overlapping patterns of trauma responses, external influence, and polarized family dynamics. Trauma-informed, developmentally sensitive, and multidisciplinary forensic psychiatric assessment may help differentiate abuse-related symptoms from suggestibility and potential parental alienation. Given the small sample, these findings should be interpreted cautiously and warrant replication in larger studies.

Keywords: Child Abuse, Sexual; Child Custody; Forensic Psychiatry; Psychological Trauma; Parent-Child Relations; Parental Alienation

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INTRODUCTION

Allegations of child sexual abuse are among the most complex issues encountered in forensic medicine and child and adolescent psychiatry. These evaluations require the integration of the child's testimony, psychiatric findings, medical evidence, and the broader family context. When such allegations arise during parental separation or custody disputes, the assessment becomes even more challenging, as high-conflict relationships increase children's emotional and behavioral vulnerability (1,2). Younger children also exhibit higher suggestibility, which is further heightened by family conflict (3).

Children in high-conflict custody contexts may show avoidance, hostility, or polarized alignment with one parent, patterns that may reflect trauma, relational dynamics, or external influence (4,5). In 1985, Gardner (13) introduced Parental Alienation Syndrome (PAS) to describe unjustified rejection of one parent, but its diagnostic validity has been widely criticized (4). Critics caution that relying on PAS may obscure genuine abuse or prompt coercive interventions (6), and judicial analyses indicate that parental alienation (PA) cross-claims, particularly when raised in the context of child abuse allegations, substantially reduce courts' willingness to credit those allegations (7). In contrast, some authors have proposed recognizing PA in DSM-5 and ICD-11 as either an attachment-related disorder or a relational problem, emphasizing the child's unjustified rejection of a previously loving parent in the context of high-conflict divorce (8).

Against this background, the broader term PA is preferred to reflect its heterogeneous, multifactorial nature rather than a single syndrome or uniform etiology (9). Recent work conceptualizes PA as a form of psychological or family violence involving coercive control (10,11) and stresses the need to distinguish it from dynamics rooted in intimate partner violence to avoid minimizing genuine risk (12). In forensic practice, this distinction is consequential, as misinterpretation in either direction can cause serious harm to children, whether by overlooking genuine abuse or by misattributing alienation when it is absent. PA is typically assessed through multi-source data collection, including clinical interviews with the child, both parents, and collateral informants; review of legal and psychiatric records; and observation of parent–child interactions. These data are interpreted through structured frameworks such as Gardner's (13) description of eight characteristic symptoms, Bernet and Greenhill's (14) Five-Factor Model, Johnston and Kelly's (4) multifactorial relational model, and Harman et al.'s (10) framework of parental alienating behaviors. No single biomarker or standardized psychometric instrument has been established as diagnostic, and methodological consensus regarding PA assessment remains under development.

PA research in Turkey remains limited and has largely consisted of narrative reviews (15,16), a case report (17), a qualitative study involving social workers in family courts (18), and a conceptual analysis of custody disputes (19). To date, no systematic analysis has identified PA indicators in forensic psychiatric assessments of alleged child sexual abuse in Turkey.

The present study addresses this gap by examining the forensic psychiatric case files of ten children evaluated between 2021 and 2025. Using descriptive and qualitative methods, the study aims to identify behavioral indicators of PA documented in official reports and to situate these findings within relevant forensic and developmental frameworks.

MATERIALS AND METHODS

Study Design and Ethical Approval

This retrospective case series examined the forensic

psychiatric case files of ten children referred to a forensic institution in Turkey between 2021 and 2025 for evaluation of alleged sexual abuse. At this institution, cases undergo both forensic medical and psychiatric evaluations; the present analysis is based primarily on the psychiatric component, with medical examination findings also extracted from the forensic medical reports. Ethical approval for the study was obtained from the institution's Scientific Research Committee (Approval No: 21589509/2025/1445; 11 November 2025). All procedures adhered to national research standards and the principles of the Declaration of Helsinki.

Case Identification and Sampling

Cases were identified through a keyword search of the National Judiciary Informatics System (UYAP) using 'ebeveyn yabancılaştırma', 'ebeveyne yabancılaştırma', and 'ebeveyn yabancılaşma'. Eligible cases included explicit references to PA in judicial documents or forensic psychiatric reports. Cases in which alienation-related statements appeared only in party allegations without institutional expert support were considered for exclusion; however, all ten identified cases contained institutional expert documentation and none were excluded on this basis. The final sample therefore comprised these ten children, all referred for comprehensive forensic psychiatric evaluation following allegations of sexual abuse by the father.

Referral Questions from Judicial Authorities

Judicial authorities most commonly requested: (1) evaluation of the alleged sexual abuse, (2) assessment of the reliability and consistency of the child's statements, and (3) determination of the child's capacity to understand the legal meaning of the act and to defend themselves.

Data Collection and Variables

Data were extracted using a structured coding template. Demographic variables included age, sex, and educational level. Family variables included parental marital status, custody arrangements, father–child contact, domestic violence, and maternal psychiatric history. In this study, the term "high-conflict divorce" was operationalized based on the convergence of features documented in the forensic files, including: (a) active custody litigation at the time of evaluation, (b) repeat or escalating allegations of sexual abuse, (c) prolonged disruption of father–child contact, and (d) the presence of cross-claims of parental alienation or counter-allegations of abuse. These features are consistent with themes commonly described in the forensic and family-law literature on high-conflict parental separation (5,20). Psychiatric variables included prior treatment, medication use, diagnoses, and observed symptoms. Allegation-related variables covered the source, recurrence, and nature of alleged acts. Additional file-level descriptors were also recorded, including the timing of the allegation relative to parental separation, systematic review of both parents' statements within the forensic evaluation, documented maternal obstruction of father–child contact, availability of observed father–child interactions during the legal process, the child's pre-allegation psychiatric history, and forensic experts' documented observations of inconsistencies in the child's narrative across successive interviews. Medical findings were based on internal genital and anal examinations documented in the official forensic reports. Indicators of PA were not assessed de novo by the research team; rather, they were coded from descriptions previously documented in institutional reports and, when available, in tertiary medical institution evaluations. Subthreshold clinical categories (e.g., attention-deficit/hyperactivity disorder [ADHD] or posttraumatic stress disorder [PTSD]) were coded when clinical observations or treatment records indicated clinically significant symptomatology that did not meet full DSM-5 diagnostic criteria.

Table 1. Sociodemographic and family characteristics (N = 10)

Variable	Category	n	Mean ± SD / Min–Max
Child characteristics			
Sex	Male	6	—
	Female	4	—
Age (years)	At alleged incident	—	6.70 ± 1.96 / 4.50–9.00
	At forensic evaluation	—	8.89 ± 1.77 / 6.29–10.32
Educational level	Primary school (Grades 1–4)	9	—
	Middle school (Grade 5)	1	—
Family characteristics			
Parental marital status	Divorced	6	—
	Separated / in divorce process	4	—
Custody arrangement	Custody with mother	6	—
	Undetermined / disputed	4	—
Duration of non-contact with father (years) †	—	—	2.50 ± 0.55 / 2–3
Alleged domestic violence exposure	Present	6	—
	Absent	4	—
Maternal psychiatric characteristics			
Maternal psychiatric history	Present	4	—
	Unknown	6	—
Maternal psychiatric diagnoses ‡	Anxiety-depressive adjustment disorder	1	—
	Psychotic disorder	2	—
	Factitious disorder imposed on another (FDIA)	1	—

† Data available for six cases only; four cases contained no information on father–child contact duration.

‡ Among the four mothers with documented psychiatric diagnoses.

Note. All children were residing with their mothers at the time of the forensic evaluation. FDIA terminology corresponds to DSM-5. Categorical variables are presented as frequency (n). Continuous variables are presented as mean ± standard deviation (SD) with minimum–maximum values.

The coding template was developed based on established theoretical frameworks of parental alienation, including Gardner's (13) descriptions of irrational rejection and emotional polarization, Johnston and Kelly's (4) multifactorial relational model, Harman et al.'s (10) framework of parental alienating behaviors, Fidler and Bala's (5) Parent–Child Contact Problems framework, which provides both typological differentiation and a severity continuum, and Warshak's (21) analysis of fallacies that compromise forensic alienation evaluations. PA indicators were identified through directed content analysis of children's statements and forensic psychiatric reports, guided by this template. In the six cases with documented domestic violence, the distinction between alienation indicators and resistance attributable to violence exposure was based on the institutional evaluators' determinations underlying our coding, applied within the Fidler and Bala (5) framework. This framework differentiates alienation from realistic estrangement while explicitly recognizing hybrid presentations, and coding required corroborating behavioral indicators (e.g., disproportionality between the child's stated reasons and the rejected parent's documented behavior) rather than the presence of domestic violence alone. Coding was conducted systematically across all case files; representative examples of documented expressions are provided in the Supplementary Tables. File-level alleged parental domestic violence exposure (n=6; Table 1) and the qualitative "Domestic Violence/Threat" code applied to children's statements (n=5; Table 4) are reported as distinct variables.

Table 4. Frequency of core indicators of parental alienation (PA) (N = 10)

Code No.	Short Label	n
Core PA indicators		
1	Avoidance–Negative Affect	9
2	Polarized Relationship	9
3	Suggestion–Adult Discourse	7
4	Lack of Empathy	3
5	Aggressive–Homicidal	3
6	Rejection of Family and Close Circle	7
Additional variable		
—	Domestic Violence/Threat	5

Note. Each code represents the presence of a core indicator identified through qualitative content analysis of 10 cases. Code definitions and illustrative quotes are provided in Supplementary Tables 1–2.

Data Analysis

Descriptive figures, including case counts (n) for categorical variables and mean ± standard deviation (SD) with minimum–maximum values for continuous variables, were generated using IBM SPSS Statistics 28.0 (IBM Corp., Armonk, NY, USA). The qualitative analysis was conducted separately using directed (theory-driven) content analysis (22): the predefined coding template described above was applied manually to children's statements and forensic psychiatric reports, with each case file reviewed systematically for instances of the six core indicators of parental alienation and the additional contextual variable (Domestic Violence/Threat). Operational definitions of all codes are provided in Supplementary Table 1, and representative case-level expressions for each indicator in Supplementary Table 2.

Supplementary Table 1. Coding framework for indicators of parental alienation (PA)

Code No.	Short Label	Definition / Observed Behavior or Expression
A. Core PA indicators		
1	Avoidance–Negative Affect	Behavioral or emotional avoidance of the targeted parent (typically the father), including refusal to meet, expressions of discomfort, disgust, or anger.
2	Polarized Relationship	The child dichotomizes parents as 'entirely good' versus 'entirely bad,' idealizing one parent while completely rejecting the other.
3	Suggestion–Adult Discourse	Presence of adult-like language or signs of external influence in the child's statements (e.g., 'My mother told me to say this,' 'My mother doesn't allow me to see him').
4	Lack of Empathy	Absence of compassion or concern toward the targeted parent's emotions; emotional indifference or lack of remorse when describing the parent's distress.
5	Aggressive–Homicidal	Documented expressions of open hostility, verbalized wishes of harm, or homicidal expressions directed toward the targeted parent.
6	Rejection of Family and Close Circle	Negative, blaming, or exclusionary attitudes toward the targeted parent's relatives (e.g., grandparents, aunts, uncles, stepmother), often extending beyond the parent–child dyad.
B. Additional variable		
—	Domestic Violence/Threat	References to physical or sexual violence, intimidation, or expressed fear in the child's statements.

Note. These codes were applied to forensic evaluation records through directed content analysis. The term Parental Alienation (PA) is used descriptively to refer to observed relational and affective patterns rather than a diagnostic construct.

RESULTS

Sociodemographic Characteristics

The sample included ten children (6 boys, 4 girls). The mean age was 6.70 ± 1.96 years (range: 4.50–9.00) at the time of the alleged incident and 8.89 ± 1.77 years (range: 6.29–10.32) at forensic evaluation (Table 1). Nine children were primary-school students at the time of evaluation.

Family Structure and Maternal Psychiatric Characteristics

All children were living with their mothers following parental separation or divorce (Table 1). File-level domestic violence allegations were present in six cases, and maternal psychiatric history was documented in four cases. In cases with available information, father–child non-contact averaged 2.50 ± 0.55 years.

Psychiatric Characteristics of the Children

Seven children had previous psychiatric treatment and six had used psychotropic medication (Table 2). Frequently documented clinical features were conduct disorder (n=4), PTSD or subthreshold PTSD symptoms (n=3), ADHD or subthreshold ADHD symptoms (n=3), anxiety disorder (n=3), and depressive disorder (n=2).

Table 2. Psychiatric characteristics and diagnoses of the children (N = 10)

Variable	n
Treatment history	
History of psychiatric treatment (yes)	7
History of psychiatric medication use (yes)	6
Psychiatric diagnoses and symptoms ‡	
Conduct disorder	4
ADHD or subthreshold ADHD symptoms	3
Depressive disorder	2
PTSD or subthreshold PTSD symptoms	3
Anxiety disorder	3
Acute stress disorder	1
Articulation disorder	1
Other emotional/behavioral disorders	1

‡ Because more than one diagnosis or symptom cluster could be identified in a single case, totals exceed N = 10.

Note. Data are presented as case counts (n). Diagnostic terminology follows DSM-5 criteria as reported in the original forensic psychiatric evaluations. Subthreshold symptom categories (e.g., ADHD or PTSD) were coded when clinical observations or treatment records indicated partial symptomatology not meeting full diagnostic criteria.

Characteristics of Allegations and Forensic Findings

Initial disclosures occurred primarily to the mother (eight of ten cases) and allegations described repeated acts in all cases (Table 3). Penetration was reported in half of the cases. Forensic genital–anal examinations revealed no acute or chronic traumatic findings in five cases; in four cases, an examination was not conducted, and one case showed anal fissure with mucosal hyperemia.

Forensic Process and Allegation Context

The allegation arose after parental separation in eight cases and was concurrent with the separation in the remaining two; in none of the cases did the allegation precede the separation. Statements from both parents were systematically reviewed within the forensic psychiatric evaluation in all ten cases. Variability in the child's narrative across successive interviews was explicitly documented by forensic experts in all ten cases, most commonly involving an inability to elaborate on the alleged event when probed, or shifting descriptions across separate interviews. Documented maternal attempts to obstruct father–child contact were present in all ten cases. Observed father–child interactions during the legal process, conducted in supervised visitation centers or in the presence of court-appointed experts, were available in four cases. A pre-allegation psychiatric history in the child, including prior psychotherapy, earlier pediatric psychiatric referrals, and a preliminary diagnosis of borderline intellectual functioning in one case, was documented in three cases.

Table 3. Characteristics of sexual abuse allegations and forensic examination findings (N = 10)

Variable	Category / Finding	n
Disclosure and allegation context		
Person to whom the child initially disclosed	Mother	8
	Paternal grandmother	1
	Maternal grandmother	1
Source of the allegation in official records	Mother and child	10
Allegation characteristics		
Repetition of the alleged act	Present	10
Allegation of penetration	Present	5
	Absent	5
Type of penetration †	Oral	1
	Digital (finger) penetration	3
	Oral and digital (finger) penetration	1
Forensic examination findings		
Findings of internal genital/anal examination	No acute or chronic traumatic lesion	5
	Anal fissure with mucosal hyperemia	1
	Examination not conducted	4

† Refers to the subset of five cases with a reported penetration allegation. One case involved both oral and digital (manual/finger) penetration.

Note. Examination findings were standardized according to terminology used in the official forensic reports. For girls, hymenal and anal findings were assessed; for boys, genital and anal regions were examined.

Parental Alienation Indicators

At least one PA indicator was identified in all ten cases (Table 4). The most frequently documented indicators were avoidance and polarized parental perception (each in nine of ten cases), followed by externally influenced discourse and rejection of paternal relatives (each in seven of ten cases). Lack of empathy and aggressive–homicidal verbalizations were each observed in three cases. The qualitative texture of these indicators is illustrated in Supplementary Table 2. Notably, the children's avoidance was rarely accompanied by descriptions of specific recent harmful events, raising the question of disproportionality between the child's stated reasons and the rejected parent's documented behavior, a hallmark of alienation as distinguished from realistic estrangement. Polarized perceptions ("My mother is perfect; my father is evil") and references to maternal instruction ("My mother told me what to say") repeatedly raised concerns in the forensic reports about the originality of the child's narrative. Rejection extended beyond the father to his extended relatives in seven cases, suggesting a more diffuse relational pattern rather than estrangement

from a single individual. Importantly, references to domestic violence or threats appeared in the children's own statements in five cases alongside, rather than in place of, the broader pattern of alienation indicators, underscoring the analytic difficulty of attributing the contact problem to alienation alone in this cohort.

Institutional Documentation

PA indicators were documented by the authorized forensic institution alone in six cases and by tertiary medical institutions alone in two cases, with both sources documenting indicators in two cases. Among the eight cases in which the forensic institution explicitly reported PA, four decisions described avoidance symptoms with PA indicators, two added homicidal ideation, and two reported PA indicators alone. Supplementary Tables 1–2 provide case examples of the documented expressions.

Supplementary Table 2. Illustrative quotes for core indicators of parental alienation (PA)

Short Label	Illustrative Quotes (anonymized excerpts)
Avoidance–Negative Affect	• "I don't want to see my father." • "I don't want to go to my father's house." • "Being around him makes me feel angry and uncomfortable."
Polarized Relationship	• "My father has no good sides; my mother has no bad sides." • "My dad is a bad person; my mom is good." • "My mother is perfect; my father is evil."
Suggestion–Adult Discourse	• "My mother told me what to say." • "My mom said not to talk to him." • "My mother doesn't allow me to see him."
Lack of Empathy	• "He did bad things and laughed while doing them." • "I'm angry at my father; he deserves what happened." • "I don't care if he feels sad."
Aggressive–Homicidal	• "I wish my dad were dead." • "I want him to be hurt."
Rejection of Family and Close Circle	• "My grandmother is bad too; I don't want to see her." • "All of my father's relatives are bad people." • "Everyone except my father's family is good."
Domestic Violence/Threat	• "My father said he would shoot me." • "He said, 'I'll burn you; I'll kill your mother.'" • "He said he would send my naked photos to my teacher if I told anyone." • "He locked me in the room."

Note. All quotes are anonymized verbatim translations illustrating each PA indicator. Code definitions are provided in Supplementary Table 1. Quotes were selected to represent thematic variety while avoiding explicit or distressing sexual detail.

DISCUSSION AND CONCLUSION

This study examines PA indicators within forensic psychiatric evaluations of children referred after allegations of sexual abuse. The findings highlight the complexity of interpreting children's statements when high-conflict divorce, parental psychopathology, and disputed allegations intersect. In all cases, allegations were jointly raised by the mother and child, described repeated acts, and were not supported by diagnostic medical findings, underscoring the need for careful contextual interpretation rather than unwarranted assumptions of alienation.

The most frequently identified indicators, Avoidance–Negative Affect and Polarized Relationship (both n=9), align with Gardner's (13) original descriptions of irrational rejection and emotional polarization that informed the coding template, and have been further elaborated within multifactorial reformulations that conceptualize alienation as the product of interacting parental, child, and contextual factors (4,20). These polarized rejection patterns have been documented in both Turkish clinical case reports (17) and international custody-related alienation research (9). Suggestion–Adult Discourse and Rejection of Family and Close Circle (both n=7) correspond to the framework of parental alienating behaviors (10), in which externally introduced content may shape the child's narrative in ways inconsistent with their developmental level, a key forensic concern given the documented susceptibility of young children to suggestion (3,23). In contrast, Lack of Empathy and Aggressive–Homicidal verbalizations (both n=3) were less prevalent, potentially suggesting that the majority of cases had not progressed to the most severe presentations on the alienation continuum, where severe alienation is characterized by aggressive behaviors and ideation toward the rejected parent (5). The co-occurrence of these indicators with medically uncorroborated abuse allegations and high-conflict custody disputes underscores the diagnostic complexity of this sample, particularly given the documented impact of parental alienation cross-claims on the judicial evaluation of abuse allegations (7).

The predominance of maternal disclosure (in eight of ten cases) reflects typical custody-dispute patterns and highlights the central forensic task of assessing how parental figures may shape a child's narrative, a key component of evaluating testimonial reliability in contested abuse cases (4,10,24). Maternal psychiatric histories were documented in four cases and comprised one anxiety–depressive adjustment disorder, two psychotic disorders, and one factitious disorder imposed on another (FDIA, as recorded in the case file). Anxiety–depressive presentations, often comorbid (25), may heighten caregiver threat interpretation biases, including the tendency to perceive ambiguous situations in the child's environment as threatening (26), potentially contributing to maladaptive dyadic patterns in high-conflict custody contexts (3,24). Psychotic processes may impair reality testing, emotional availability, and parent–child engagement, with implications for how children's experiences are interpreted and communicated within the family system (27). FDIA, a form of caregiver-perpetrated maltreatment involving fabricated, exaggerated, or induced illness, has been associated with elevated rates of factitious, personality, and trauma-related psychopathology in caregivers (28,29). Beyond fabricated illness itself, the broader mechanism of caregiver-shaped narrative construction may also have relevance in disputed abuse evaluations. Experimental work demonstrates that caregivers holding strong prior beliefs may unintentionally engage in repetitive and suggestive questioning, eliciting elaborated false or distorted reports that children may later reproduce even during neutral forensic interviews (30). None of these conditions independently accounts for parental alienation; rather, they may function as parental

vulnerability factors within multifactorial relational models involving child developmental susceptibility, restrictive gatekeeping, caregiver-shaped narratives, and persistent interparental conflict (20). Accordingly, evaluators must distinguish unjustified rejection from rejection grounded in maltreatment or fear (5) and remain alert to reductionist interpretive biases, including the "equal contribution" fallacy (21).

A notable finding in this sample was the prolonged father–child contact disruption, averaging 2.50 ± 0.55 years prior to forensic psychiatric evaluation in the six cases with documented contact-history data (range: 2–3 years). Prolonged absence of the targeted parent is recognized as a predisposing factor in the development of parent–child contact problems, as it may limit the child's direct relational experience with that parent and increase reliance on the custodial parent's interpretation of family events and relational dynamics (5,20). Extended non-contact may further consolidate alienation dynamics over time and complicate the differentiation of estrangement grounded in abuse or fear from rejection shaped by alienation-related processes (10). These findings underscore the importance of systematically documenting contact history as part of forensic PA evaluations.

Our sample illustrates why recent scholarship cautions against narrow or binary conceptualizations of alienation. The Five-Factor Model (14) defines PA through the convergence of five elements: (1) the child's contact refusal; (2) a prior positive child–parent relationship; (3) the absence of abuse, neglect, or seriously deficient parenting by the rejected parent; (4) multiple alienating behaviors by the favored parent; and (5) the child's behavioral signs of alienation (e.g., campaign of denigration, weak rationalizations, lack of ambivalence, borrowed scenarios). Although intended to standardize identification, the model has also been criticized by some scholars for fostering anchoring bias and "good parent/bad parent" narratives, underscoring calls for broader system-level and multi-factor formulations (31). Qualitative research with legal and mental-health professionals in Ontario similarly highlights how ambiguous evidence, inconsistent disclosures, and fragmented services may contribute to both over-identification and under-recognition of alienation-related dynamics (32). The present sample illustrates precisely this kind of ambiguity: the most frequently documented PA indicators were present in nine of ten cases, yet allegations were uniformly raised by mother and child; medical findings were absent in five, not assessed in four, and non-specific in one; and six of ten cases involved concurrent domestic violence allegations. This configuration defies any single-factor interpretation and requires the kind of multi-factor formulation these critiques advocate.

The children's psychiatric profiles in this study likewise illustrate the diagnostic ambiguity between trauma and relational distress. PTSD or subthreshold symptoms were documented in three children, anxiety disorder in three, and depressive disorder in two; patterns consistent with those reported among children in both high-conflict divorce contexts and verified abuse cases (1,2). Such overlap indicates that symptoms alone cannot distinguish genuine trauma from suggestibility or relational coercion, underscoring the need to triangulate behavioral observations, corroborative evidence, and contextual factors rather than infer causality from symptoms in isolation. Research on investigative interviewing shows that questioning style strongly affects accuracy, with open-ended prompts producing more reliable narratives (33). The same triangulation logic applies in the converse direction: from the allegation itself to its institutional corroboration. In the present sample, sexual abuse allegations were present in all ten cases and originated exclusively from the mother and child in the official records; forensic medical examinations showed a non-specific finding in one case

(anal fissure with mucosal hyperemia), normal genital/anal findings in five, and no examination performed in four. The absence of anogenital findings does not refute an allegation: in non-acute evaluations of prepubertal children, diagnostic findings are reported in fewer than 12% of cases and in some studies as few as 2.2%, and a normal examination is fully compatible with confirmed abuse (34,35). Conversely, the psychiatric symptoms documented in our sample are non-specific and may arise from abuse, from exposure to high-conflict separation and domestic violence, from separation anxiety, or from the relational dynamics described here. Neither the inference from symptom to event nor the inference from absent corroboration to fabrication is dispositive on its own.

Suggestibility should therefore be considered bidirectionally, with converging information across disclosure context, consistency, source heterogeneity, and the qualitative features of the child's discourse weighed alongside medical and psychiatric findings (3,23). Children's susceptibility to suggestion peaks between ages 3 and 6 and remains elevated through middle childhood, particularly when exposed to repeated or emotionally charged narratives in high-conflict families (3,23). Contemporary syntheses show that children's reports can become contaminated even after a single exposure to false information, with repeated suggestive questioning amplifying these effects (36). Conversely, multiple interviews using open-ended questioning can elicit more complete and accurate accounts through reminiscence, with new details emerging across successive interviews reflecting normal memory processes rather than fabrication (37). In custody disputes and other contexts where caregivers come to suspect abuse, parents may unwittingly elicit false reports through directive or theme-consistent questioning during informal pre-interview conversations, and children rarely identify the parent as the source of these conversational influences in subsequent forensic interviews (30).

Our findings parallel large-scale custody research that illustrates why clinical ambiguity must be interpreted cautiously in high-conflict sexual abuse cases. In a national analysis of more than 4,000 U.S. custody decisions, Meier (7) found that mothers' abuse allegations were credited in less than half of cases, and that fathers' PA cross-claims markedly reduced the likelihood that courts accepted child physical or sexual abuse allegations while approximately doubling mothers' rates of custody loss. These findings, although arising from a different legal context, underscore concerns that alienation allegations or labels may shift evaluative attention away from children's disclosures and relational risks. In the present sample, all ten cases involved active custody disputes and maternal–child joint allegations, yet the predominant PA indicators were documented in nine of ten cases, a configuration in which the alienation construct and the abuse allegation become evidentially entangled. This entanglement carries a risk that must be made explicit: the parental alienation construct itself may, in some cases, be invoked in ways that obscure or minimize genuine child abuse, particularly in adversarial custody proceedings, and careful differential formulation remains essential in every forensic evaluation.

The construct of PA, initially framed as a "syndrome" by Gardner (13), has since evolved toward empirically grounded relational models. Contemporary approaches instead view PA as a multifactorial interactional process reflected in child resistance patterns and shaped by parental denigration, enmeshment, and chronic conflict exposure (20). This conceptual shift informed our coding template, which integrated Gardner's original descriptions with Johnston and Kelly's multifactorial model, Harman et al.'s parental alienating behaviors framework, and Fidler and Bala's contact-problems continuum (4,5,10,13). In parallel, recent scholarship by some authors conceptualizes

parental alienating behaviors as a form of family violence involving coercive control and psychological harm (10,11). Supporting this expanding scholarship, a large-scale UK study using a general-population sample of 1,005 separated or divorced parents found that between 39% (self-reported) and 59% (behavior-based measurement) had experienced parental alienating behaviors, which were strongly associated with PTSD, depression, and suicidality (38). While our forensic sample cannot speak to population prevalence, we observed high rates of psychiatric morbidity: conduct disorder in four, PTSD or subthreshold symptoms in three, and previous psychiatric treatment in seven of ten children. These rates are consistent with the symptom burden this expanding literature associates with alienation dynamics in conjunction with high-conflict separation.

In Turkey, research on PA has largely consisted of case reports and conceptual analyses (15,17–19,39). The present findings are broadly consistent with this prior work in several important respects. Torun (15) described "systematic brainwashing" against the targeted parent and delusional-level accusations in high-conflict divorce, a pattern broadly consistent with the repeated allegations documented across the present sample. Şentürk Pilan et al. (17) reported polarized parental perception and externally influenced discourse in a child alienation case, two indicators that were among the most prevalent in the present sample (n=9 and n=7, respectively). Yurdakul Muncuk and Karataş (18) found that social workers in Turkish family courts frequently encountered alienation yet had limited intervention capacity and uncertainty regarding assessment and reporting practices, a gap the present study's multi-source forensic approach begins to address. Torun et al. (39) reported that 77.2% of Turkish targeted parents believed mental health professionals had insufficient knowledge of PA, and 91.5% held the same view of legal professionals, underscoring the need for standardized training. This case series systematically describes alienation indicators documented in forensic psychiatric evaluations of ten children. The thematic patterns observed, including the co-occurrence of alienation indicators with documented domestic violence in six cases, illustrate the kinds of dynamics that may warrant attention in further research (15,17–19).

Limitations

This study has several limitations. First, the small sample size (N = 10) restricts statistical generalizability and subgroup comparisons. Importantly, the cohort was assembled through keyword searches for parental alienation terms in judicial and forensic records; all included cases therefore had alienation flagged at the file level prior to inclusion, and the observed indicator rates (at least one indicator in all cases; n = 9 for the most frequent) reflect this inclusion criterion rather than the prevalence of PA indicators in unselected child sexual abuse allegation cases or in other case types where PA may occur (e.g., custody disputes without abuse allegations). Second, the retrospective, file-based design precluded direct family interviews, behavioral observations, and standardized psychometric assessments, limiting clinical depth. Third, diagnostic information for children and parents was drawn from multiple institutions, introducing variability in diagnostic rigor. Finally, qualitative coding relied on documentation rather than verbatim transcripts, which may have reduced nuance in children's communication. Relatedly, several potentially relevant contextual variables were not consistently documented across case files, including pre-allegation father–child relationship quality, observed father–child interactions during the legal process (available in only four cases), and school-based collateral information (e.g., teacher observations and guidance counselor notes; available in only three cases). Despite these constraints, the systematic multi-source approach supports interpretive consistency and provides a foundation

for future research on PA in forensic settings. The study does not include judicial decision outcomes; therefore, associations between PA indicators and court rulings could not be evaluated.

Declarations

This study was approved by the institution's Scientific Research Committee (Approval No: 21589509/2025/1445; 11 November 2025). All procedures were conducted in accordance with national regulations and the principles of the Declaration of Helsinki.

Conflict of Interest

The authors declare no conflict of interest.

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