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PAPER

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Symptom Checklist-90-Revised Scores in Adult Children Exposed to Alienating Behaviors: An Italian Sample

ABSTRACT: This study addresses a particular form of child psychological maltreatment, exposing a child to alienating behaviors in the context of a high degree of conflict between the parents. The objective of this research was to identify retrospectively the alienating behaviors that occurred in an Italian sample of children and the reported associated psychosocial symptoms. Seven hundred and thirty-nine adults in Chieti, Italy, completed an anonymous and confidential survey regarding their childhood exposure to parental alienating behaviors and measures of current symptomatology. About 75% of the sample reported some exposure to parental alienating behaviors; 15% of the sample endorsed the item, "tried to turn me against the other parent." The results revealed strong and statistically significant associations between reported exposure to parental alienating behaviors and reports of current symptomatology.

KEYWORDS: forensic science, child psychological maltreatment, symptom checklist-90-revised, baker strategy questionnaire, alienating behaviors, loyalty conflicts, parental alienation

The research presented in this study was designed to shed light on one aspect of child psychological maltreatment and its association with difficulties in adult functioning. In a seminal study in 1978, James Garbarino described emotional abuse as "the elusive crime" because it "has been discussed and debated, but it has not been operationally defined" (1). There was a flurry of interest in psychological maltreatment in the 1980s (2–4). Gradually, researchers in child development and child maltreatment, government agencies, and ultimately mental health practitioners have proposed operational definitions and practical guidance for identifying, classifying, and intervening in cases of psychological maltreatment (5). The American Professional Society on the Abuse of Children (APSAC) (6) and the American Academy of Pediatrics (in collaboration with the American Academy of Child and Adolescent Psychiatry) (7) published definitions of psychological maltreatment, which list parental behaviors that may result in children experiencing themselves as unloved, unlovable, and of no value or worth. For example, Garbarino and his colleagues discussed the following behaviors, which subsequently were adopted (in modified form) by APSAC (8), as types of psychological child maltreatment: rejecting, isolating, terrorizing, ignoring, and corrupting a child (2, p. 8). The United States Department of Health and Human Services (HHS) (9, p. 119) defined psychological maltreatment as "acts or omissions – other than physical abuse or sexual abuse – that caused or could have caused: conduct disorder; cognitive; affective; or other behavioral or mental disorders." Hamarman and Bernet (10) described how to differentiate mild, moderate, and severe psychological maltreatment, which has a bearing on how to intervene, including the clinician's obligation to report maltreatment to child protection services.

Despite widespread concern regarding the prevalence and consequences of child psychological maltreatment, there is remarkable variation among child protection workers and mental health practitioners in identifying this form of maltreatment. Each year, the Children's Bureau, an office within HHS, publishes statistics regarding the occurrence of physical abuse, sexual abuse, neglect, and psychological maltreatment in each of the United States. The Children's Bureau said that in 2012 the states reported about 58,000 cases of psychological maltreatment, which occurred in 8.5 percent of all the reported victims of child maltreatment. However, the reporting of child psychological maltreatment varied enormously from state to state: Illinois, Indiana, Maryland, Massachusetts, and Rhode Island reported that only 0.2 percent of child abuse victims experienced psychological maltreatment; however, Delaware and Michigan, reported that over 40 percent of child abuse victims experienced psychological maltreatment (9, p. 40). Clearly, there is a need to define child psychological maltreatment in a consistent manner and to educate clinicians in its recognition and treatment.

The research reported here addresses a particular form of child psychological maltreatment: exposing a child to parental alienating behaviors (ABs) in the context of a high degree of conflict between the parents, whether the parents are married, separated, or divorced. It is well known that exposing a child to family violence is traumatic and has both short- and long-term negative consequences (11–14). It has also been shown that involving children in the parental arguments that occur pervasively in high-conflict divorces is very stressful and causes lasting

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negative effects (15,16). This form of child psychological maltreatment was recognized by Gardner, who said that a person who causes parental alienation in a child "is indeed perpetrating a form of emotional abuse in that such programming may not only produce lifelong alienation from a loving parent, but lifelong psychiatric disturbance in a child" (17, p. xxi). Professional organizations in the United States (18) and in Italy (19) have also stated that exposing a child to a high level of conflict is a form of psychological maltreatment. Recently, the American Academy of Pediatrics published a clinical report, "Psychological Maltreatment," in which pediatricians were specifically advised that "a child whose parents become involved in an extremely contentious custody/access dispute [may] experience psychological trauma . . ." (7).

The *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (DSM-5), now makes it easier for clinicians to formally identify psychological maltreatment, including that caused by the child's experiencing high-conflict divorce. A new diagnosis in DSM-5, child psychological abuse, refers to "nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child" (20, p. 719). Another new diagnosis, child affected by parental relationship distress, "should be used when the focus of clinical attention is the negative effects of parental relationship discord (e.g., high levels of conflict, distress, or disparagement) on a child in the family, including effects on the child's mental or other medical disorders" (20, p. 716).

Prior research has characterized and studied 17 types of ABs, with which parents can involve their children in their conflicts: (i) denigrating the other parent; (ii) limiting the child's contact with the other parent; (iii) interfering with communication between the child and the other parent; (iv) limiting mention and photographs of the other parent; (v) withdrawal of love if the child indicates positive feelings for the other parent; (vi) telling the child that the other parent does not love him or her; (vii) allowing the child to choose between his or her parents; (viii) creating the impression that the other parent is dangerous; (ix) forcing the child to reject the other parent; (x) asking the child to spy on the other parent; (xi) asking the child to keep secrets from the other parent; (xii) referring to the other parent by his or her first name; (xiii) referring to a stepparent as "Mom" or "Dad" and encouraging the child to do the same; (xiv) withholding medical, social, or academic information from the other parent and keeping the other parent's name off of such records; (xv) changing the child's name to remove association with the other parent; (xvi) confiding in the child about personal and adult matters related to the other parent and the divorce; and (xvii) cultivating dependency and undermining the other parent's authority (21–23).

These 17 ABs can undermine and interfere with the child's relationship with the other parent. Taken together, they can induce conflict between the child and the targeted parent, can create a psychological wedge between the child and the targeted parent, and can create psychological cohesion between the child and the parent engaging in these behaviors. These ABs—which can be considered psychologically abusive if persistent—can create a loyalty conflict in the child who may feel pressure to reject one parent (the targeted parent) to please the other (the favored parent). Baker and colleagues have found linkages between exposure to ABs and reports of psychological maltreatment (24).

The current study was designed to assess the associations between childhood exposure to parental ABs and concurrent symptomatology in Italian adults. We posed two questions: (i) Are the ABs that are found in cases of high-conflict divorce in the United States also endorsed by Italians? These behaviors have been studied quantitatively in the U.S. (23,24); the present research was an opportunity to compare the prevalence in the U.S. with that in Italy. (ii) Did those subjects who report greater exposure to ABs also report greater psychological symptoms later in life?

Materials and Methods

Participants and Procedures

Between January and March 2013, adults in Chieti, Italy, were invited to participate in an anonymous and confidential survey. These individuals were identified through a group of psychology graduate students who promoted the study to their colleagues, friends, and family. Initial participants identified additional people via snowball sampling to participate in the study. After giving informed consent, the subjects responded to the written questionnaire. In all, 960 people were invited to participate and 759 of whom agreed to participate (70% response rate). Of those who agreed to participate, 739 individuals completed the survey (97% completion rate). The sample was 55% female, ranging in age from 18 to 66 years (Mean = 27.5, SD = 9.5). Approximately 40% of the subjects were students.

Measures

The paper and pencil surveys consisted of a series of demographic questions, including age, gender, student status, and whether the parents had ever been divorced or remarried. The subjects completed a series of standardized measures, two of which were examined for this study.

Baker Strategy Questionnaire (BSQ)

The BSQ (21) is a 20-item measure comprised of a list of the 17 ABs noted above with two of the behaviors being broken into two items and a 20th item being added at the end, "tried to turn me against the other parent." The respondents answered on a five-point scale from never (0) to always (4). A summary score of total exposure to the ABs was found to be skewed, and so a total score was created which represented the number of items endorsed (of 20) for either parent. Total scores of ABs could range from 0 to 20 and in this sample ranged from 0 to 20 (Mean = 6.1, SD = 5.9), cronbach's alpha = 0.94.

Symptom Checklist-90-Revised (SCL-90-R)

The SCL-90-R is a self-report questionnaire oriented toward symptomatic behavior of psychiatric outpatients. It was initially developed for drug trials to assess the "relative efficacy of psychotherapeutic agents" (25). It has since been applied as a psychiatric case-finding instrument, as a measure of symptom severity, and as a descriptive measure of psychopathology in different patient populations (26). The SCL-90-R is intended to measure symptom intensity on nine different subscales. The 90 items of the questionnaire are scored on a five-point Likert scale from none (0) to extreme (4), indicating the rate of occurrence of the symptom during the time period in question**.** The measure is comprised of the following 9 scales:

Somatization (12 items): distress arising from bodily perceptions. Complaints focused on cardiovascular, gastrointestinal,

respiratory, and other systems with autonomic mediation included. Cronbach's alpha was 0.88.

Obsessive-compulsive (10 items): thoughts, impulses, and actions that are experienced as irresistible by the individual but are of an ego-alien or unwanted nature; experiences of cognitive attenuation are also included. Cronbach's alpha was 0.85.

Interpersonal sensitivity (9 items): feelings of personal inadequacy and inferiority in comparison with others, self-deprecation, uneasiness, and discomfort during interpersonal interactions. Cronbach's alpha was 0.87.

Depression (13 items): symptoms of dysphoric mood and affect as well as signs of withdrawal of life interest, lack of motivation, and loss of vital energy, as well as feelings of hopelessness, thoughts of suicide, and cognitive and somatic correlates of depression. Cronbach's alpha was 0.91.

Anxiety (10 items): feelings of nervousness, tension, and trembling as well as feelings of terror and panic and some somatic correlates of anxiety. Cronbach's alpha was 0.87.

Hostility (six items): thoughts, feelings, or actions characteristic of the negative affect state of anger; aggression, irritability, rage, and resentment. Cronbach's alpha was 0.82.

Phobic anxiety (seven items): persistent fear response to a specific person, place, object, or situation which is characterized as being irrational and disproportionate to the stimulus. Cronbach's alpha was 0.82.

Paranoid ideation (six items): disordered mode of thinking, projective thinking, hostility, suspiciousness, grandiosity, centrality, fear of loss of autonomy, and delusions. Cronbach's alpha was 0.82.

Psychoticism (10 items): a continuum from mild interpersonal alienation to dramatic evidence of psychosis including withdrawal, isolation, and schizoid lifestyle as well as first-rank schizophrenia symptoms such as hallucinations and thought broadcasting. Cronbach's alpha was 0.84.

Global Severity Index (GSI), which is the mean value of all of the items and ranges from 0 to 4. In this sample, the GSI ranged from 0 to 3.26 (Mean = 0.72, SD = 0.54), with a Cronbach's alpha of 0.97.

Results

First, we determined the frequency with which the subjects reported having been exposed to childhood parental ABs. We found moderate rates of exposure in the full population with about 75% of the sample reporting some exposure to ABs during childhood. Rates of endorsement for the specific types of ABs ranged from 11.1 percent (blocked messages from the other parent to the child) to 67.5 percent (made negative and untrue statements about the other parent to the child). The average number of ABs Italian subjects reported being exposed to was just over six. Also, 33.4 percent of the sample endorsed the item "tried to turn me against the other parent."

With regard to the relationship between exposure to ABs and subsequent psychosocial functioning, we examined mean differences in SCL-90-R scale scores by group (reported exposure to any ABs versus exposure to no ABs). To control for multiple tests, we began with a MANCOVA. We also controlled for parental separation/divorce. A MANCOVA was conducted separately for reported exposure to AB by mothers and by fathers. In both analyses, the overall F was statistically significant. For AB by mothers, $F(1,10) = 3.1$, $p < 0.01$, and for AB by fathers, $F(1,10) = 2.6$, $p < 0.005$. Mean scale scores by group are presented in Table 1.

Reported ABs by mothers were statistically significantly associated with higher mean scores on 8 of the 9 SCL-90-R scales (all but Phobic Anxiety) as well as the Global Symptom Index (GSI). Exposure to ABs by fathers was statistically significantly associated with higher mean scores on all 9 scales as well as the GSI. Effects sizes ranged from small to medium with most between 0.25 and 0.35.

We examined whether amount of exposure to ABs was associated with higher scores on the SCL-90-R scales for those who were exposed to any AB. These analyses were conducted separately for those whose parents remained married and those whose parents separated or divorced. These data are presented in Table 2.

With only a few exceptions, higher AB scores were associated with higher scores on the SCL-90-R scale scores. Correlations were in general small but statistically significant.

We examined whether exposure to ABs was associated with greater likelihood of being above the clinical cutoff on the SCL-90-R scale scores. Separate nonpatient norms were used to convert raw SCL-90-R scores to T-scores for males and females. T-scores were then converted to dichotomous scores of above or below the cutoff of 70 to indicate being in the 98th percentile on the scale. Next, chi-square analyses were conducted to ascertain

TABLE 1—*Mean scores on the Symptom Checklist-90-Revised (SCL-90-R) scales by group, controlling for parental separation/divorce.*

	Mother				Father			
	No-AB	AB	*F*	*d*	No-AB	AB	*F*	*d*
	(n = 184)		(n = 555)		(n = 204)		(n = 535)	
Somatization	0.63	0.77	6.4*	0.22	0.63	0.77	6.4**	0.22
Obsessive-compulsive	0.73	0.96	13.3***	0.31	0.77	0.96	8.9**	0.25
Interpersonal sensitivity	0.57	0.79	12.6***	0.30	0.57	0.80	14.9***	0.33
Depression	0.63	0.90	17.2***	0.35	0.67	0.90	11.2***	0.28
Anxiety	0.64	0.81	8.0**	0.24	0.64	0.81	8.6**	0.25
Hostility	0.55	0.80	15.4***	0.33	0.59	0.79	10.1**	0.27
Phobic anxiety	0.24	0.32	2.9	ns	0.21	0.33	8.4**	0.25
Paranoid ideation	0.66	0.98	18.5***	0.37	0.69	0.98	14.7***	0.32
Psychoticism	0.32	0.52	18.7***	0.37	0.32	0.53	22.8***	0.41
Global severity index	0.57	0.77	15.5***	0.33	0.59	0.78	14.5***	0.32

AB, alienating behavior.
*$p < 0.05$.
**$p < 0.01$.
***$p < 0.001$.

TABLE 2—*Correlations between total Baker Strategy Questionnaire (BSQ) scores and Symptom Checklist-90-Revised (SCL-90-R) scale scores for those with any exposure to alienating behaviors (ABs), by parental marital status.*

	Exposure to ABs by Mother		Exposure to ABs by Father	
	Intact (n = 128)	Sep/Div (n = 427)	Intact (n = 117)	Sep/Div (n = 418)
Somatization	0.09	0.15**	0.12	0.19***
Obsessive-compulsive	0.17*	0.18***	0.19*	0.24***
Interpersonal sensitivity	0.25**	0.26***	0.28**	0.29***
Depression	0.20*	0.21***	0.23*	0.25***
Anxiety	0.23*	0.17***	0.23*	0.21***
Hostility	0.24**	0.22***	0.24**	0.23***
Phobic anxiety	0.28***	0.18***	0.30***	0.21***
Paranoid ideation	0.21*	0.20***	0.25**	0.29***
Psychoticism	0.23*	0.24***	0.23*	0.27***
Global severity index	0.24**	0.23***	0.25**	0.27***

*$p < 0.05$.
**$p < 0.01$.
***$p < 0.001$.

TABLE 3—*Proportion of respondents with scores at or above 70 by group by exposure to alienating behaviors (ABs).*

	Mother			Father		
	No-AB	AB	X^2	No-AB	AB	X^2
Somatization	5.4	10.8	4.7 *	6.4	10.7	3.2*
Obsessive-compulsive	12.0	18.9	4.7*	12.3	19.1	4.8*
Interpersonal sensitivity	12.0	18.6	4.3*	10.8	19.3	7.5**
Depression	9.8	18.2	7.3**	9.8	18.5	8.3**
Anxiety	13.0	19.9	4.3*	12.3	20.4	6.6**
Hostility	8.2	18.4	10.8***	10.8	17.8	5.4*
Phobic anxiety	6.5	10.5	2.5	5.9	10.8	4.2*
Paranoid ideation	11.4	22.0	9.9***	9.3	23.2	18.2***
Psychoticism	9.8	21.4	12.4***	7.4	22.8	23.4***
Global severity index	12.0	21.8	8.6**	11.3	22.5	11.8***

*$p < 0.05$.
**$p < 0.01$.
***$p < 0.001$.

whether group (AB vs. No-AB) was associated with being above the cutoff. Again, these were conducted separately for reported exposure to AB by mothers and by fathers (Table 3).

Rates of being above the clinical cut were statistically significantly higher in the Mother AB than Mother No-AB group for all scales but phobic anxiety in addition to the GSI. Rates of being above the clinical cut were statistically significantly higher in the father AB than Father No-AB group for all 9 scales in addition to the GSI. Effect sizes were in the small to moderate range.

Discussion

This study explored the reporting of exposure of Italian college students and other adults to childhood parental ABs. The results from the Italian sample were somewhat higher than previous results from samples in the U.S. For example, 34 percent of the Italian sample endorsed the item "tried to turn me against the other parent." That was a higher proportion than in Baker and Chambers, who found that 20% reported endorsement of the same item (21). Also, Baker and Eichler (27) report 16% endorsement for that item in a sample of southern U.S. undergraduate students. It may be that the difference between earlier data and the current sample is not meaningful and is due only to normal variation between samples. There are also differences in sample characteristics that might explain the higher rates in this sample. For example, the older age of the current sample means that these respondents had more years away from home to reflect on their childhood. Confidence is warranted in the estimate of at least 15% of Italian adults reporting that one parent tried to turn them against another parent.

This study confirmed the prediction that adults who report that as children they were exposed to ABs would be more likely than nonreporters of exposure as children to experience psychosocial difficulties later in life. Reports of childhood exposure to ABs by both mothers and fathers were statistically significantly associated with higher scores on most of the SCL-90-R scales. Also, the degree of exposure to ABs was positively associated with higher scores on the SCL-90-R. Finally, those who reported childhood exposure to ABs were more likely to be above the clinical cutoff on the SCL-90-R scale scores. These results are understood in the context of theory regarding the negative impact of parental ABs on children's emotional development and well-being. Parental ABs are viewed—and confirmed in this study—to be associated with clinical symptoms later in life.

Limitations

The study was conducted during a single semester at a single location, albeit with very a high response rate. The study sample

was also disproportionately female as is the population of graduate psychology students at this university (and in Italy). As noted earlier, measurement from the perspective of the adult child precludes the full accounting of exposure to ABs because certain parental behaviors by definition (blocking messages, withholding mail) occur outside the child's level of awareness. Needless to say, additional validity work would be helpful in terms of identifying whether other behaviors should be added to the measure and whether certain ones should be removed to result in a short form for easier administration. Item response theory analysis would be helpful with a larger and more nationally and internationally representative sample. Ideally, these data will be replicated in various samples and settings around the world to produce a reliable estimate of childhood exposure to ABs. In addition, it will be important to rule out potential variables that could account for the associations found between ABs and symptoms to establish the causal linkages. Ideally, a longitudinal study could be conducted that would rule out alternative explanations for the pattern of findings that could be artifacts of the retrospective nature of the data. In the meantime, the current study strongly suggests that participants in Italy reported experiencing parental efforts to involve them in their parental conflict, which itself was associated with reports of reduced well-being.

Implications

The principal implication of these findings pertains to the identification of the specific ways in which parents can involve their children in their conflict and the continued validation of this compendium of behaviors. Information about these 17 specific ABs should be made available to clinicians working with children (including adult children such as those who participated in the current study). When clinicians offering counseling to children and adult children of divorce (or adult children of parental conflict regardless of marital status of the parents) hear mention of these specific behaviors by their clients, they should be able to place that information into a context and an understanding of the potential impact on the client. Mental health professionals working with separated or divorced parents should make this information available to their clients so that they can avoid these ABs themselves and also be able to recognize when the other parent of their child is engaging in them prior to a detrimental impact on the child. Information about the types of behaviors that are associated with high-conflict divorce needs to be made available to the full range of mental health professionals who come into contact with children and families. As the frontline providers, they should be able to recognize parental loyalty conflicts when they are occurring and intervene in a timely manner to protect children from the potential long-term damage to their sense of self- and well-being.

The parental behaviors that occur in high-conflict separation and divorce are statistically associated with three types of psychological problems in the children: (i) Exposure to chronic fighting and arguing that occurs between parents can be very stressful. In response, children can develop anxiety disorders, depression, and somatic symptoms. (ii) Children may develop loyalty conflicts which may result in feeling that he must choose between his parents, which is painful and confusing. (iii) In response to the pressure to choose between their parents, some children of high-conflict separation and divorce develop parental alienation. Those children find that it is overly difficult and painful to maintain loyalty to both of the warring parents, so the child forms a strong alliance with one parent and unnecessarily rejects the other parent (28, p. 67).

Twenty years ago a German child psychiatrist, Gunter Klosinski, discussed "psychological maltreatment in the context of separation and divorce," and he explained the relationship between psychological abuse, loyalty conflicts, and parental alienation, although he did not use that term. Klosinski wrote that when there is ongoing conflict between the parents, "The child is virtually torn apart being plunged into a conflict of loyalties, thus suffering direct injuries or at least retardation in his or her psychological and social development" (29, p. 559). If the situation becomes more severe, "a child can figuratively become paralyzed when caught in a conflict of loyalties toward his or her parents . . ., a frequently observed defensive reaction of the child is a sudden and exaggerated taking of sides with one parent and a turning against the other" (29, p. 561).

When parents incessantly employ ABs to the point of causing severe loyalty conflicts and parental alienation, are they committing child psychological abuse? These data suggest that the answer is yes, it is psychological abuse to seriously undermine a child's relationship with a parent. Probably, the first person to express that opinion in the mental health literature was Garbarino in 1978, who said, "Discouraging caregiver-infant bonding is emotional abuse. Systematic efforts to discourage bonding therefore pose a direct threat to adequate development. They can be treated as actionable grounds for diagnosing emotional abuse" (1). Although Garbarino was characterizing the psychological abuse of infants, a similar argument could be made for children and adolescents.

In this research, we found that adults in Italy who reported experiencing ABs endorsed the same specific behaviors as samples in the United States. Furthermore, we found that adults who reported childhood exposure to these behaviors were more likely to have psychological problems in their adult lives. We encourage clinicians who evaluate and treat children and adolescents to be aware of these behaviors and their potential negative impact on children, so they can intervene to allow the child to love and be loved by both parents. Clinicians who evaluate and treat adults should also bear in mind that their adult clients may still experience unresolved loyalty conflicts as a result of their exposure to parental ABs as a child.

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