

The Lived Experiences of Aged-Out Children who have Undergone Forced Reunification: A
Retrospective, Qualitative Phenomenological Study

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Abstract

This qualitative phenomenological study explored the lived experiences of individuals who were court-ordered to participate in reunification therapy or reunification camps during childhood following high-conflict custody disputes. Existing literature highlights limited empirical research examining the long-term emotional, psychological, and relational outcomes of forced reunification interventions, particularly from the perspectives of aged-out participants. Guided by trauma theory, this study addressed this gap by examining how these experiences were retrospectively perceived in adulthood. A purposive sample of ten participants over the age of eighteen who had previously undergone court-ordered reunification therapy or camps participated in semi-structured interviews conducted via a video-conferencing platform. Interviews were transcribed verbatim and analyzed using thematic analysis supported by qualitative data analysis software. Strategies including member checking, reflexive journaling, and maintenance of an audit trail enhanced trustworthiness. Findings revealed four primary thematic patterns addressing the research questions, including lived experiences characterized by coercion and emotional invalidation, sustained psychological distress across all intervention stages, coping strategies centered on emotional suppression and strategic compliance, and long-term relational disruptions involving parents, siblings, and peers. Participants reported enduring trauma-related symptoms, severe distrust of legal and therapeutic systems, and attachment difficulties. This study contributes to limited empirical literature by examining the voices of aged-out individuals and extending trauma theory to include systemic and institutional sources of trauma. Findings highlight implications for clinical practice, family court decision-making, and policy development, emphasizing the need for trauma-informed and child-centered assessment

approaches. Recommendations include longitudinal research examining long-term outcomes and evaluation of alternative reunification methods prioritizing emotional safety and autonomy.

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Finally, I dedicate this work to all children who have felt silenced, dismissed, or unseen. May your voices be heard, your experiences validated, and your truths honored. Be silenced no more.

Table of Contents

Chapter 1: Introduction	1
Statement of the Problem.....	5
Purpose of the Study	6
Introduction to Theoretical Framework	6
Introduction to Research Methodology and Design (Nature of the Study)	10
Research Questions	13
Significance of the Study	14
Definitions of Key Terms	16
Summary	20
Chapter 2: Literature Review.....	22
Theoretical Framework.....	23
Impacts of Divorce on Children.....	30
Parental Alienation and High Conflict Custody Disputes Framework.....	43
Historical Contexts.....	51
Understanding Forced Reunification and Reunification Camps	56
The Experiences of Children in Reunification Settings.....	72
Summary	89
Chapter 3: Research Method.....	93
Research Methodology and Design (Nature of the Study)	93
Population and Sample	94
Materials or Instrumentation.....	98
Study Procedures	102
Data Analysis	104
Assumptions	103
Limitations	107
Delimitations.....	110
Ethical Assurances	118
Summary	122
Chapter 4: Findings.....	121
Trustworthiness of the Data.....	124
Results.....	124
Comparison of Results to Literature Review.....	Error! Bookmark not defined.
Summary	150
Chapter 5: Implications, Recommendations, and Conclusions	153
Discussion.....	Error! Bookmark not defined.
Recommendations for Practice	Error! Bookmark not defined.

Recommendations for Future Research	Error! Bookmark not defined.	69
Study Summary.....	Error! Bookmark not defined.	73
References.....		153
Appendix A Interview Guide.....		202
Appendix B Recruitment Flyer.....		203
Appendix C Pre-Screening Questionnaire		204
Appendix D Informed Consent.....		206

List of Tables

Table 1 <i>Participant Characteristics</i>	126
Table 2 <i>Themes Representing Lived Experiences of Reunification Therapy and Camps</i> <i>(RQ1)</i>	129
Table 3 <i>Emotional States Across Reunification Intervention Phases (RQ2)</i>	138
Table 4 <i>Psychological and Emotional Impacts of Reunification Therapy and Camps</i> <i>(RQ2)</i>	139
Table 5 <i>Coping Mechanisms and Strategies Reported by Participants (RQ3)</i>	142
Table 6 <i>Long-Term Relational Effects Reported by Participants (RQ4)</i>	146

Chapter 1: Introduction

Victims and survivors of Intimate Partner Violence (IPV) face a myriad of complex issues that permeate various aspects of their lives (Orr et al., 2023). While this fact is rarely disputed, debate remains regarding the areas in which survivors experience the greatest harm. It is widely known that IPV can cause physical health consequences, ranging from minor bruises to severe trauma (Orr et al., 2023). Survivors may require medical attention, and the long-term effects can impact their overall well-being (Stubbs & Szoeki, 2022; Taverna et al., 2022). Beyond physical consequences, however, there are a multitude of other consequences that can also occur, including psychological impact, isolation, stigmatization, financial dependence issues, child custody rights and legal battles, limited legal protection, and barriers to seeking help (Connors, 2019; Orr et al., 2023; Stubbs & Szoeki, 2022). Recognizing and addressing these issues is essential for the development of comprehensive support systems, interventions, and policies aimed at aiding survivors and victims on their journey towards healing and empowerment (Connors, 2019; Meier, 2020; Orr et al., 2023).

Another negative consequence of IPV is divorce and custody battles (Gutowski & Goodman, 2020). High-conflict custody battles, characterized by intense legal and personal disputes between parents, often have profound and lasting impacts on the involved children (Orr et al., 2023). These disputes sometimes escalate into accusations of parental alienation, a contentious concept in which one parent is alleged to have manipulated a child to reject the other parent (Rao, 2021). The implications of such claims, particularly when they are false, are profound, potentially worsening the emotional and psychological trauma experienced by the child (Connors, 2019). In high-conflict custody situations, reunification therapy or camps are often utilized as a mechanism to foster relationships between children and their parents (Meier,

2020; Mercer, 2022). The rise of reunification camps as a response to parental alienation claims introduces another layer of complexity, warranting careful scrutiny (Connors, 2019; Meier, 2020; Orr et al., 2023; Rao, 2022).

Reunification camps and reunification therapy are structured interventions designed to help restore relationships between estranged family members, particularly after divorce or separation (Andreopoulos & Wexler, 2022; Berman et al., 2022; Chester, 2021; Mercer, 2022). These programs typically aim to reunite children with non-custodial parents, using a combination of therapeutic practices and experiential activities to rebuild trust, enhance communication, and address emotional wounds (Andreopoulos & Wexler, 2022; Berman et al., 2022; Chester, 2021; Mercer, 2022). Reunification camps provide immersive environments where families can engage in activities designed to foster connection and create positive memories, while reunification therapy offers a more traditional therapeutic framework, often involving trained professionals who guide families through the complexities of their relationships (Andreopoulos & Wexler, 2022; Berman et al., 2022; Chester, 2021; Mercer, 2022).

While reunification camps or reunification therapy are ideally a positive experience, these interventions can have significant drawbacks. Critics argue that reunification camps may prioritize the desires of parents over the emotional needs of children, potentially leading to situations where children feel coerced into reconnecting with a parent, they may feel uncomfortable with (Andreopoulos & Wexler, 2022; Berman et al., 2022; Chester, 2021; Mercer, 2022). This pressure can exacerbate feelings of anxiety or distress, especially if the child has experienced trauma or abuse in the past (Andreopoulos & Wexler, 2022; Berman et al., 2022; Chester, 2021; Mercer, 2022). Additionally, the lack of individualized attention in camp settings may result in insufficiently addressing underlying issues, leaving unresolved conflicts to

resurface later (Avalle et al., 2022). In reunification therapy, the effectiveness heavily relies on the skill and neutrality of the therapist; if these elements are lacking, therapy may unintentionally reinforce negative dynamics or lead to further alienation rather than reconciliation (Avalle et al., 2022; Baker, 2020). Ultimately, while the goal of reunification efforts is to mend familial bonds, they must be approached with caution and a thorough understanding of the complex emotional landscapes involved (Andreopoulos & Wexler, 2022; Berman et al., 2022; Chester, 2021; Mercer, 2022).

Although commonly used, there is a growing concern regarding the impact of these programs on children, particularly those who age out of the system (Meier, 2020; Pruett et al., 2023). Many of these children carry the burden of trauma stemming from their experiences within unstable family environments and high-conflict custody disputes (Meier, 2020; Pruett et al., 2023). Existing literature has primarily focused on the immediate outcomes of reunification camps, leaving a significant gap in understanding the long-term emotional, psychological, and relational effects on aged-out youth (Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019).

As these children transition out of reunification camps, they face unique challenges that can exacerbate their trauma, hinder their emotional development, and affect their ability to reintegrate into family life and society (Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019). Despite the potential benefits of reunification efforts, there is insufficient empirical research exploring how trauma influences their experiences within these camps and how these experiences impact their overall well-being and relationships post-reunification (Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019). This lack of research limits the ability of mental health professionals, courts, and policymakers to develop trauma-informed practices that adequately address the long-term needs of affected children and families.

Research was needed to address this gap by investigating the lived experiences of aged-out children who have participated in reunification therapy or camps, focusing on their perceptions of trauma, support received, and the long-term effects on their emotional and relational development. Research was called for to understand these dynamics, to inform better practices and support systems for children navigating the complexities of high-conflict custody situations (Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019). Despite the significant body of literature on the psychological aftermath of abuse, there is a shortage of studies that empirically explore how children who have now aged out of the system perceive their experiences (Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019). The rationale for this investigation was grounded in the need to bridge existing research gaps and to provide a more comprehensive understanding of how aged-out children who were court-ordered to undergo reunification therapy or reunification camps perceive reunification therapy or camps (Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019).

Specifically, research was needed about how past traumas related to familial conflict, separation, and instability affected these children during and after their time in reunification camps or therapy (Gutowski & Goodman, 2020; Meier, 2020). Research was also needed about the effectiveness of the support and resources provided in reunification camps or therapy, particularly in relation to trauma-informed care (Gutowski & Goodman, 2020; Meier, 2020). Research was also called for about the emotional and psychological challenges faced by these children as they transitioned out of the reunification camps or therapy, focusing on their mental health, coping mechanisms, and resilience (Gutowski & Goodman, 2020; Meier, 2020); as well as how their experiences in reunification therapies or camps influenced their relationships with parents, siblings, and peers, particularly in the context of ongoing family conflicts (Gutowski &

Goodman, 2020; Meier, 2020). Finally, research was called for to examine the long-term implications of their reunification experiences on their social reintegration, emotional well-being, and overall development (Gutowski & Goodman, 2020; Meier, 2020).

Statement of the Problem

The problem to be addressed in this qualitative study was the insufficient empirical research exploring how trauma influences the experiences of individuals within reunification camps and how these experiences impact their overall well-being and relationships post-reunification (Gutowski & Goodman, 2020; Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019). There was limited research on the efficacy of reunification therapy or camps and children's experiences with them (Gutowski & Goodman, 2020; Meier, 2020; Pruett et al., 2023; Rao, 2021).

As a result of high conflict divorces and custody cases, courts may mandate interventions such as reunification therapy or camps, designed to restore relationships between children and estranged parents without fully considering the psychological needs and trauma histories of the children involved (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022). Despite their intended purpose, reunification therapy and camps have shown mixed results, with growing evidence suggesting that they can exacerbate trauma and emotional distress for children rather than facilitate healing and reconnection (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022). The blending of parental alienation with the need for forced reunification raises serious ethical and practical concerns regarding the well-being of children caught in the crossfire of parental conflict (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022).

Research was called to address the significant gap in understanding the efficacy of reunification therapy and camps, specifically when children have been court-ordered to participate following parental alienation claims (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022). Further, the call for additional research into reunification therapies has been made several times, with a nearly unanimous call for research into the efficacy of these treatments, especially when there has been abuse alleged (Andreopoulos & Wexler, 2022; Berman et al., 2022; Chester, 2021; Mercer, 2022). Additionally, calls to examine perceptions as to when reunification therapy may be unsuccessful and may cause more trauma have also been made (Baker et al., 2020). Specifically, qualitative research was needed to explore the lived experiences of aged-out children who have participated in reunification therapy or camps (Meier, 2021; Mercer, 2022).

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore and understand the lived experiences of aged-out children who participated in reunification camps or therapies following parental alienation claims, both generally and within the context of high-conflict custody disputes. The study aimed to gain insight into participants' emotional and psychological well-being, identify the challenges associated with being required to participate in these programs, and understand their perceptions of the effectiveness of reunification efforts. Examining these experiences provides insight into how court-mandated reunification interventions may impact individuals beyond childhood and into adulthood.

A qualitative method and phenomenological design were selected because the research required a deep understanding of personal narratives and subjective experiences. Phenomenology is particularly appropriate for studies that aim to capture the meaning individuals assign to their

lived experiences. This approach allowed participants to describe their experiences in their own words and provided rich, detailed accounts of their perspectives (Busetto et al., 2020; Maxwell, 2021).

The study population consisted of individuals over the age of eighteen who were required to participate in reunification therapy or reunification camps with a parent prior to turning eighteen. A sample of 10 participants was recruited through contact with the creator and organizer of a national organization that focuses on challenges faced by parents navigating the family court system, particularly in cases involving high-conflict custody disputes and parental alienation. Recruitment through this organization allowed access to individuals who had direct experience with court-involved reunification interventions.

Data were collected through qualitative, semi-structured interviews conducted using an interview guide designed to encourage participants to reflect on their experiences and perceptions of reunification programs. Interviews were audio recorded with participant consent and subsequently transcribed for analysis. Data were analyzed using thematic analysis procedures consistent with phenomenological research, including familiarization with the data, coding of transcripts, and the development of themes that represented shared patterns across participants' experiences.

Introduction to Theoretical Framework

Trauma theory provides a critical framework for understanding the lived experiences of aged-out children who have participated in reunification therapy or camps, particularly in the context of parental alienation claims. At its core, trauma theory examines how traumatic experiences can shape an individual's psychological and emotional landscape, influencing their perceptions, relationships, and overall well-being (Jovic & Varvin, 2022; Sütterlin, 2020). This

theoretical lens was particularly relevant for exploring the complex realities faced by these children, as it allows for a nuanced analysis of how they process and make sense of their experiences (Adams et al., 2023).

Trauma theory helps in examining how aged-out children perceive their experiences in reunification therapy or camps and the broader context of parental alienation (Jovic & Varvin, 2022). These children may grapple with feelings of abandonment, confusion, and betrayal as they navigate their relationships with both parents during high-conflict custody disputes (Spinazzola et al., 2018). Trauma theory suggests that individuals often internalize their experiences, leading to a distorted sense of self and relational dynamics (Bryant, 2019; Ringel, 2019). By exploring how these children articulate their perceptions of trauma, this dissertation aimed to uncover the ways in which their lived experiences inform their understanding of identity and familial connections (Spinazzola et al., 2018).

Furthermore, trauma theory emphasizes the critical role of support systems in mediating the effects of trauma (Jovic & Varvin, 2022). In the context of reunification camps, the quality of support provided, whether from caregivers, counselors, or peers, can significantly influence children's emotional recovery and resilience. The findings from this dissertation about the types of support aged-out children received during their time in reunification camps and therapy and how this support (or lack thereof) impacted their healing processes (Lahousen et al., 2019) added to the current theoretical literature. By analyzing these interactions through the lens of trauma theory, the findings extended trauma theory by providing information on how specific types of support can facilitate or hinder the healing processes of aged-out children in high-conflict custody situations. This analysis highlighted the critical role of emotional, psychological, and social support systems in mitigating the effects of trauma associated with forced reunification

(Lahousen et al., 2019; Moss, 2021; Strachan et al., 2022). Furthermore, by examining the participants' narratives, the study examined the different ways in which the availability and quality of support impact resilience and recovery (Lahousen et al., 2019; Moss, 2021; Strachan et al., 2022). These insights can inform practitioners and policymakers about effective interventions and strategies for enhancing the support networks for these vulnerable populations (Lahousen et al., 2019; Moss, 2021; Strachan et al., 2022). Ultimately, the dissertation aimed to contribute to a more comprehensive understanding of trauma theory by incorporating the lived experiences of aged-out children and their unique challenges in navigating the complexities of reunification and healing. (Lahousen et al., 2019; Moss, 2021; Strachan et al., 2022). Finally, trauma theory provides a framework for understanding the long-term effects of early trauma on emotional and relational development (Lahousen et al., 2019; Moss, 2021; Strachan et al., 2022).

The current findings extend trauma theory. The findings demonstrated how participation in reunification camps and therapy, as well as exposure to parental alienation claims, shape these children's ability to form and maintain healthy relationships in the future. Research indicates that unresolved trauma can lead to difficulties in trust, attachment, and emotional regulation, which can profoundly impact interpersonal relationships throughout adulthood (Lahousen et al., 2019; Moss, 2021; Strachan et al., 2022). By examining the narratives of aged-out children, the study findings extend trauma theory by illustrating the long-term psychological and emotional impacts as consequences of attending reunification therapy or camps on these children offering insights into how trauma continues to influence their lives (Lahousen et al., 2019; Moss, 2021; Strachan et al., 2022).

Introduction to Research Methodology and Design (Nature of the Study)

This dissertation used a retrospective qualitative phenomenological method, guided by a semi-structured interview guide. Qualitative methods are well-suited for this research, as they allow for an in-depth understanding of the complex emotional and psychological dimensions of these children's experiences (Busetto et al., 2020; Maxwell, 2021). Qualitative methodology is appropriate for studying the lived experiences of aged-out children for several reasons. A qualitative study was appropriate due to its capacity to yield rich details regarding the complex emotional and psychological dimensions of these children's experiences (Busetto et al., 2020; Maxwell, 2021; Tracy, 2019). Qualitative research also prioritizes the voices of participants, allowing aged-out children to articulate their feelings and thoughts about their experiences without being constrained by pre-defined categories (Busetto et al., 2020; Maxwell, 2021). Qualitative data also enabled the researcher to adjust questions based on participants' responses, facilitating deeper exploration of important themes as they arise (Busetto et al., 2020; Maxwell, 2021; Tracy, 2019). This flexibility can further lead to the identification of unexpected insights and themes that may not have been considered initially (Busetto et al., 2020; Tracy, 2019).

A phenomenological design was used. Phenomenology is a qualitative research design that is generally focused on understanding the lived experiences of individuals, and perhaps more importantly, the meanings the individuals attach to their experiences (Churchill, 2022). As this study was looking at the retrospective lived experiences, a phenomenological design is most appropriate. A phenomenological design best enabled the researcher to understand how aged-out youth make sense of their past experiences, emotions, or attitudes, and how these are interpreted or constructed in their minds (Churchill, 2022). As these perspectives were subjective, a

phenomenological design enabled a deep exploration of how each individual perceives their experiences (Churchill, 2022).

Semi-structured questions were used to guide the interview, but participants were able to elaborate or provide more detailed information about topics if they chose to do so (Busetto et al., 2020; Tracy, 2019). This allowed for a predetermined set of questions while also providing the freedom to explore topics in depth as they arise during the conversation (Busetto et al., 2020; Tracy, 2019). This flexibility helped uncover insights that may not be predicted or expected (Busetto et al., 2020; Maxwell, 2021; Tracy, 2019). Open-ended questions also encouraged participants to share their thoughts and feelings in their own words, leading to richer, more detailed narratives that quantitative methods might miss (Busetto et al., 2020; Maxwell, 2021; Tracy, 2019).

The study population is individuals over the age of eighteen that were court-ordered to participate in reunification therapy or reunification camp with an estranged parent. The sample was comprised of ten participants. The primary sampling method used in this study was purposive sampling (Tracy, 2019).

Primarily, individuals were recruited through contact with the creator and organizer of a national organization that focuses on challenges faced by parents navigating the family court system, especially in cases involving high-conflict custody disputes and parental alienation. Additionally, participants were recruited through various organizations with an online presence. Social media (Facebook, X, LinkedIn) were utilized, as there are numerous groups that are available. These were “closed” groups, which means they are only open to the individuals that have been approved to be in the group. Therefore, a “women’s only group” has a higher likelihood of consisting of women only because they have been vetted before admittance.

Further, flyers and/or referrals at local support organizations, healthcare providers, and community groups that work with abuse survivors were also used to reach an adequate number of participants. For recruitment purposes, the researcher intentionally selected participants who had specific experiences, specifically those who have aged out of reunification camps after experiencing parental alienation claims (Tracy, 2019). This targeted approach was essential for gathering rich, relevant data (Tracy, 2019). As participants were chosen based on predefined criteria to ensure all samples were directly relevant to the research questions, purposive sampling was necessary (Tracy, 2019).

Data were collected via semi-structured interviews on Zoom. These semi-structured in-depth interviews allowed for the collection of detailed personal narratives that capture the complexities of children's experiences, emotions, and perceptions regarding parental alienation and reunification camps (Busetto et al., 2020; Maxwell, 2021). To ensure this study met the proper level of reliability, the researcher utilized a standard interview guide to help standardize data collection methods (Braun & Clarke, 2021). The researcher also frequently focused on reflexivity, in which she examined and reflected on her own background and biases to help eliminate any biases from interfering with the study and to maintain consistent interpretations throughout the analysis (Braun & Clarke, 2021; Fugard & Potts, 2020). Data were also supplied to the researcher's advisor to help check for reliability (Braun & Clarke, 2021).

Interviews were recorded and transcribed verbatim (Braun & Clarke, 2021). This helped in identifying and analyzing patterns or themes within the qualitative data, ensuring that the meanings behind the experiences are captured (Fugard & Potts, 2020). I familiarized myself with the data and identified initial significant features or patterns through initial coding (Braun & Clarke, 2021; Fugard & Potts, 2020). These were grouped into major categories, or themes,

through identifying connections and organizing them into categories that reflect primary patterns in the data (Braun & Clarke, 2021). Themes were refined as necessary to ensure they continue to accurately represent the data and were then defined and named (Braun & Clarke, 2021; Fugard & Potts, 2020). Once analysis was complete, the researcher conducted member checking in which she shared the interpretations of the interviews with the participants to help ensure the accuracy of the data (Braun & Clarke, 2021; Fugard & Potts, 2020). I also maintained detailed documentation of the research process, including decisions made and changes in direction (Braun & Clarke, 2021; Fugard & Potts, 2020). This helped ensure the validity of the study (Braun & Clarke, 2021; Fugard & Potts, 2020). As the focus was primarily on exploring lived human experiences and understanding the complexity of how various components work together, thematic analysis was selected as the most appropriate analytic approach (Fugard & Potts, 2020). This helped in identifying and analyzing patterns or themes within the qualitative data, ensuring that the participants' interpretations of their experiences were captured (Fugard & Potts, 2020).

Research Questions

RQ1

What are the lived experiences of aged-out children who have participated in reunification therapy or camps following parental alienation claims?

RQ2

What are the psychological and emotional impacts of attending reunification therapy or camps on these children? Specifically, how do participants retrospectively describe their emotional states before, during, and after their time in the therapy or camps?

RQ3

What coping mechanisms and strategies do aged-out children employ in response to their experiences of trauma and reunification efforts?

RQ4

What long-term effects do participants report in their relationships with parents, siblings, and peers following their experiences in reunification therapy or camps?

Significance of the Study

This study was significant because it answered several current calls for research, particularly in understanding the complexities surrounding parental alienation claims (Meier, 2020; Mercer, 2019; Mercer, 2022), reunification camps and therapies (Meier, 2020; Mercer, 2019; Mercer, 2022), and the experiences of aged-out children (Meier, 2020; Pruett et al., 2023). By shedding light on these issues, the current findings contribute to the fields of psychology, family law, and child welfare in several ways.

This study's findings highlight the narratives of children who have experienced the often-overlooked consequences of parental alienation claims and forced reunification (Chester, 2021; Dallam & Silberg, 2016; Mercer, 2022). By focusing on their lived experiences, the research provided critical insights into the emotional and psychological impacts these situations have on young individuals, thus promoting a more child-centered approach in family law. By critically examining the concept of parental alienation and its implications, the study aimed to challenge the validity and application of this controversial label (Rao, 2021). This can lead to greater awareness among legal professionals and mental health practitioners regarding the potential misuse of parental alienation claims, advocating for more nuanced assessments in custody disputes (Dallam & Silberg, 2016; Mercer, 2022). This study examined the origins of parental

alienation, explored what experts say regarding this phenomenon, and examined the implications of its application in custody disputes, particularly in the context of high-conflict cases (Chester, 2021; Dallam & Silberg, 2016; Mercer, 2022).

This study gathered in-depth qualitative data on the emotional and psychological experiences of these children during and after their time in reunification camps. Additionally, this study examined how participants perceived the quality and effectiveness of support provided by camp staff and the impact of these experiences on their relationships with their parents and peers (Dallam & Silberg, 2016; Mercer, 2022). By investigating the specific challenges these children faced as they transitioned out of reunification camps or therapies, particularly in terms of emotional well-being, social reintegration, and family dynamics, this study provided insights that can guide practitioners, policymakers, and support organizations in improving the effectiveness of reunification strategies and support systems for children in high-conflict custody situations (Savci & Gülbahçe, 2024).

The findings also offer valuable insights into the effectiveness of reunification camps and therapies as interventions for children affected by parental alienation (Chester, 2021; Dallam & Silberg, 2016; Mercer, 2022). Understanding the psychological impacts and long-term effects on participants can inform the development of more effective, trauma-informed practices that prioritize the well-being of children (Chester, 2021; Dallam & Silberg, 2016; Mercer, 2022; Savci & Gülbahçe, 2024). Such research is essential for further refining theoretical frameworks, informing future research directions, and improving interdisciplinary discussions (Chester, 2021; Dallam & Silberg, 2016; Mercer, 2022; Savci & Gülbahçe, 2024). Specifically, this study advanced trauma theory as the framework for studying the lived experiences of aged-out children through deepening the understanding of how trauma manifests in their narratives and behaviors,

particularly in the context of parental alienation claims and reunification efforts (Chester, 2021; Dallam & Silberg, 2016; Mercer, 2022; Savci & Gülbahçe, 2024).

Addressing this problem has several important implications for both research and practice. By identifying the specific challenges and psychological impacts faced by aged-out children who have experienced parental alienation and reunification efforts, this research can help inform the development of policies and interventions aimed at promoting survivors' long-term health and well-being (Chester, 2021; Dallam & Silberg, 2016; Mercer, 2022; Savci & Gülbahçe, 2024). This research may help promote trauma-informed care approaches and comprehensive support systems within healthcare and social service settings (Chester, 2021; Dallam & Silberg, 2016; Mercer, 2022; Savci & Gülbahçe, 2024).

Definitions of Key Terms

Coping Mechanisms

Strategies survivors use to manage stress and their impact on physical health (American Psychological Association, 2018).

Court-Ordered

Decisions, actions, or mandates that have been imposed by a court of law. These legal orders may require parents and/or children to comply with specific instructions, such as attend therapy, attend a reunification camp, or follow a visitation schedule. Court-ordered measures are generally enforceable by law, meaning that failure to comply can result in legal penalties or further court actions. (Mercer, 2022).

Custodial Parent

The parent who has primary physical custody of a child, meaning the child lives with them most of the time.

Domestic Violence

A pattern of behavior in which one partner seeks to gain or maintain power and control over the other through various forms of abuse. This can include physical violence (hitting, slapping), emotional or psychological abuse (verbal insults, threats), sexual abuse (coerced sexual acts), economic abuse (controlling financial resources), and isolation (restricting social interactions) (National Domestic Violence Hotline, n.d.).

Estranged Parent

A parent who has lost contact or has a strained relationship with their child, often due to various circumstances such as divorce, conflict, abuse, or personal issues. This estrangement can lead to limited or no communication and may affect the emotional connection between the parent and child. (Mercer, 2022)

Forced Reunification

The involuntary process of reuniting individuals such as children and a parent who have been separated due to various circumstances, such as legal, social, or institutional. Forced implies that one or more parties may be compelled by legal authorities or social services to reunite, despite potential emotional, psychological, or relational challenges. This process can occur in various situations, including cases where abuse is alleged, and often raises ethical concerns regarding the well-being and consent of the individuals involved. Police can enforce these decisions, meaning that police can physically force a child to attend a reunification camp if the court has deemed it necessary (Mercer, 2022).

Health Outcomes

The results or consequences on physical health due to the abusive experience (World Health Organization, 2012).

High Conflict Custody

Refers to situations where parents are embroiled in prolonged, intense, and adversarial legal disputes over the custody of their children. These cases are characterized by persistent conflict, emotional volatility, and often, manipulation or sabotage of the other parent's relationship with the child. High-conflict custody situations may be exacerbated by factors like parental alienation, child abuse allegations, or mental health issues, and can lead to significant psychological stress for all parties involved, particularly the children (Mahrer et al., 2018).

Joint Custody

A legal arrangement where both parents share the responsibility for the care and decision-making of their children (Mercer, 2022).

Long-Term Health Trajectories

Patterns and changes in physical health over time for survivors (Henly, et al., 2012).

Non-Custodial Parent

The parent who does not have primary physical custody of the child. This parent typically has visitation rights and may contribute to the child's upbringing and financial support, but the child primarily lives with the custodial parent. (Mercer, 2022)

Parental Alienation

A contentious label that refers to a situation in which one parent manipulates or influences a child to reject or distance themselves from the other parent. In cases when not factually substantiated such as high conflict custody cases, this term refers to claims or perceptions that one parent is influencing or manipulating a child against the other parent without credible evidence of such behavior (Meier, 2020; Mercer, 2020).

Post-Traumatic Stress Disorder (PTSD)

A mental health condition triggered by a traumatic event, often seen in abuse survivors (American Psychiatric Association, 2013).

Psychological Distress

A state of emotional suffering characterized by symptoms such as anxiety, depression, and stress, often resulting from traumatic or stressful life events (American Psychological Association, 2024).

Psychosomatic Disorders

Conditions where psychological distress manifests as physical symptoms (American Psychiatric Association, 2013).

Reunification Camps

Facilities designed to bring together families or individuals who have been separated, often due to conflict. These specialized facilities provide a structured environment where children and their estranged parent are placed to assist in the process of reestablishing familial bonds (Avalle et al., 2022).

Reunification Therapy

A therapeutic process aimed at helping estranged family members, particularly parents and children, rebuild and strengthen their relationships. It often involves guided sessions where a trained therapist facilitates communication, addresses underlying issues, and promotes understanding to foster reconciliation and healthier interactions (Avalle et al., 2022; Baker, 2020).

Somatization of Symptoms

The expression of psychological or emotional stress as physical symptoms such as a headache or sleep disturbances (Fernandez et al., 2024).

Summary

The purpose of this qualitative semi-structured interview study was to explore and understand the lived experiences of aged-out children who have participated in court-ordered reunification camps or therapies within the context of high-conflict custody to gain insights into their emotional and psychological well-being, identify the challenges they faced in being forced to complete these programs, and understand their perceptions of the effectiveness of reunification efforts. A qualitative semi-structured interview study design was deemed most appropriate for this topic as the needed information required a deep understanding of personal narratives and subjective experiences that could be provided with rich details (Busetto et al., 2020; Maxwell, 2021). The study population was individuals over the age of eighteen who were forced to participate in reunification therapy or reunification camp with a parent prior to turning eighteen. A sample of 10 participants was recruited through contact with the creator and organizer of a national organization that focuses on challenges faced by parents navigating the family court system, especially in cases involving high-conflict custody disputes and parental alienation.

Recruitment took place predominantly via the founder and owner of a national organization who assists families with high-conflict custody cases. Data were collected via semi-structured interviews with the researcher over Zoom. The interviews were conducted using a researcher-developed interview guide consisting of sixteen questions about the retrospective thoughts and feelings regarding how individuals feel regarding being forced to participate in reunification therapy or reunification camps. Participants' data were transcribed word-for-word, coded, organized into categories, compared, and synthesized to identify common themes (Busetto et al., 2020; Maxwell, 2021; Tracy, 2019). The Zoom Pro transcription feature of the

program was used to transcribe the interviews. Once the data analysis was complete and a preliminary draft of the study was prepared, each participant had the opportunity to review their respective sections of the research (Braun & Clarke, 2021; Fugard & Potts, 2020). This allowed them to confirm the accuracy of the analysis and ensured that their perspectives were represented without researcher bias (Braun & Clarke, 2021; Fugard & Potts, 2020). This process is referred to as member checking (Braun & Clarke, 2021; Fugard & Potts, 2020).

This dissertation aimed to provide a better understanding of the lived experiences of those impacted by reunification camps or therapies, contributing valuable insights to both academic literature and practical applications (Connors, 2019; Gutowski & Goodman, 2020; Meier, 2020). By advocating for trauma-informed approaches and comprehensive support systems, the research hoped to influence policies that prioritize the well-being of children and families, fostering healthier relationships and more equitable outcomes in custody disputes (Connors, 2019; Gutowski & Goodman, 2020; Meier, 2020). This focus is essential for several reasons, including providing a more comprehensive and holistic view of the survivor experience, increased awareness for healthcare providers and policymakers, and identifying and addressing gaps in existing research (Connors, 2019; Gutowski & Goodman, 2020; Meier, 2020). This study contributed to the field by highlighting the intricate dynamics of parental alienation claims, forced reunification camps and therapies, and the potential harms of these practices, which may further exacerbate trauma in children.

Chapter 2: Literature Review

The purpose of this qualitative phenomenological study was to explore and understand the lived experiences of aged-out children who have participated in reunification camps or therapies within the context of high-conflict custody to gain insights into their emotional and psychological well-being, identify the challenges they faced in being forced to complete these programs, and understand their perceptions of the effectiveness of reunification efforts. The problem to be addressed in this study was that there is little empirical research on the efficiency of forced reunification when there have been claims of child abuse. The specific research problem was the call for additional qualitative research into the effects of forced reunification therapy or reunification camps (Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019). Trauma theory provided the framework for this study.

Documentation

A comprehensive literature review was conducted to explore existing research and theoretical frameworks relevant to the study. By critically analyzing past studies and identifying theoretical patterns in literature, this chapter establishes a foundation for understanding the scope of the research problem. Research conducted included utilizing online databases including ProQuest, EBSCO, and APA PsychInfo. The searches in these databases involved examining peer-reviewed literature on topics relevant to the study. Keywords that were used to search for articles include *reunification therapy*, *reunification camps*, *parental alienation*, *psychological impact*, *high conflict*, *custody*, *trauma*, *trauma theory*, *court mandated*, *court ordered*, and *Kayden's Law*. Publication years were limited to the past five years (2019 - present) as much as possible.

This review will focus on information regarding key topics involved in this study. Specifically, this review examined background information on parental alienation, high-conflict custody cases, and reunification therapy and reunification camps.

Theoretical Framework

Trauma theory provides a compelling framework for understanding the lived experiences of children forced to attend reunification therapy or camps. By focusing on the psychological and emotional impacts of adverse experiences, this theoretical perspective highlights how such involuntary interventions can create significant trauma in children's lives, and how this trauma may follow them throughout their lives (Shoshani, 2024; Tahan et al., 2021). Trauma theory sheds light on the potential psychological effects, such as anxiety and identity disruption, and emphasizes the importance of attachment in shaping their responses (Tahan et al., 2021). Moreover, trauma theory allows for a critical examination of the effectiveness of these therapeutic interventions, exploring how they may contribute to healing or exacerbating existing trauma (Tahan et al., 2021). This framework emphasizes the need to amplify children's voices, specifically by examining their resilience amid challenging circumstances (Tahan et al., 2021).

History of Trauma Theory

Trauma theory has evolved over time and is rooted in psychological and sociological studies of stress and trauma responses (Ringle, 2019). While trauma and theories surrounding it have existed for many centuries, modern trauma theory was first introduced by Jean-Martin Charcot, a French neurologist who focused on studying hysteria (Ringle, 2019). According to Charcot, hysteria was a condition that was characterized by a wide array of neurological and psychological symptoms and was often diagnosed in women (Ringle, 2019). Charcot's studies in Salpêtrière Hospital in Paris found that hysteria could be grouped into categories based on

clinical features and then classified into organic diseases; he noted that hysteria was rooted in psychological rather than physiological factors (Jovic & Varvin, 2022). This was the beginning of the modern exploration of trauma and the related effects (Jovic & Varvin, 2022).

During the 1800s, Sigmund Freud advanced the study of trauma theory (Bulut, 2019). Through his work in the late 19th century, Freud introduced the idea of psychological trauma as a significant factor in mental health, particularly with his studies on hysteria (Bulut, 2019). Freud suggested that unresolved traumatic experiences could manifest as psychological symptoms (Bulut, 2019). These concepts were further explored and advanced following World War I. In the early 1900s, the term "shell shock" emerged to describe the psychological effects experienced by soldiers (Cyprus, 2021). This marked the first widespread recognition of trauma's psychological impact (Cyprus, 2021). By the late 20th century, the diagnosis of post-traumatic stress disorder (PTSD) was formalized in the DSM-III (1980), providing a framework for understanding trauma-related symptoms (Hasselle et al., 2024; Tracy et al., 2023). In the late 1970s and 1980s, feminist scholars highlighted the prevalence of gender-based violence, particularly domestic abuse (Hasselle et al., 2024; Tracy et al., 2023). Their work emphasized the need to understand trauma within the context of societal power dynamics and the lived experiences of women (Hasselle et al., 2024; Tracy et al., 2023).

In the 1990s, work conducted by Peter Levine introduced somatic experiencing as a therapeutic approach that recognizes the connection between mind and body in processing trauma (Dent, 2020). This was further developed by van der Kolk in his book, "The Body Keeps the Score," which highlights how trauma affects the brain and body, advocating for holistic approaches to treatment that include physical interventions rather than just psychological interventions (Dent, 2020). This, combined with a growing awareness of trauma-informed care

and practices, has led to practitioners emphasizing understanding the prevalence and impact of trauma in various populations (Cureton & Jones, 2017; Dent, 2020). This approach promotes environments that prioritize safety, trustworthiness, and empowerment of the survivor. Further research, particularly on the protective factors, has recently made its way into the theory. Current research highlights resilience, exploring factors that help individuals recover from trauma (Cureton & Jones, 2017; Dent, 2020). Studies continue to highlight protective factors such as supportive relationships and adaptive coping strategies (Cureton & Jones, 2017; Dent, 2020). Trauma theory continues to evolve as research allows more insight into deeper aspects and is sometimes known as contemporary trauma theory (CTT) today to indicate a broader, more nuanced perspective that recognizes the complex interplay of individual, cultural, and historical factors to form a more well-rounded understanding of trauma (Dent, 2020).

Trauma theory highlights how such involuntary interventions as court-ordered reunification may have shaped an individual's psychological and emotional backgrounds. This framework allows researchers to explore the profound effects of being forcibly removed from familiar environments and placed in therapeutic settings, often without their consent. It provides insight into how such experiences can lead to feelings of helplessness, anxiety, and identity disruption, impacting their ability to form healthy relationships and navigate their transition to adulthood (Hasselle et al., 2024; Tracy et al., 2023). Additionally, trauma theory emphasizes the importance of understanding individual narratives, enabling a deeper comprehension of how these youth processed their experiences and developed coping mechanisms (Hasselle et al., 2024; Tracy et al., 2023). By applying this lens, researchers can critically assess the effectiveness of reunification therapies and advocate for more sensitive, trauma-informed approaches that prioritize the well-being of affected youth (Hasselle et al., 2024; Tracy et al., 2023).

Trauma theory emphasizes how traumatic experiences, particularly during formative years, can disrupt a child's psychological and emotional development (Dent, 2020; Levine, 2021). When children are separated from their parents or caregivers, whether due to abuse, neglect, or foster care placements, it can have lasting effects on their sense of safety, attachment, and trust (Levine, 2021). A key issue that opponents argue is that forced reunification therapy often fails to consider the developmental impact of early separation or trauma (Levine, 2021; Meier, 2020; Mercer, 2022). If children have experienced harm in their family environment, forcibly reintroducing them to a parent they fear or who has caused them harm can re-trigger their trauma responses (Meier, 2020; Mercer, 2022). If the child perceives the reunification process as coercive or re-traumatizing, for instance in cases of being forced to interact with a parent who has been abusive, it could exacerbate their existing trauma (Levine, 2021; Meier, 2020; Mercer, 2022). Trauma theory emphasizes a child-centered, voluntary, and gradual approach, rather than something that feels like a burden or forced healing (Dent, 2020; Levine, 2021).

Trauma theory has traditionally focused on individual responses to discrete traumatic events, specifically the more immediate effects and overt impact of such events. However, it is essential to extend existing trauma theory to better understand the lasting emotional, psychological, and social consequences of these experiences (Bonano, 2021; Ford & Courtois, 2020). Specifically, the unique nature of court-ordered reunification therapy based on unfounded or harmful claims, such as the controversial and scientifically debunked theory of parental alienation, required a more nuanced framework (Levine, 2021). These aged-out individuals may grapple with complex or compound trauma, and there have been calls for extended research in these areas. Bonano (2021) and Ford and Courtois (2020) called for more research to expand

trauma theory to include trauma in complex situations such as in contexts like chronic abuse, domestic violence, or exposure to systemic discrimination. An extended program of reunification therapy or lengthy exposure to an unsafe parent would almost certainly qualify.

Particularly important may be examining the possible dissonance these individuals feel between their lived reality and the court's decisions that involve forced reunification with often toxic or unsafe parental figures, and the long-term distrust in systems meant to protect them (Bernard et al., 2020; Griffin, 2020). There have also been calls for research to expand trauma theory in examining healing techniques and programs. Griffin (2020) and Bernard et al. (2020) called for an extension of trauma theory to examine ways to better integrate factors such as cultural importance and community-based practices, which this study will help accomplish.

Trauma Theory and Stress

Trauma theory also suggests that exposure to traumatic events such as domestic violence or child abuse activates the body's stress response system, which releases cortisol and adrenaline (Adams et al., 2023; Sütterlin, 2020). These can have a long-term effect on physical conditions, and extended times of having these hormones at elevated levels can build up and cause psychological issues (Adams et al., 2023). The body can then change these psychological issues into physical symptoms in a process known as somatization (Adams et al., 2023). Alternatively, a prolonged activation of the stress response system may play a role in certain physical conditions including cardiovascular diseases and weakened immunity (Sütterlin, 2020).

Trauma theory further states that when a person has witnessed or experienced a deeply traumatic event, they may develop PTSD (Dent, 2020; Levine, 2021). Symptoms may vary for each individual, but some symptoms may include re-experiencing the trauma through nightmares or flashbacks, avoiding possible triggers of the event, hyperarousal, and changes in mood such as

depression (Dent, 2020; Levine, 2021). The effects of PTSD also vary greatly and can cause mild to severe distress and impairment in a person's life (Dent, 2020; Levine, 2021).

According to trauma theory, trauma can be viewed as an emotional response, however there may be physical aspects of the trauma response (van der Kolk, 2014). The more severe or prolonged the trauma is, the higher the likelihood that the person is diagnosed with PTSD (van der Kolk, 2014). Reunification therapy or reunification camp is generally a repeated and/or lengthy experience (van der Kolk, 2014). Therefore, survivors of reunification therapy or reunification camp may be more likely to develop more severe PTSD (van der Kolk, 2014).

Trauma Theory and Autonomy

A key tenet in the contemporary trauma theory is the importance of autonomy, especially when healing. According to Judith Herman (Karsten, 2024), healing from trauma requires survivors to regain a sense of control over their lives and experiences. Forced reunification therapy often undermines this sense of autonomy, especially when children feel they are being coerced into something that goes against their own sense of safety or well-being (Parker, 2021; Silberg, 2021). Children who are forced into reunification with an abusive or neglectful parent may experience significant feelings of having their power taken away, as their ability to control the situation is stripped away (Hotoda, 2019). This can undermine their trust in caregivers, therapists, and systems that are supposed to protect them, which may exacerbate trauma symptoms (Hotoda, 2019). When children feel they have no choice but to participate in reunification therapy, they may dissociate or suppress their emotions to cope with the overwhelming situation (Hotoda, 2019). This can lead to longer-term disengagement, mistrust, and feelings of alienation from both the family and the therapeutic process (Hotoda, 2019; Parker, 2021). If not adequately addressed, these long-term issues may continue to grow into

mental illnesses later in life such as depression, anxiety, distrust, negative self-esteem concerns, substance abuse, and PTSD (Hotoda, 2019; Parker, 2021).

Suitability of Theoretical Framework

Attachment theory was also considered for this study. Attachment theory emphasizes the importance of early relationships, particularly the bond between children and their caregivers, in shaping emotional development and later relationships (Forsslund et al., 2021). In the context of this study, attachment theory could help explain how forced reunification with problematic or unsafe parents could disrupt the attachment processes and lead to long-term difficulties in forming healthy relationships (Forsslund et al., 2021). However, attachment theory proved to be less comprehensive in addressing the multifaceted emotional, psychological, and social dimensions of trauma experienced by these individuals. It primarily focuses on early attachment disruptions, which might not fully capture the compounded effects of forced reunification and the systemic, institutional aspects of the trauma. Trauma theory was deemed as the most fitting framework because it provides a comprehensive lens through which to examine the multiple elements and dimensions of aged-out youths' experiences (Downey & Crummy, 2021; Sacchi et al., 2020). It allows for a deeper exploration of the emotional and cognitive aftermath of being forced into reunification with potentially harmful or unsafe parental figures, especially under the influence of uncertain claims like parental alienation (Downey & Crummy, 2021; Sacchi et al., 2020).

Trauma theory is the preferred theory for guiding this study as it provides a framework about how involuntary experiences in reunification therapy or camps can exacerbate psychological distress among aged-out youth (Hasselle et al., 2024; Tracy et al., 2023). Trauma theory highlights the significance of understanding the emotional and cognitive responses that

arise from being subjected to these interventions, often without consideration for the youth's feelings or readiness (Hasselle et al., 2024; Tracy et al., 2023). This approach underscores the need to investigate not only the immediate impacts of forced reunification but also the long-term consequences on mental health, identity formation, and relational dynamics (Hotoda, 2019; Parker, 2021). Ultimately, trauma theory serves as a critical lens that illuminates the complexities of these youths' lived experiences, encouraging a deeper understanding of their struggles and resilience (Hotoda, 2019; Parker, 2021).

Impacts of Divorce on Children

Divorce is a significant life event that can have a lasting impact on children, influencing their emotional, psychological, and social development (Caksen, 2021; Douglas, 2020). While the effects of divorce vary depending on factors such as age, temperament, and the nature of the parent-child relationship, research consistently shows that children may experience a range of challenges, including feelings of loss, confusion, and insecurity (Caksen, 2021; Douglas, 2020). The disruption of family structure, changes in living arrangements, and the emotional distress of parents can all contribute to a child's adjustment (Caksen, 2021; Douglas, 2020). Understanding these impacts is essential for providing appropriate support to children navigating the complexities of divorce, as well as for developing strategies to mitigate potential negative outcomes (Caksen, 2021; Douglas, 2020). This section explores the various ways in which divorce affects children, with a focus on both short-term trauma and long-term consequences.

Trauma

Trauma is broadly defined in this theory as an emotional reaction to a distressing event that exceeds a person's capacity to cope (Jovic & Varvin, 2022). It typically arises from

unpredictable, uncontrollable events (Jovic & Varvin, 2022; Ringle, 2019). Trauma can have an enormous impact on an individual throughout their life. These effects can emerge from various sources, such as familial conflict, abuse, or disruptions in caregiving relationships (Downey & Crummy, 2021; Sacchi et al., 2020). Traumatic experiences can leave lasting psychological wounds, manifesting in symptoms like anxiety, depression, and difficulty forming secure attachments (Jovic & Varvin, 2022; Ringle, 2019). Trauma often disrupts an individual's sense of safety and stability, leading to heightened stress responses and impaired functioning in daily life (Jovic & Varvin, 2022; Ringle, 2019). Further, Adams et al. (2023) have shown that trauma can lead to physical changes in the brain, particularly in areas responsible for stress management, regulation, and emotional processing. These physical brain changes may contribute to long-term physical conditions that may present throughout one's life, long after the traumatic event(s) has passed (Adams et al., 2023).

Understanding trauma is essential for recognizing its profound impact on individuals, especially children, who may struggle to articulate their feelings and navigate the complexities of their experiences (Jovic & Varvin, 2022; Ringle, 2019). Understanding the ramifications of trauma is crucial, as it shapes not only the immediate emotional landscape of affected children but also their long-term mental health and overall development (Downey & Crummy, 2021; Sacchi et al., 2020). This understanding can inform therapeutic approaches that aim to foster resilience and healing in those affected by trauma (Jovic & Varvin, 2022; Ringle, 2019).

Trauma, particularly from repeated traumatic experiences such as child abuse and/or forced reunification, often results in deep-rooted issues with trust, identity, and attachment (Dent, 2020; Levine, 2021; Meier, 2020; Mercer, 2021). If children have been exposed to ongoing abuse or neglect, the stress from the forced reunification process can exacerbate existing trauma

symptoms such as hyperarousal, becoming emotionally numb, and dissociation (Dent, 2020; Levine, 2021; Meier, 2020; Mercer, 2021). In forced reunification settings, the therapeutic process may overlook the child's long-standing emotional injuries, potentially deepening their confusion, fear, and mistrust of adults or authority figures (Dent, 2020; Levine, 2021; Meier, 2020; Mercer, 2021). Children in these situations might feel caught between conflicting loyalties or feel pressured to conform to expectations that deny their lived experience (Dent, 2020; Levine, 2021; Meier, 2020; Mercer, 2021).

Custody Disputes

The dissolution of a marriage or similar family unit introduces a host of challenges that affect children's development, and these challenges can be magnified in situations where parents engage in contentious custody battles (Baude et al., 2019; Drozd et al., 2019; Steinbach & Augustijn, 2022). Custody disputes, marked by prolonged conflict over parental rights and living arrangements, can destabilize children's emotional well-being and alter their relationships with both parent (Baude et al., 2019; Drozd et al., 2019; Steinbach & Augustijn, 2022). These can lead to emotional distress, behavioral changes, and negative long-term outcomes in several ways (Baude et al., 2019; Drozd et al., 2019; Steinbach & Augustijn, 2022).

Children caught in custody disputes often experience significant emotional and psychological distress (Baude et al., 2019; Drozd et al., 2019; Steinbach & Augustijn, 2022). Research consistently shows that children of divorced parents are at an increased risk of depression, anxiety, and low self-esteem (Baude et al., 2019; Drozd et al., 2019; Steinbach & Augustijn, 2022). When parents are engaged in high-conflict disputes over custody, the stress associated with living in a divided home can exacerbate these conditions (Baude et al., 2019; Drozd et al., 2019; Meier, 2020). Children may feel caught in the middle, forced to choose sides,

or act as intermediaries between their parents (Baude et al., 2019; Drozd et al., 2019; Meier, 2020). This sense of conflict in loyalty can lead to feelings of guilt, confusion, and powerlessness (Drozd et al., 2019; Meier, 2020). Studies have demonstrated that children who are exposed to high-conflict divorces are more likely to experience emotional dysregulation, difficulty trusting others, and challenges with attachment in future relationships (Baude et al., 2019; Drozd et al., 2019; Meier, 2020; Steinbach & Augustijn, 2022).

Custody disputes can also affect children's sense of stability and security (Baude et al., 2019; Drozd et al., 2019; Meier, 2020; Steinbach & Augustijn, 2022). A child's world is often grounded in the routines and structures established by their parents (Baude et al., 2019; Drozd et al.). However, when parents are involved in contentious custody battles, these routines are frequently disrupted, and children may experience inconsistent caregiving (Baude et al., 2019; Drozd et al.). The unpredictability of visitation schedules and the fear of losing contact with a parent can also lead to increased anxiety and a diminished sense of emotional safety (Baude et al., 2019; Drozd et al., 2019; Steinbach & Augustijn, 2022). Further, the possible threat of forced reunification increases these stressors and the difficulties that come with them (Drozd et al., 2019; Meier, 2020). This instability can interfere with a child's ability to focus on their education and social relationships, further compounding the emotional toll of divorce (Drozd et al., 2019; Meier, 2020).

Reunification

As previously stated, divorce represents a significant disruption in the lives of children, often leading to emotional, psychological, and social challenges (Auersperg et al., 2019; Shaw & Geffner, 2022). While the long-term effects of divorce can vary based on a range of factors such as the child's age, temperament, and the degree of conflict between parents, one issue that has

garnered increasing attention is the concept of forced reunification (Auersperg et al., 2019; Miralles et al., 2023; Shaw & Geffner, 2022). Reunification after divorce refers to the process of re-establishing a relationship between a child and one or both parents, particularly in situations where there has been a period of estrangement (Auersperg et al., 2019; Miralles et al., 2023; Shaw & Geffner, 2022). While maintaining a relationship with both parents is generally considered beneficial for the child, the method by which reunification is pursued can have significant consequences (Auersperg et al., 2019; Miralles et al., 2023; Shaw & Geffner, 2022). Forced reunification, where a child is coerced or pressured into resuming contact with a parent with whom they have had limited or no contact, can have detrimental effects on the child's emotional well-being and development (Auersperg et al., 2019; Miralles et al., 2023; Shaw & Geffner, 2022).

One of the first psychological aspects that a person experiences is attachment, often with their caregivers (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). Children's attachment bonds are sensitive to the quality of their relationships with their caregivers (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). When a child has been removed or distanced from one parent, either due to conflict or circumstances surrounding the divorce, the re-establishment of these bonds should proceed gradually and with the child's emotional needs in mind (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). Forced reunification attempts, however, often ignore these psychological complexities, prioritizing the restoration of family structure over the child's autonomy and emotional readiness (Berman & Weisinger, 2022; Chester, 2021). This can lead to feelings of fear, anger, confusion, and helplessness in children who are not emotionally prepared to reconnect with a parent they may not trust or feel comfortable with (Mahrer et al., 2018).

Further, the pressure to reunite with a parent can exacerbate the child's feelings of divided loyalty, particularly if the child perceives that their other parent may be distressed by the reunion or if the reintroduced parent is perceived as unsafe or emotionally unavailable (Dalgarno et al., 2024; Mahrer et al., 2018). This internal conflict can lead to anxiety, depression, and difficulties in forming healthy relationships in the future. The forced nature of the reunification process often prevents the child from processing their own emotions about the divorce and the estrangement, leaving them without the necessary coping mechanisms to navigate the complex situation (Berman & Weisinger, 2022; Chester, 2021).

The effects of forced reunification are often compounded by the child's developmental stage (Berman & Weisinger, 2022; Chester, 2021). Younger children may struggle with abstract reasoning and a lack of emotional regulation, making it harder for them to process complex feelings about the separation and the potential return of a parent (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). In contrast, older children and adolescents are more likely to have a clearer understanding of the dynamics at play and may experience feelings of betrayal, abandonment, or guilt if they are pressured into re-establishing a relationship with a parent they perceive as neglectful, emotionally unavailable, or harmful (Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024; Schaan et al., 2019).

Research has shown that children who are forced into reunification often display symptoms of psychological distress such as heightened anxiety, depression, post-traumatic stress, and even behavioral problems (Dalgarno et al., 2024; Miralles et al., 2023; Mercer, 2024; Schaan et al., 2019). This may include withdrawing from both parents, acting out in school, or becoming increasingly resistant to the process of reunification (Miralles et al., 2023; Mercer, 2024; Schaan et al., 2019). These negative emotional and behavioral outcomes can persist long

after the reunification effort has ended, influencing the child's future relationships and their overall psychological adjustment (Miralles et al., 2023; Schaan et al., 2019).

When allegations of abuse are made by a child against the parent with whom they are being forced to reunify, the psychological and emotional consequences of such forced reunification become even more severe (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020). Allegations of abuse, whether physical, emotional, or sexual, represent a profound violation of trust, and they alter the dynamics of the parent-child relationship in ways that cannot be easily undone through coercive reunification efforts (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020). In cases where the child has made claims of abuse, forcing them to reconnect with the alleged abuser not only disregards the child's emotional safety but may also contribute to ongoing trauma (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020).

Children who have experienced abuse, or who believe they have experienced abuse, often develop protective mechanisms to shield themselves from further harm (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020). These mechanisms can include dissociation, avoidance, or resistance to contact with the abusive parent (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020). Reunification efforts that disregard the child's claims of abuse in favor of enforcing contact with the accused parent can undermine the child's sense of safety, leading to further distress, re-traumatization, and a breakdown of trust in both the legal and therapeutic systems that are supposed to protect them (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020).

The emotional and psychological effects of forcing a child to reunite with an abusive parent can be profound and long-lasting (Douglas, 2020; Finkelstein & Grebelsky-Lichtman,

2021; Mercer, 2024). Research in child development and trauma psychology suggests that children who are coerced into contact with an abusive parent experience heightened anxiety, depression, and PTSD symptoms (Mercer, 2024). This may lead to an increase in anxiety and depression symptoms, as the child may feel as though they have no control over their own safety, leading to feelings of helplessness, terror, and confusion (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). If forced reunification is conducted in a way that minimizes the child's autonomy or disregards their fears, it can exacerbate these feelings, making the child more likely to experience panic attacks, nightmares, or behavioral regression (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024).

Reunification with an abusive parent, especially if the allegations are dismissed or ignored, can re-trigger traumatic memories, making it feel as though the abuse is still ongoing (Kohutis, 2022; Mercer, 2024; Shaw & Geffner, 2022). This re-traumatization can lead to severe emotional distress, such as dissociation or avoidance behaviors, where the child withdraws emotionally or physically from the abusive parent, even during forced reunification efforts (Kohutis, 2022; Mercer, 2024). Given the combined stress of forced reunification under abusive circumstances, children may also exhibit a range of behavioral issues such as anger, defiance, withdrawal, or self-destructive behaviors, even if no previous behaviors were reported in the child (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). This emotional dysregulation is a direct result of the child's unmet emotional needs and lack of safe spaces to process their trauma (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024).

While the above-mentioned short-term consequences may be severe in themselves, the long-term consequences may also have life-long effects. For example, the long-term developmental consequences of forced reunification after allegations of abuse are significant

(Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). For many children, the experience can have lasting effects on their ability to form healthy relationships in the future, including with peers, romantic partners, and their own children (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). Secure attachment bonds are built on trust, safety, and consistent caregiving (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). When a child is forced to reunite with an abusive parent, the foundational trust required for healthy attachment is disrupted and often lacking. This can manifest later in life as difficulty in forming stable, trusting relationships, and an increased susceptibility to unhealthy or abusive relationships (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). Children who experience abuse and are coerced into continuing relationships with the abuser may struggle with understanding healthy relationship boundaries (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024). They are at a heightened risk of normalizing abusive behaviors and may, in some cases, either perpetuate the cycle of abuse in their own relationships or fall into victim roles in future abusive dynamics (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021; Mercer, 2024).

The internal consequences of forced reunification are often severe as well. Studies have shown that children who experience trauma, particularly in the context of familial relationships, are at higher risk for developing mood and anxiety disorders in adolescence and adulthood, specifically anxiety and depression (Kohutis, 2022; Mercer, 2024). The unresolved emotional pain and fear surrounding the abusive parent-child relationship may lead to long-term mental health struggles, including depression, social isolation, and chronic anxiety (Kohutis, 2022; Mercer, 2024). Further, children who feel invalidated or forced into traumatic situations may internalize the notion that their feelings and experiences are not worthy of protection (Kohutis,

2022; Mercer, 2024). This can have long-lasting effects on their self-esteem and sense of personal value (Kohutis, 2022; Mercer, 2024). Many survivors of abuse struggle with feelings of shame, guilt, or inadequacy, which can affect their academic, social, and professional achievements as they grow older (Kohutis, 2022; Mercer, 2024).

Therapeutic interventions, such as family therapy or child-focused counseling, can be helpful in mediating the process, providing a safe space for the child to express their feelings, and supporting the parent-child relationship as it evolves, ideally in a gradual manner (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020). In these interventions, emphasis should be placed on the child's autonomy and emotional experience, with the understanding that healthy relationships take time to rebuild and may require flexibility and sensitivity to the child's changing needs (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020).

A healthier approach to reunification prioritizes the well-being of the child over the desires or claims of the parents (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020). This approach recognizes that children need time, space, and emotional support to process the events surrounding the divorce and adjust to the changed family dynamic (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020). Reunification should not be viewed as an immediate or forced objective, but rather as a gradual process that must be navigated with the child's emotional and physical safety and readiness in mind (Birchell & Choudhry, 2021; Dalgarno et al., 2024; Mackenzie et al., 2020).

Statistics and Commonality

Divorce is a common occurrence in contemporary society, with significant implications for children who are involved. According to the American Psychological Association (APA), nearly 40 to 50 percent of marriages in the United States end in divorce, and approximately 50

percent of children will experience the divorce of their parents by the age of 18 (Lebow, 2019). Internationally, the rates of divorce vary, but the trend is similar in many developed nations, suggesting that divorce is a widespread phenomenon affecting millions of children globally (Lebow, 2019).

The impact of divorce on children is influenced by a variety of factors, including the child's age, temperament, the level of conflict between parents, and the quality of the relationship with each parent post-divorce (Caksen, 2021; Douglas, 2020; Sorek, 2019). While many children adapt and adjust to life after divorce, others struggle with the emotional, psychological, and behavioral consequences (Caksen, 2021; Douglas, 2020; Sorek, 2019). These challenges can include increased levels of anxiety, depression, behavioral problems, and difficulties in academic and social settings (Caksen, 2021; Douglas, 2020; Sorek, 2019). According to research by Amato (2001) and Kunz (2018), children of divorced parents are at a higher risk of experiencing emotional distress compared to children from intact families. Studies show that approximately twenty-five to thirty percent of children of divorced parents exhibit moderate to severe psychological distress, including depressive symptoms and difficulties with emotional regulation (Kunz, 2018).

Furthermore, children from high-conflict divorced homes, particularly those who witness or are involved in ongoing disputes, are at an even higher risk of suffering from anxiety, behavioral issues, and poor academic performance (Lange et al., 2022; Radetzki et al., 2021). Divorce can act as a stressor, and when combined with other factors such as parental conflict or abuse allegations, the effects are compounded. Radetzki et al. (2021) found that divorce in high conflict cases was particularly damaging to children's emotional regulation.

While research on forced reunification in the context of abuse allegations is still limited, studies examining the broader issue of child abuse and parental contact after divorce provide valuable insights. A study by the Leadership Council on Child Abuse and Interpersonal Violence (LC) found that in custody disputes involving abuse allegations, approximately 75% of children are ordered by courts to have unsupervised contact with the parent against whom the abuse was alleged (Dalgarno et al., 2024). In cases where these children were subjected to forced reunification, 60% of them exhibited increased signs of emotional distress, and 40% showed worsening symptoms of PTSD and attachment disorders after being reintroduced to the alleged abuser (Dalgarno et al., 2024). Additionally,, Lapierre et al. (2024) revealed that children who are forced to reunify with an abusive parent have a higher likelihood of developing long-term behavioral and emotional issues, including depression, self-harm, and difficulties with interpersonal relationships. These children often feel as though their voices are not being heard, and their safety concerns are disregarded, which leads to further mistrust of both adults and institutions that are supposed to protect them (Lapierre et al., 2024).

Introduction to Family Court Law

Family law is designed to govern the legal aspects of familial relationships, including divorce, child custody, visitation, and child support. In divorce cases involving children, the family court's primary concern in every instance is determining the best interests of the child (Cao et al., 2022; O'Brien, 2021). However, the definition of what constitutes the "best interests" can be subjective and depends on a variety of factors, including the child's physical, emotional, and psychological needs, the stability of each parent's home environment, and the history of the parental relationship (Cao et al., 2022; O'Brien, 2021; Rao, 2021).

Family law is also supposed to play a critical role in ensuring that children's rights are upheld during and after divorce proceedings (Cao et al., 2022; O'Brien, 2021). Courts are tasked with creating custody arrangements that provide children with stability, continuity, and access to both parents, assuming they are safe individuals (Cao et al., 2022; O'Brien, 2021). In cases where one parent has been accused of abuse, however, family law becomes more complex, as courts must carefully assess whether reunification with the alleged abusive parent is in the best interest of the child (Meier, 2020).

Judges often rely on expert testimony, including input from child psychologists, social workers, and other professionals, to evaluate the nature of the allegations and determine appropriate custody and visitation arrangements (O'Brien, 2021; Rao, 2021). In some cases, courts may order supervised visitation or therapy to facilitate reunification (Meier, 2020). However, if a child has made credible allegations of abuse, forced reunification should be avoided as it may cause further harm and re-traumatization to the child (Berman & Weisinger, 2024; Meier, 2020; Mercer, 2022). Unfortunately, courts are repeatedly ordering forced reunification in these cases as well (Meier, 2020; Mercer, 2022).

While courts may view reunification as a pathway to healing, especially in cases where one parent has been estranged from the child, the process becomes dangerous when the reunification involves an abusive parent (Berman & Weisinger, 2024; Meier, 2020; Mercer, 2022). Forced reunification disregards the emotional and psychological needs of the child and can perpetuate trauma (Berman & Weisinger, 2024; Meier, 2020; Mercer, 2022). Studies have shown that children who are forced into contact with an abusive parent are at a heightened risk of suffering from anxiety, depression, post-traumatic stress disorder (PTSD), and behavioral problems (Berman & Weisinger, 2024; Meier, 2020; Mercer, 2022). The emotional scars of such

experiences can last into adulthood, often leading to difficulties with attachment, relationship formation, and mental health (Berman & Weisinger, 2024; Meier, 2020; Mercer, 2022).

From a legal perspective, forced reunification after allegations of abuse may violate the child's right to protection from harm (Meier, 2020; Rao, 2021). Family law courts are expected to take a cautious and child-centered approach, ensuring that any contact with a potentially abusive parent is carefully assessed, monitored, and carried out in a manner that prioritizes the child's safety and emotional well-being (Meier, 2020; Rao, 2021). However, this ideal is not always met, particularly in high-conflict divorce cases where one parent may push for reunification as part of an effort to reassert control or maintain parental rights (Meier, 2020; Rao, 2021).

Parental Alienation and High Conflict Custody Disputes Framework

Parental alienation has emerged as a contentious issue within the landscape of family law, particularly in high-conflict custody disputes (Mercer, 2022; Orr et al., 2023). Defined as a process where one parent attempts to undermine the child's relationship with the other parent, claims of parental alienation can have profound implications for custody arrangements and the emotional well-being of children (Connors, 2019; Meier, 2020; Rao, 2021). Critics argue that the concept often lacks empirical support and can be misused to discredit protective parents, particularly mothers, who seek to safeguard their children from harm (Connors, 2019; Meier, 2020; Rao, 2021).

Parental alienation claims have increasingly become a focal point in high-conflict custody disputes, often leading to significant legal and emotional ramifications for children involved (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022). These claims, frequently lacking empirical support and rooted in controversial theories, can unjustly label

protective parents, often particularly mothers, as obstructive or harmful (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022). As a result, courts may mandate interventions such as reunification therapy or camps, designed to restore relationships between children and estranged parents without fully considering the psychological needs and trauma histories of the children involved (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022).

In the context of high-conflict custody disputes and the controversial claims of parental alienation, children are often caught in a cycle of distress that exacerbates their trauma (Chester, 2021; Savci, & Gülbahçe, 2024). The pressure to navigate complex familial dynamics while being subjected to the emotional turmoil of separation from a parent can lead to severe psychological consequences (Dallam & Silberg, 2016; Mercer, 2022). Recognizing these impacts is essential for developing effective interventions and support systems that prioritize the well-being of children in such challenging circumstances (Dallam & Silberg, 2016; Mercer, 2022).

History of Parental Alienation

The concept of parental alienation emerged during the latter half of the 20th century. In the 1940s and 1950s, psychologists and family therapists noticed patterns in children's behaviors following divorces or separations, where the children seemed to develop negative attitudes toward one parent without apparent cause (Arrieta Pey et al., 2023; Bernet, 2021). In 1985, the term "parental alienation syndrome" (PAS) was initially coined by Dr. Richard Gardner, an American psychiatrist to describe a situation where a child becomes estranged from one parent because of the psychological manipulation by the other parent (Bernet, 2021; Rao, 2021). Dr. Gardner described PAS as a set of behaviors and symptoms, including the child's refusal to have a relationship with the alienated parent, often based on false or exaggerated allegations of abuse,

or the child simply mimicking the alienating parent's negative views of the other parent (Arrieta Pey et al., 2023; Bernet, 2021). Dr. Gardner argued that PAS could be a form of emotional abuse that undermined a child's relationship with one parent and could have long-term negative psychological consequences (Arrieta Pey et al., 2023; Bernet, 2021).

The founder of the term parental alienation, Dr. Gardner, based his research on personal experiences rather than scientific data (Arrieta Pey et al., 2023; Rao, 2021). Dr. Gardner originated parental alienation theory after determining that the women he was looking at were more hostile and more likely to be angry during a divorce, thus attempting to turn the children against the father (Bernet, 2021; Rao, 2021). Individuals who argue against the existence of parental alienation question not only the basic principle of the theory, but also the lack of evidence it was founded on (Bernet, 2021; Rao, 2021). One of the most serious criticisms of Gardner's work is that he sometimes dismissed or minimized legitimate allegations of child abuse, particularly if they were made during contentious custody disputes (Bernet, 2021; Rao, 2021; Sonderman, 2022). Gardner himself argued that false allegations of abuse were common in PAS cases, but critics feared that this focus on alienation could inadvertently protect abusive parents and harm children in vulnerable situations (Bernet, 2021; Rao, 2021; Sonderman, 2022).

Further, Dr. Gardner repeatedly suggested that there was a "sexual abuse hysteria," a phenomenon in which, he argued, society overreacted to sexual abuse allegations, particularly in the context of family law cases (Bernet, 2021; Rao, 2021; Soderman, 2022). He suggested that the increase in the number of sexual abuse allegations during custody disputes was indicative of this "hysteria," and that such claims often lacked evidence (Bernet, 2021; Rao, 2021; Sonderman, 2022). He also suggested that sometimes sexual abuse was not as negative as it was made to be, suggesting that some forms of sexual contact between adults and children might not

be as harmful as generally assumed (Bernet, 2021; Rao, 2021; Sonderman, 2022). Dr. Gardner also stated that he viewed PTSD as “nature’s form of systematic desensitization” and further that while the child may relive the experiences however “each time the child relives the experience it becomes a little more bearable” (Gardner, 1992, pp. 532, 535, as cited by Soderman, 2022). He further suggested that if the incident(s) are ignored they will eventually be forgotten, which he believed was a beneficial aspect (Gardner, 1992, as cited by Soderman, 2022) Gardner’s phrasing was widely criticized for dismissing or undermining legitimate accusations of abuse (Bernet, 2021; Rao, 2021; Sonderman, 2022). This combined with the claims that mothers were often coaching their children to hate their father simply because of the mothers’ bitterness has led to severe criticism.

Current Status of Parental Alienation: The Psychological Aspects

The current status of parental alienation in the psychological aspect has evolved significantly from its origins. While parental alienation itself, referring to the process by which one parent manipulates or influences a child to reject the other parent, remains an area of concern, the psychological community now recognizes it as a complex and multifaceted issue, rather than a formal mental disorder or syndrome. To date, parental alienation or parental alienation syndrome is not listed in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), nor any foreign counterpart, as a mental illness (Linscott & Leve, 2017; Meier, 2020; Mercer, 2022).

The term “parental alienation” as used now often refers to patterns of behavior by one parent that contribute to a child’s estrangement from the other parent (Berman & Weisinger, 2024; Linscott & Leve, 2017; Shaw & Geffner, 2022). Specifically, the notion of PAS that was introduced by Dr. Richard Gardner is no longer widely accepted in mainstream psychology as a

formal diagnosis (Meier, 2020; Mercer, 2022; Soderman, 2024). Critics have long argued that the concept was not sufficiently grounded in empirical research and that it oversimplified the dynamics of family conflict (Meier, 2020; Mercer, 2022; Soderman, 2024). Today, parental alienation is viewed more as a behavioral and relational occurrence rather than a clinical diagnosis. While there is a subsection in the DSM-5 that sometimes is used to classify these behaviors, it is not classified as a stand-alone disorder (Linscott & Leve, 2017). The section that the DSM-5 includes is a “Parent-Child Relational Problem” section (Linscott & Leve, 2017). This is also commonly known as "child affected by parental relationship distress" (CAPRD) (Linscott & Leve, 2017). It is important to note that this is not a diagnosable condition on its own, but rather a description of parent-child problems within their relationship that may be focused on in a clinical setting (Linscott & Leve, 2017; Shaw & Geffner, 2022). Parental alienation then is not generally treated by psychologists or counselors as a mental disorder then, but rather a relational issue according to the protocols established by the DSM-5 (Linscott & Leve, 2017). The focus has shifted to the behaviors and determining why the children(ren) are reluctant to spend time with the parent (Bernet, 2021; Rao, 2021; Soderman, 2022).

Current Status of Parental Alienation: The Legal Aspects

The concept of parental alienation has become increasingly significant in family law, though its legal recognition and application remain complex and contentious. The legal status of parental alienation is far from uniform, with its recognition varying significantly across jurisdictions. In some places, the concept of parental alienation is explicitly recognized as a factor in family law cases, while in others, it is treated with caution or skepticism (Mercer, 2022). There is no state that formally recognizes “parental alienation” as a standalone legal concept, but rather they evaluate behaviors associated with it under broader categories such as

child abuse, emotional harm, or interference with visitation rights (Mercer, 2022; Soderman, 2022).

Despite the lack of scientific credibility, the concept of parental alienation has gained traction in family law, particularly in custody disputes (Mercer, 2022; Robideaux, 2022). In many cases, the accusation of parental alienation is used by one parent as a defense against claims of abuse or to gain an advantage in custody arrangements (Berman & Weisinger, 2022; Dalgarno et al., 2024). This raises significant legal and ethical concerns, particularly when the concept is applied to undermine legitimate accusations of child abuse or domestic violence (Berman & Weisinger, 2022; Dalgarno et al., 2024).

Parental alienation has been particularly controversial in cases of domestic violence, where one parent may use the label of PA to delegitimize the child's fears or the victimized parent's concerns. In such cases, the child's genuine fears may be dismissed or downplayed, with the focus instead shifted to the supposed alienation (Dalgarno et al., 2024; Mercer, 2019; Robideaux, 2022). Courts may be led to believe that the child's rejection of the alleged abusive parent is simply a result of manipulation, rather than an authentic response to trauma (Dalgarno et al., 2024; Mercer, 2019; Robideaux, 2022). This misapplication can put children at further risk and undermine their safety and well-being (Berman & Weisinger, 2022).

The legal use of parental alienation as a tool in custody decisions can also place undue pressure on the child (Meier et al., 2019; Mercer, 2019). Children who are coerced or manipulated into reconciling with a parent they feel unsafe around may experience significant emotional harm (Meier et al., 2019; Mercer, 2019). Forced reunification efforts based on the assumption of alienation may further entrench the child's fear or resistance, exacerbating the trauma rather than alleviating it (Meier et al., 2019; Mercer, 2019). Courts, in turn, may be

reluctant to acknowledge the potential harm caused by such interventions, especially if the focus is primarily on fixing an alleged alienation rather than addressing the root causes of the child's distress (Meier et al., 2019; Mercer, 2019).

One of the primary legal challenges associated with the use of parental alienation in custody cases is the difficulty in proving its existence (Joshi, 2021). Parental alienation is inherently difficult to measure because it is a concept based largely on subjective perceptions, with little concrete evidence to support its claims (Joshi, 2021). The behaviors associated with parental alienation, such as one parent speaking negatively about the other or a child rejecting one parent, are not unique to alienation and can also be signs of other issues, including abuse, neglect, or emotional distress (Joshi, 2021).

Because parental alienation lacks clear, scientific diagnostic criteria, courts may rely on the testimony of so-called "expert" witnesses who may have limited or no formal training in child psychology or family dynamics (Joshi, 2021). This opens the door to biased or unsubstantiated opinions being presented as evidence in legal proceedings (Joshi, 2021). The subjectivity of the term parental alienation allows for broad interpretations, which can lead to inconsistent rulings in similar cases, undermining the fairness and reliability of judicial decisions (Joshi, 2021). One of the goals of new legislation which will be discussed later is to limit expert witnesses to those individuals who can actually demonstrate their expertise to the courts (Kippert, 2024; Robideaux, 2022).

Additionally, children who are forced to testify about their relationships with their parents in the context of an alienation accusation may be subjected to undue stress and emotional harm (Berman & Weisinger, 2022; Dalgarno et al., 2024). A child who feels caught in the middle of a contentious custody battle may be manipulated by one or both parents into making

statements about the other, further clouding the issue and making it more difficult to determine the true cause of the child's distress (Berman & Weisinger, 2022; Dalgarno et al., 2024).

The use of parental alienation in legal proceedings raises serious ethical concerns (Berman & Weisinger, 2022; Dalgarno et al., 2024). First, the lack of scientific validity behind the concept means that its application could result in unjust legal outcomes, particularly when it is used to dismiss allegations of abuse or neglect (Joshi, 2021; Rao, 2021). In some cases, parents may claim parental alienation as a counter-defense to claims of abusive behavior, allowing abusive parents to maintain or regain custody of children, even in cases where their actions are harmful (Berman & Weisinger, 2022; Dalgarno et al., 2024; Mercer, 2019; Shaw & Geffner, 2022).

Additionally, the legal application of parental alienation can create a false appearance of good and bad parents, where one parent is depicted as an innocent victim of manipulation, and the other is portrayed as the source of the child's emotional turmoil (Kleinman, 2017; Soderman, 2024). This simplistic view fails to capture the complexities of many family situations, especially those involving high-conflict divorces or cases of trauma and can further harm the child by presenting them with an overly simplistic narrative of their family dynamics (Kleinman, 2017; Soderman, 2024)

This ethical concern is compounded by the fact that children subjected to forced reunification therapy or custody changes based on alienation claims may experience long-term emotional and psychological harm (Berman & Weisinger, 2022; Dalgarno et al., 2024; Mercer, 2019; Shaw & Geffner, 2022). Reconciliation efforts that ignore the child's wishes, fears, and trauma can have lasting effects on their mental health, affecting their ability to trust adults, form

healthy relationships, and navigate future family dynamics (Berman & Weisinger, 2022; Dalgarno et al., 2024; Mercer, 2019; Shaw & Geffner, 2022).

Historical Contexts

Understanding the historical context of family court practices and parental alienation claims provides important background for examining reunification interventions. Over time, approaches to addressing parent–child estrangement have evolved in response to changing legal, psychological, and therapeutic perspectives. The following section reviews the evolution of reunification practices and how these interventions developed within family court systems.

Evolution of Reunification Practices

The roots of forced reunification therapy can be traced back to the early 20th century, with the influence of psychoanalysis and ideas about the importance of family unity in psychological development (Berman & Weisinger, 2024; Shaw & Geffner, 2022; Soderman, 2024). As the field of psychotherapy developed, various therapeutic approaches sought to address issues of family estrangement or conflict, such as those arising from divorce or parent-child issues (Berman & Weisinger, 2024; Shaw & Geffner, 2022). The idea of "reuniting" or "repairing" fractured families became prominent in certain therapeutic practices, often influenced by theories of attachment and family systems (Berman & Weisinger, 2024; Shaw & Geffner, 2022).

In the context of the Cold War, forced reunification took on a more political aspect (Berman & Weisinger, 2024). There were instances where families divided by ideological or geopolitical borders, particularly in Europe, were forcibly reunited (Berman & Weisinger, 2024). One notable example was the reunification of families separated by the Berlin Wall, where individuals were often pressured to be reunified, sometimes without fully considering their

emotional well-being (Berman & Weisinger, 2024). This was a form of state-driven forced reunification, motivated by political goals (Berman & Weisinger, 2024). Current reunification camps have sometimes drawn comparison to this type of state enforced mandated reunification (Berman & Weisinger, 2024).

The 1980s and 1990s saw the rise of forced reunification therapy as a therapeutic practice (Berman & Weisinger, 2024; Mercer, 2022). This term is commonly associated with situations in which children, typically in the context of divorce or custody battles, are forced into spending time with a parent they may have been alienated from or have been estranged from for various reasons (Berman & Weisinger, 2024; Mercer, 2022). This often takes place under the supervision of therapists, in a controlled setting that is intended to rebuild the relationship (Berman & Weisinger, 2024; Meier, 2020; Mercer, 2022). One key reason forced reunification saw a rise was due to the spike in parental alienation claims following Dr. Richard Gardner's controversial views were published (Meier, 2020; Mercer, 2022; Soderman, 2024).

Forced reunification therapy became especially common in cases where the courts were involved in custody decisions (Berman & Weisinger, 2024; Shaw & Geffner, 2022; Soderman, 2024). In these instances, therapists were often appointed to facilitate reunification, often involving children who had been exposed to prolonged parental conflict (Berman & Weisinger, 2024; Shaw & Geffner, 2022; Soderman, 2024). In many cases, these therapies were deemed necessary to restore a bond between parent and child, even if the child expressed distress or resistance (Berman & Weisinger, 2024; Shaw & Geffner, 2022; Soderman, 2024). The effectiveness and ethics of these interventions have been hotly debated, with some arguing that forcing therapy on unwilling participants can exacerbate trauma rather than resolve it (Berman & Weisinger, 2024; Shaw & Geffner, 2022; Soderman, 2024).

The term “forced reunification camps” is used to describe institutions or programs designed to "retrain" individuals, usually children or adolescents, to reconcile them with their parents (Berman & Weisinger, 2024; Meier, 2020; Shaw & Geffner, 2022; Soderman, 2024). These camps or programs are normally associated with children who have been placed in foster care, removed from abusive environments, or have been part of family estrangements (Berman & Weisinger, 2024; Meier, 2020; Shaw & Geffner, 2022). These also rose significantly in the 1990s following the parental alienation publishings of Dr. Gardner (Meier, 2020; Shaw & Geffner, 2022; Soderman, 2024). For the purposes of this paper, forced reunification camps focusing on children who have been part of high conflict custody cases will be examined.

The history of forced reunification therapy and camps has been marked by significant criticism. Many professionals in psychology, law, and child welfare have raised ethical concerns about the practice, specifically regarding the possible re-traumatization of children and the psychological impact (Chapman, 2022; Chester, 2021). Critics argue that forced reunification can cause or exacerbate trauma, especially in cases where the child has been subjected to abuse, neglect, or parental manipulation (Chapman, 2022; Chester, 2021). The child’s autonomy in these situations is often disregarded, leading to feelings of helplessness and distress. There is also the possibility of the risk that the child might be coerced into an environment that feels (or worse, is) unsafe (Chapman, 2022; Chester, 2021).

It is also important to note that some experts in family therapy argue that forced reunification can undermine the therapeutic goals, especially when the child has a legitimate fear or mistrust of one of the parents (Mercer & Drew, 2022; Prigent, & Sueur, 2024). Forcing such reunification can reinforce the child’s feelings of powerlessness, making them feel as though their concerns are invalid or unimportant (Mercer & Drew, 2022; Prigent, & Sueur, 2024). This

can damage the child's emotional well-being and undermine trust in the therapeutic process (Chapman, 2022; Mercer & Drew, 2022). Additionally, it may perpetuate unhealthy family dynamics, such as manipulation, control, or abuse, which the child may have experienced in the past (Mercer & Drew, 2022; Prigent, & Sueur, 2024). Experts stress that reunification should be approached with care, considering the child's safety, emotional readiness, and willingness to engage with both parents (Mercer & Drew, 2022; Prigent, & Sueur, 2024). A child's autonomy and feelings of security must be prioritized, and any therapeutic interventions should work to rebuild trust and address underlying issues, rather than simply enforcing contact (Chapman, 2022; Mercer & Drew, 2022). This thoughtful and gradual approach fosters healthier relationships and supports the child's long-term emotional development (Chapman, 2022; Mercer & Drew, 2022).

Legal and ethical dilemmas have also been repeatedly brought up. Legal cases involving forced reunification therapy often highlight the tension between the rights of children to be protected from harm and the perceived right of parents to have custody and control over their children (Mercer & Drew, 2022; Prigent, & Sueur, 2024). Forced reunification is sometimes challenged in court as a violation of the child's autonomy and emotional well-being, and this is happening increasingly frequently, particularly as more children are aging out of the custodial system once they turn eighteen (Mercer & Drew, 2022; Prigent, & Sueur, 2024).

Several reunification camps have been formed, which will be examined in a later section. These camps have varied in methodology, but their defining characteristic is that participants are compelled to engage in a form of "therapy" that seeks to reorient their beliefs, behavior, or relationships according to the wishes of the authorities, in these cases the family courts (Berman & Weisinger, 2024; Meier, 2020; Shaw & Geffner, 2022; Soderman, 2024).

Today, forced reunification therapy and camps continue to be a contentious issue. While some professionals advocate for such interventions as a means of restoring family bonds, particularly in cases of claimed parental alienation, others argue that they violate ethical principles in child welfare (Berman & Weisinger, 2024; Shaw & Geffner, 2022; Soderman, 2024). Courts, in particular, continue to grapple with these issues, weighing the potential benefits of reunification against the emotional cost to children involved in these procedures (Berman & Weisinger, 2024; Shaw & Geffner, 2022; Soderman, 2024). Current trends, however, suggest a growing awareness of the potential harm caused by forced interventions (Berman & Weisinger, 2024; Shaw & Geffner, 2022; Soderman, 2024). There is an increasing focus on voluntary, trauma-informed therapy approaches that prioritize the child's emotional and psychological needs, as well as a growing recognition of the importance of protecting children from further harm in high-conflict family situations (Berman & Weisinger, 2024; Shaw & Geffner, 2022; Soderman, 2024).

Legislative and Policy Context

When allegations of abuse are made in the context of divorce, family law courts are required to take a careful, nuanced approach. In the United States, custody decisions are generally governed by the Uniform Marriage and Divorce Act (UMDA) and the Best Interests of the Child standard, which requires courts to consider a range of factors to determine the child's best interests, including the mental and physical health of the parents, the child's relationship with each parent, and any history of abuse or neglect (Meier & Sankaran, 2021; Rao, 2022). In cases involving abuse, the Child Abuse Prevention and Treatment Act (CAPTA) mandates that child welfare be prioritized, and that courts consider allegations of abuse seriously, ensuring that protective measures are taken when necessary (Meier & Sankaran, 2021; Rao, 2022).

If abuse is suspected or alleged, the family court may order a forensic evaluation to assess the situation (Bailey, 2013; Hamel, 2015; Meier & Sankaran, 2021). This may include interviews with the child, both parents, and any relevant third parties, such as teachers, doctors, or social workers (Bailey, 2013; Hamel, 2015; Meier & Sankaran, 2021). In addition, the court may rely on testimony from child psychologists or other professionals who can provide insight into the child's emotional state and the credibility of the abuse claims (Bailey, 2013; Hamel, 2015; Meier & Sankaran, 2021).

In the event that abuse allegations are substantiated, family law courts are obligated to make decisions that protect the child from further harm (Bailey, 2013; Hamel, 2015; Meier & Sankaran, 2021; Rao, 2022). This may involve supervised visitation, custody arrangements that limit or deny access to the abusive parent, or, in some cases, a complete severing of ties between the child and the abusive parent (Bailey, 2013; Hamel, 2015; Meier & Sankaran, 2021). Forced reunification in such situations is not only detrimental to the child's emotional health, but it can also contravene the core principles of family law, which prioritize the protection and safety of children above all else (Meier & Sankaran, 2021; Rao, 2022).

Understanding Forced Reunification and Reunification Camps

Reunification therapy and reunification camps are interventions commonly used within family court systems to address parent–child estrangement, particularly in cases involving allegations of parental alienation. These interventions are often court-ordered and are designed to restore or repair the relationship between a child and a rejected parent through structured therapeutic or programmatic approaches. While these practices are frequently presented as therapeutic solutions intended to promote family reunification, concerns have been raised regarding their structure, implementation, and potential psychological impact on children.

Understanding how reunification therapy is defined and structured provides important context for examining the experiences of individuals who have participated in these interventions.

Definition and Structure of Reunification Therapy

Forced reunification therapy is a highly controversial and often harmful practice in which a child is coerced or pressured to reconnect with an estranged parent, typically under court orders (Chester, 2024; Shaw & Geffner, 2022). At its basic level, it is a therapeutic intervention typically used in situations where a child has been separated from one or both parents, often due to allegations of abuse, neglect, or strained familial relationships (Chester, 2024; Mercer, 2022). It is primarily used in the context of custody disputes, particularly when one parent is estranged from the child, or there is an estrangement between the child and the other parent due to manipulation, fear, or prior trauma (Chester, 2024; Shaw & Geffner, 2022).

Reunification therapy aims to restore the relationship between the child and the estranged parent or to facilitate the re-establishment of familial bonds under the supervision of a trained professional (Berman & Weisinger, 2024; Chester, 2024; Shaw & Geffner, 2022). The goal of forced reunification therapy is allegedly to repair these ruptured relationships, but in many cases, it can have significant negative effects on the child's psychological well-being, particularly when they are unwilling or unable to re-establish a relationship with the parent (Berman & Weisinger, 2024; Chester, 2024; Shaw & Geffner, 2022).

In the case of forced reunification, the child may not consent to the therapy or may resist re-engaging with the estranged parent, as they might feel fear, anger, or confusion (Chester, 2024; Mercer, 2022; Shaw & Geffner, 2022). Forced reunification therapy is often employed in response to court orders when one parent insists on re-establishing contact with the child, or when a judge believes that reuniting the family may be in the child's best interest, despite the

child's reluctance (Chester, 2024; Shaw & Geffner, 2022). Reunification therapy which the child willingly participates in does exist, however, for the purposes of this dissertation, only forced reunification therapies are examined.

Reunification therapy generally involves a structured process aimed at re-establishing communication, trust, and a sense of safety between the child and the parent(s) (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). While the process is generally structured, the methodology typically involves high levels of pressure and a focus on re-establishing contact with the estranged parent, sometimes even in the face of the child's objections or resistance (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024).

There are two different types of reunification therapy that will be specifically examined: reunification therapy in an office and reunification camps. Reunification therapy in an office setting is exactly what it sounds like – therapy in an office setting that is focused on reuniting the children and parent (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). This usually involves a therapist who interviews each family member as directed by the court (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). The initial phase usually includes individual interviews with the child and both parents, where the therapist gathers information on the history of the separation, any potential abuse or trauma, the emotional needs of the child, and the reasons for the child's reluctance to reunite (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). In forced reunification cases, this assessment may be rushed or compromised, focusing on the legal objective of reunification rather than considering the child's best interests or emotional state (Berman & Weisinger, 2024; Chester, 2021; Kleinman, 2017; Mercer, 2019). This can create ethical concerns, especially if abuse or parental alienation is a factor (Berman & Weisinger, 2024; Chester, 2021; Kleinman, 2017; Mercer, 2019).

Therapy is then started, with the end goal to reunite the child with the estranged parent, according to the court orders (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). Ideally, the therapist will set ground rules, ensuring that both parties understand the importance of communication, respect, and confidentiality within the session (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). In forced reunification cases, the therapist's role is to remain neutral and to ensure that the child does not feel coerced into the process, although this is often difficult if the child is unwilling to engage (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019).

The main focus of forced reunification therapy in an office setting often involves facilitated and supervised interactions between the child and the estranged parent (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). In the early stages, these meetings are typically conducted in a structured and controlled manner, where the therapist supervises all communication to ensure that it is constructive, respectful, and non-threatening (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). In cases where the child is particularly resistant, the therapist may start with indirect communication methods, such as writing letters, drawing pictures, or engaging in joint activities, rather than direct conversation (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). These steps allow the child to gradually acclimate to the presence of the parent in a low-pressure environment (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024).

As the therapy progresses, the therapist facilitates more direct communication between the child and the estranged parent (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). Forced reunification therapy often involves pressure to escalate interactions, even when the child may not feel ready (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022). Over time, the child

may be encouraged to participate in more direct forms of communication, such as discussing past grievances or exploring emotional pain caused by the separation (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). The therapist must navigate these sensitive topics carefully, ensuring that the child's concerns are not minimized or ignored (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). However, in forced reunification, there is a risk that the child may feel overwhelmed by the rapid pace of emotional processing or by the pressure to forgive the parent before they are emotionally ready (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022).

In forced reunification cases, the focus is often on achieving a resolution, reunification or reconnection per the order of the court, rather than addressing underlying emotional or psychological issues (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022). This approach may overlook the need for individual therapy for the child or additional support to process any trauma related to the estrangement (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022). If the therapy fails to progress or the child's resistance intensifies, the therapist may re-evaluate whether forced reunification is appropriate or whether further interventions are necessary (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022).

Conducting forced reunification therapy in an office setting raises significant ethical and psychological challenges (Chester, 2021; Kleinman, 2017; Mercer, 2019; Shaw & Geffner, 2022). The child's emotional autonomy is often at odds with the objective of re-establishing familial contact, especially when the child is resisting reunification due to past trauma or a genuine fear of the parent (Chester, 2021; Kleinman, 2017; Mercer, 2019; Shaw & Geffner, 2022). Furthermore, the therapist's role as a neutral mediator can be compromised if they are too focused on achieving reunification at all costs because that is the order of the court, rather than

prioritizing the child's emotional well-being (Chester, 2021; Soderman, 2024). This dynamic can lead to a range of negative outcomes, including re-traumatization, loss of trust in therapy, and exacerbation of pre-existing emotional difficulties (Chester, 2021; Kleinman, 2017; Mercer, 2019; Shaw & Geffner, 2022).

Nature of Reunification Camps

More controversial than forced reunification therapy in an office setting, reunification camps take forced reunification to a whole different level. Forced reunification camps represent one of the most controversial and ethically troubling interventions used in high-conflict family situations, typically following separations caused by custody disputes with allegations of abuse (Chester, 2021; Kleinman, 2017; Mercer, 2019; Shaw & Geffner, 2022). These camps are designed to facilitate the re-establishment of relationships between children and estranged parents, and are compelled by a court order (Chester, 2021; Kleinman, 2017; Mercer, 2019; Shaw & Geffner, 2022). However, the fundamental issue with these camps lies in the use of coercion to compel children to reunite with a parent they may have a legitimate emotional or safety-based reason to reject (Chester, 2021; Kleinman, 2017; Mercer, 2019; Shaw & Geffner, 2022).

In these settings, children who are resistant to reconnecting with an estranged parent are taken to specialized camps, where they are subjected to intensive, often forced, reunification therapy (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022). The goal of these camps is to "re-educate" the child and encourage them to accept or engage with the estranged parent, regardless of the child's own wishes or the underlying emotional complexities of the situation (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022). While the camps claim to provide a therapeutic environment, the process is often

criticized for disregarding the emotional autonomy of the child, potentially re-traumatizing them, and exacerbating any psychological distress stemming from past trauma or abuse (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022).

Forced reunification camps operate with a structured, often militaristic or highly regulated approach that prioritizes achieving a rapid reconciliation between the child and parent over the child's emotional readiness or willingness (Berman & Weisinger, 2024; Chester, 2021; Jaffe et al., 2023). Children are initially put through an intake assessment, which usually involves an initial assessment of the child's emotional state, family dynamics, and reasons for estrangement (Berman & Weisinger, 2024; Chester, 2021; Soderman, 2024). Typically, this assessment is done in a brief, clinical manner, often with little regard for the child's individual trauma or emotional needs (Berman & Weisinger, 2024; Chester, 2021; ; Shaw & Geffner, 2022). The primary objective is to understand how the child's resistance to reuniting with the estranged parent can be addressed, rather than exploring the legitimacy of the child's emotional distress (Berman & Weisinger, 2024; Chester, 2021; Shaw & Geffner, 2022).

After intake, children are introduced into the camp's therapeutic structure (Chester, 2021; Soderman, 2024). This typically involves a highly controlled environment where the child's day-to-day activities are regimented (Chester, 2021; Soderman, 2024). Children are often isolated from their families, with the rationale that this separation is meant to help them "clear their minds" and be receptive to the therapeutic process (Mercer, 2019). These environments often include intense group therapy sessions, team-building exercises, and physical challenges aimed at breaking down emotional walls and forcing children to face their fears of reuniting with the parent (Chester, 2021; Mercer, 2019; Soderman, 2024). However, rather than allowing the child to process their feelings in a safe, therapeutic manner, these techniques often act to coerce

emotional responses that align with the camp's goals (Chester, 2021; Mercer, 2019; Soderman, 2024).

There have been several stories in the news about children being forcibly taken from their homes with their "safe parent," or the parent who they feel safe with, by police or social workers and then being dropped off to these camps with the estranged parent (Kippert, 2024; Mercer, 2019). One of the most significant concerns with forced reunification camps is the use of pressure and coercion to achieve the goal of re-establishing a relationship between the child and estranged parent (Chester, 2021; Mercer, 2019; Soderman, 2024). Children who resist reunification are often subjected to escalating psychological and emotional pressure, including guilt-inducing tactics, the promise of rewards, or the threat of punishment (Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024). In extreme cases, children may be told that they will not be able to leave the camp or that their emotional rejection of the parent will have dire consequences for their future (Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024). This dynamic of manipulation can have long-term psychological effects, including feelings of guilt, anxiety, and confusion (Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024). The power imbalance between the child, the therapist, and the parent further complicates the situation, as the child may feel trapped between their desire to protect themselves emotionally and the intense pressure to comply with the demands of the camp (Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024).

Reasons for Mandating Reunification

There are a variety of reasons why reunification therapy or reunification camps are mandated by the courts. It is often driven by a combination of social, familial, legal, and economic factors that prioritize family unity, legal resolution, and the restoration of relationships, often at the expense of the child's emotional well-being therapy (Berman &

Weisinger, 2022; Chester, 2021). The misuse of concepts like parental alienation, the high-conflict nature of custody disputes, and societal expectations surrounding family structures all contribute to the prevalence of forced reunification therapy (Berman & Weisinger, 2022; Chester, 2021). Unfortunately, these factors frequently ignore or undermine the child's emotional autonomy and psychological safety, resulting in interventions that can exacerbate trauma and lead to long-term emotional harm therapy (Berman & Weisinger, 2022; Chester, 2021).

A significant factor contributing to the mandated participation in forced reunification therapy is the misapplication of the concept of "parental alienation" (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024). Although parental alienation is frequently cited in custody disputes as a reason for estrangement between a child and a parent, it is increasingly regarded by experts as a pseudo-science with little empirical support (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024). Despite the lack of scientific validation, parental alienation is often used as a justification for forced reunification efforts (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024). The concept typically involves the idea that one parent, through manipulation or indoctrination, turns the child against the other parent, even in the absence of valid reasons for the child's rejection (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024).

In many cases, parental alienation is used as a blanket explanation for children's resistance to re-establishing a relationship with a parent, often without fully considering the child's genuine reasons for their feelings (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024). Courts and legal professionals, influenced by the popularity of this theory, may mandate forced reunification therapy as a remedy, assuming that the child's resistance is due to brainwashing or manipulation by the other parent, rather than legitimate emotional

trauma, abuse, or neglect (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024). This misinterpretation leads to forced reunification, which disregards the child's autonomy and emotional health, and can result in harmful, coercive therapy that pressures the child into a relationship they may not be emotionally ready or willing to engage with (Chester, 2021; Mercer, 2019; Shaw & Geffner, 2022; Soderman, 2024).

One of the most common criticisms of claiming parental alienation in custody cases is that father's rights individuals are using the term to refute claims, often valid, of abuse (Lapierre et al., 2024; Mercer, 2021). Repeatedly, mothers have claimed that once they brought up the topic of abuse, the father has countered by accusing the mother of parental alienation (Lapierre et al., 2024; Mercer, 2021; Milchman, 2017). It has been reported that even when a child makes claims of abuse against the father, the mother reports retaliation in the court by the father claiming parental alienation (Lapierre et al., 2024; Mercer, 2021; Milchman, 2017).

According to Dallam and Silberg (2016), parental alienation should be considered an "unfalsifiable" phenomenon. This means that a claim cannot be proven false with empirical evidence (Dallam & Silberg, 2016). If a child asserts that they are being abused, and the preferred or safe parent seeks intervention or protection, parental alienation proponents might interpret these actions as evidence of alienation rather than legitimate concern (Dallam & Silberg, 2016). There is then no scientific way to prove parental alienation claims are false (Dallam & Silberg, 2016). The child's assertion that they are being abused might be dismissed as part of an alienating strategy, even if the abuse is real (Dallam & Silberg, 2016; Dalgarno et al., 2024; Mercer, 2021). This makes it nearly impossible for the parent who is seeking to protect the child to prove their case without it being reinterpreted as alienation (Dallam & Silberg, 2016; Dalgarno et al., 2024; Mercer, 2021). The danger is that concerns of abuse could be

misinterpreted as alienation, leading to a dismissal of real harm. Research has shown that mothers have repeatedly made claims of abuse in a custody case, only to have the children they are trying to protect sent to the unsafe parent after they claimed parental alienation (Dallam & Silberg, 2016; Dalgarno et al., 2024; Mercer, 2021).

Cases of children being murdered by a father after the mother practically begged the court to not send them back are known (Dalgarno et al., 2024; Kippert, 2024; Mercer, 2021). Several laws have been passed over the past couple of years that represent an effort to improve the child custody system, ensuring that children's safety is the primary consideration in cases involving abusive parents. Perhaps the most famous is known as Kayden's Law, or Section 15 (XV) in The Violence Against Women Act (VAWA) (Kippert, 2024; Rai et al., 2025; Robideaux, 2022; Violence of Women Reauthorization Act of 2022). It is a federal law that is aimed at protecting victims of domestic violence (Kippert, 2024; Rai et al., 2025; Robideaux, 2022; Violence of Women Reauthorization Act of 2022). Kayden Mancuso was a seven-year-old girl who was murdered by her father after the family court ordered unsupervised visits despite the mother repeatedly claiming concerns of abuse (Kippert, 2024; Robideaux, 2022). Despite the protection order and no-contact order issued to protect the mother from the abusive individual, who was charged and pled guilty to assault, the court mandated visits between Kayden and her father, at one point awarding him 30% custody (Kippert, 2024; Robideaux, 2022). Even when new allegations were made, visits were only dropped to every other weekend, unsupervised (Kippert, 2024; Robideaux, 2022). It was during one of these weekend visits that Kayden Mancuso was bludgeoned to death by her father, who then took his own life (Kippert, 2024; Robideaux, 2022). When VAWA was reauthorized by President Joe Biden in 2022, Kayden's Law was added as Section 15, formally known as "Keeping Children Safe from Family

Violence” (Rai et al., 2025; Robideaux, 2022; Violence of Women Reauthorization Act of 2022). It is a set of guidelines that incentivize a state to follow certain guidelines in child custody cases in exchange for more federal funding for training and services for the criminal justice system to help victims of violence (Rai et al., 2025; Violence of Women Reauthorization Act of 2022). In 2023, Colorado became the first state to enact Kayden’s Law, and other states including Arizona, Pennsylvania, Tennessee, and Utah have recently also enacted laws with similar clauses and purposes (Kippert, 2024; Robideaux, 2022). Kayden’s Law requires judges to consider the history of domestic violence when making custody and visitation decisions, which often is not considered (Kippert, 2024; Robideaux, 2022). There is currently a push to bring Kayden’s Law to all fifty states.

The high-conflict nature of many custody disputes is another key factor in the push for forced reunification therapy (Berman & Weisinger, 2022; Johnson et al., 2005; Mercer, 2019). In contentious divorce or custody cases, both parents may be vying for primary custody or increased visitation, which creates intense pressure to resolve the issues surrounding the child’s relationship with one parent (Berman & Weisinger, 2022; Johnson et al., 2005; Mercer, 2019). In such disputes, one parent may perceive reunification therapy as a means to "fix" a perceived rift in the relationship, viewing the estranged parent as an obstacle to their custody goals (Berman & Weisinger, 2022; Johnson et al., 2005; Mercer, 2019). This conflict-driven mentality can lead to the court ordering forced reunification as a solution to the problem of estrangement, without fully considering the emotional trauma or complex reasons that led to the estrangement in the first place (Berman & Weisinger, 2022; Lange et al., 2022). For example, the child may have experienced neglect, emotional manipulation, or even abuse at the hands of the estranged parent, and the court may fail to recognize or prioritize these concerns, focusing instead on achieving

reunification at any cost (Berman & Weisinger, 2022; Mercer, 2019). This can result in a harmful intervention that overlooks the child's true emotional needs in favor of resolving the adult-centered conflict (Berman & Weisinger, 2022; Lange et al., 2022; Mercer, 2019).

The broader social pressure to preserve family unity plays a substantial role in the mandate for forced reunification therapy or reunification camps (Johnson et al., 2005; Kleinman, 2017; Mercer, 2022). In many cultures, the family unit is seen as an integral social structure, and societal expectations often place significant value on maintaining or restoring relationships between children and both parents (Johnson et al., 2005; Kleinman, 2017; Mercer, 2022). Socially, there is a strong belief that having both parents involved in a child's life is inherently beneficial, regardless of the nature of the parent-child relationship or the emotional safety of the child (Johnson et al., 2005; Kleinman, 2017; Mercer, 2022).

This belief often informs legal decisions in high-conflict custody cases, where courts may order forced reunification therapy based on the assumption that a relationship with both parents is always in the child's best interest (Berman & Weisinger, 2022; Johnson et al., 2005; Kleinman, 2017). Courts may prioritize family preservation and reconciliation over the child's emotional autonomy, disregarding the child's right to a safe and healthy emotional environment (Johnson et al., 2005; Kleinman, 2017). The result is that children are often coerced into relationships with estranged parents, regardless of their own feelings or experiences, leading to further distress and trauma for the child (Berman & Weisinger, 2022; Johnson et al., 2005; Kleinman, 2017).

Another significant factor in the mandated participation in forced reunification therapy is the influence of pseudo-therapeutic models that prioritize reunification over the emotional well-being of the child (Berman & Weisinger, 2022; Chester, 2021; Kleinman, 2017; Shaw &

Geffner, 2022). Some therapists or professionals may be inclined to endorse forced reunification therapy due to their personal beliefs, an incomplete understanding of trauma, or a lack of training in child-centered approaches (Berman & Weisinger, 2022; Chester, 2021; Kleinman, 2017; Shaw & Geffner, 2022). These therapists may rely on discredited models, like those associated with parental alienation, which often oversimplify complex family dynamics and fail to recognize the nuances of individual children's experiences (Berman & Weisinger, 2022; Chester, 2021; Kleinman, 2017; Shaw & Geffner, 2022).

In many cases, professionals involved in custody disputes may recommend forced reunification therapy based on these flawed therapeutic models, without fully considering the potential harm to the child (Berman & Weisinger, 2022; Chester, 2021; Kleinman, 2017; Shaw & Geffner, 2022). The therapeutic practices employed in forced reunification settings may be rooted in coercion, guilt-induction, and pressure, rather than a compassionate, trauma-informed approach (Berman & Weisinger, 2022; Chester, 2021; Kleinman, 2017; Shaw & Geffner, 2022). These methods are often designed to force the child into compliance with the mandated goal of reconciling with the estranged parent, disregarding the child's emotional readiness or need for healing (Berman & Weisinger, 2022; Chester, 2021; Kleinman, 2017; Shaw & Geffner, 2022). A key consideration in reunification camps is that there are no regulations to open one, and the individuals that run these camps and conduct the reunification efforts may not be licensed therapists (Kippert, 2024; Mercer, 2019; Meier & Sankaran, 2021).

Socioeconomic factors also play a role in the prevalence of forced reunification therapy (Johnson et al., 2005; Mercer, 2019). Families involved in high-conflict custody disputes often face financial challenges, which can limit access to appropriate, individualized therapeutic interventions (Berman & Weisinger, 2022; Johnson et al., 2005; Mercer, 2019). Forced

reunification therapy may be seen as a more accessible and cost-effective solution, especially when ordered by the court (Berman & Weisinger, 2022; Johnson et al., 2005; Mercer, 2019). In some cases, courts may view forced reunification camps or therapy as a more suitable way to resolve family disputes, given the financial constraints of the family or the limited availability of other mental health services (Berman & Weisinger, 2022; Chester, 2021; Kleinman, 2017). As a result, children may be subjected to reunification therapy that is neither tailored to their emotional needs nor designed to address the underlying causes of the estrangement (Berman & Weisinger, 2022; Chester, 2021; Kleinman, 2017). Instead, the goal becomes the rapid resolution of the legal conflict, often at the expense of the child's psychological health (Berman & Weisinger, 2022; Chester, 2021; Kleinman, 2017; Shaw & Geffner, 2022).

Finally, the lack of child-centered legal and social frameworks in custody disputes also contributes to the prevalence of forced reunification therapy (Berman & Weisinger, 2022; Chester, 2021; Kleinman, 2017; Shaw & Geffner, 2022). In many legal systems, the emphasis is placed on resolving the conflict between parents, often with little regard for the child's individual emotional experience (Chester, 2021; Lange et al., 2022). The court's primary concern may be the reconciliation of the parents and ensuring access to both parental figures, rather than focusing on the emotional and psychological needs of the child (Chester, 2021; Lange et al., 2022). This lack of attention to the child's voice and autonomy leads to situations where the child's expressed wishes are not taken seriously (Chester, 2021; Lange et al., 2022; Mercer, 2019). If a child resists reunification with a parent due to fear, trauma, or a history of abuse, their concerns may be overlooked in favor of fulfilling the legal objective of reunification (Chester, 2021; Lange et al., 2022; Mercer, 2019). The court may mandate participation in forced reunification therapy, often believing it is in the child's best interest, but without adequately assessing the

risks or considering alternative approaches that prioritize the child's emotional safety and well-being (Chester, 2021; Lange et al., 2022; Mercer, 2019).

Even today, the standard for many family courts is awarding 50/50 custody, which splits the children's time up evenly between the mother and father (Johnson et al., 2005; Kernic et al. 2005). While this seems like a positive, courts often do not take what the children want into consideration. If a parent moves long-distance, this often means that the child will spend the school year with one parent, but all holiday breaks and the entire summer with the other parent (Johnson et al., 2005; Kernic et al. 2005). This means the children are away from their main friends most of the time when away from school. Particularly as children age, this becomes a highly contested aspect (Johnson et al., 2005; Kernic et al. 2005).

There is limited case law on whether reunification therapy can be forced upon a minor child (Jaffe et al., 2023). Thus far, courts have maintained that they have the legal right to order a minor to reunification camp or reunification therapy and have strived to do so in most cases (Jaffe et al., 2023). There is a growing call by children's advocates to stop courts from ordering reunification with parents in cases where it may not be in the best interest of the child (Chester, 2021; Jaffe et al., 2023; Kippert, 2024). These advocates argue that in situations where children have experienced abuse, neglect, or trauma, forcing reunification with parents could cause further harm (Chester, 2021; Jaffe et al., 2023; Kippert, 2024). They stress the need for more child-centered decisions that prioritize the child's emotional and physical well-being over the goal of reuniting families at all costs (Chester, 2021; Jaffe et al., 2023; Kippert, 2024). This growing movement calls for a reevaluation of family court practices, with an emphasis on supporting the child's safety, mental health, and stability rather than adhering strictly to the goal of reunification (Chester, 2021; Jaffe et al., 2023; Kippert, 2024). Jaffe et al. (2023) note that

“family violence cases need to be treated differently” than other custody cases (p. 8). Faust (2018) signals his agreement in his book *Reunification Family Therapy: Treatment Manual*, in which he notes that cases in which abuse is alleged must be treated carefully.

Following the passage of the federal Kayden’s Law and numerous state statutes aimed at protecting victims of violence, as mentioned above, states have started to outlaw reunification camps (Berman & Weisinger, 2024; Soderman, 2024). These laws reflect a shift in recognizing the potential harm such programs can cause, particularly in cases involving domestic violence or child abuse (Berman & Weisinger, 2024; Soderman, 2024). By prioritizing the safety and well-being of the child, these legislative changes aim to ensure that family court decisions focus on therapeutic interventions and alternative permanency plans, rather than putting children at further risk by enforcing reunification in unsafe environments (Berman & Weisinger, 2024; Soderman, 2024). The movement emphasizes the need for a more nuanced approach to child welfare, one that balances family preservation with the fundamental right of children to live free from harm (Berman & Weisinger, 2024; Soderman, 2024).

The Experiences of Children in Reunification Settings

The practice of forcing children into reunification camps or therapy, particularly in cases where reunification with an abusive or neglectful parent is deemed inappropriate or unsafe, can lead to significant negative mental health outcomes (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Soderman, 2024). While the intent of such programs is often to restore family connections, it is crucial to acknowledge the potential psychological, social, and interpersonal harm that may occur when a child is coerced into reestablishing a relationship with a parent who has caused them harm (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Soderman, 2024). Studies have shown that forced reunification efforts can exacerbate trauma, increase stress

levels, and foster feelings of coercion in children, ultimately undermining their emotional well-being (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Soderman, 2024).

Psychological Impacts

For children who have been victims of abuse or neglect, reunification camps or therapy that force them to engage with an abusive parent can trigger trauma reenactment (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Soderman, 2024). Trauma reenactment refers to the involuntary reliving of past traumatic experiences, often resulting in overwhelming emotional responses such as fear, anger, and helplessness (American Psychological Association, 2018). In cases where a child is required to participate in therapy or camps with an abuser, the environment may unintentionally encourage the child to revisit painful memories and experiences that they are not emotionally ready to process (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Soderman, 2024).

Research on trauma-informed care highlights the need for safe and supportive environments for healing, especially for children who have been exposed to severe stressors like violence or neglect (Mercer, 2022). Forced reunification practices can violate the child's sense of safety, potentially leading to re-traumatization (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Soderman, 2024). This exacerbates symptoms of post-traumatic stress disorder (PTSD), such as hypervigilance, flashbacks, nightmares, and emotional dysregulation, which can persist long after the reunification process (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Soderman, 2024).

Being forced to attend reunification therapy or camps can significantly increase a child's stress levels (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Soderman, 2024). When a child is coerced into an environment that is perceived as unsafe or uncomfortable, their body

enters a state of heightened arousal, triggering physiological stress responses such as elevated heart rates, tense muscles, and difficulty focusing (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Soderman, 2024). This chronic stress can have long-term implications for a child's mental health, including an increased risk of anxiety, depression, and behavioral issues (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019; Soderman, 2024).

For children who have experienced trauma, such forced interactions can send mixed messages about their own safety and emotional boundaries (Chester, 2021; Mercer, 2022). If the child feels that their feelings and concerns are being disregarded or that they have no agency in the process, they may begin to develop maladaptive coping mechanisms, such as withdrawal, aggression, or dissociation (Chester, 2021; Mercer, 2022). The psychological burden of having to "perform" emotional reconciliation in a way that feels unnatural can lead to lasting mental health challenges (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2022).

One of the most harmful aspects of forced reunification is the erosion of a child's sense of autonomy and agency (Berman & Weisinger, 2024; Kleinman, 2017). Children, particularly those who have experienced trauma, often struggle to assert their own needs and desires in situations where they feel powerless (Berman & Weisinger, 2024; Chester, 2021; Kleinman, 2017; Mercer, 2022). Reunification camps and reunification therapy, when mandated without consideration for the child's wishes or readiness, can create feelings of coercion, where the child perceives themselves as having little control over their own life and well-being (Mercer, 2019).

Feelings of coercion in children can manifest as compliance, but this compliance is often a survival mechanism rather than a genuine willingness to reconcile (Kippert, 2024; Mercer, 2022; Robideaux, 2022). This dynamic can lead to emotional distress, confusion, and self-blame. Children may internalize the message that their voice and perspective do not matter, which can

contribute to feelings of low self-worth, helplessness, and a diminished sense of personal efficacy (Kippert, 2024; Mercer, 2022; Robideaux, 2022). In some cases, the forced reconciliation may foster an atmosphere of resentment, as children may come to see the reunification process as an extension of the abuse or neglect they suffered, further complicating their emotional landscape (Kippert, 2024; Mercer, 2022; Robideaux, 2022).

The negative mental health effects of forced reunification can extend well into adulthood. Research has shown that children who have been subjected to traumatic reunification efforts are at an increased risk for a range of psychiatric disorders, including anxiety, depression, attachment disorders, and difficulties in forming healthy relationships in the future (Mercer, 2022; Kleinman, 2019). In addition, such children may experience impaired coping skills, reduced self-esteem, and challenges with emotional regulation as they mature (Mercer, 2022; Kleinman, 2019). The long-term consequences are not limited to individual mental health outcomes; they can also impact a child's academic performance, social development, and overall life trajectory (Mercer, 2022; Kleinman, 2019). The continued stress, anxiety, and trauma from forced reunification may also manifest in physical health problems, including chronic conditions like headaches, gastrointestinal issues, and sleep disturbances (Mercer, 2022; Kleinman, 2019).

Social Relationships and Family Dynamics

Forced reunification, especially in cases where it involves an abusive or neglectful parent, can profoundly affect a child's relationships not only with the parent in question but also with other family members and peers (Mercer, 2019; Silberg & Dallam, 2019). The emotional and psychological strain resulting from coerced reunification can lead to broken family dynamics, disrupted attachment processes, and difficulties in forming healthy social connections (Andreopoulos & Wexler, 2021; Mercer, 2019; O'Hara et al., 2021; Silberg & Dallam, 2019).

A fundamental element of healthy child development is the formation of a secure attachment to caregivers (O'Hara et al., 2021; van Berkel et al., 2024). In cases where reunification is forced, this critical attachment process can be severely disrupted (O'Hara et al., 2021; van Berkel et al., 2024). Children who have experienced abuse or neglect by a parent may harbor deep emotional scars and a profound sense of betrayal (O'Hara et al., 2021; van Berkel et al., 2024). Reconciliation through forced reunification can feel unnatural or even unsafe, preventing the development of trust and attachment that is necessary for a healthy parent-child relationship (Meier & Dickson, 2019; O'Hara et al., 2021; van Berkel et al., 2024).

The lack of trust in the parent may persist, even after reunification efforts, making it difficult for the child to engage in a meaningful relationship with that parent (Andreopoulos & Wexler, 2021; Meier & Dickson, 2019; O'Hara et al., 2021; van Berkel et al., 2024). As a result, children may withdraw emotionally, exhibiting reluctance to engage in conversation, share personal feelings, or accept care and affection (Andreopoulos & Wexler, 2021; Meier & Dickson, 2019; O'Hara et al., 2021; van Berkel et al., 2024). This emotional distance often extends to other caregivers as well, such as siblings or extended family members, further fracturing familial bonds (Andreopoulos & Wexler, 2021; Meier & Dickson, 2019; O'Hara et al., 2021; van Berkel et al., 2024).

Further, when forced reunification is framed as a necessary step in the healing process, the child may feel invalidated or rejected in their need for safety and protection (Andreopoulos & Wexler, 2021). Children who do not feel supported in their desire to distance themselves from an abuser may internalize feelings of helplessness and confusion, leading to difficulties in forming trusting relationships with other family members (Andreopoulos & Wexler, 2021; Meier & Dickson, 2019; O'Hara et al., 2021; van Berkel et al., 2024).

Sibling relationships are often profoundly impacted by forced reunification, particularly when siblings have had varying levels of exposure to abuse or neglect (Kramer et al., 2019; Silberg, 2021). Children who have experienced trauma may struggle to share their experiences or express their emotions in a family setting where forced reconciliation is the goal (Kramer et al., 2019; Silberg, 2021). This lack of open communication can lead to misunderstandings or conflicts between siblings, as some may feel that they have been unfairly treated or are not being heard in the decision-making process (Kramer et al., 2019; Silberg, 2021).

In some cases, the child who has been subjected to forced reunification may feel resentment or anger toward siblings who may have had different experiences or perspectives on the situation (Kramer et al., 2019; Silberg, 2021). For example, a sibling who has been less affected by the trauma or abuse may feel a sense of confusion or frustration if they are unable to empathize with the child who has been forced to reunite with the abusive parent. This disconnection can exacerbate feelings of isolation and alienation, further complicating sibling relationships and creating divisions within the family unit (Kramer et al., 2019; Silberg, 2021). Similarly, a sibling who was severely affected by trauma or abuse may become resentful or distrustful of the child who wants to reunite, which may lead to the forced reunification for the more severely traumatized child. If the viewpoint is not shared, feelings are likely to be hurt, sometimes for a lifetime (Kramer et al., 2019; Silberg, 2021).

Extended family members, such as grandparents, aunts, and uncles, may also be impacted by the forced reunification process (Braver & Votruba, 2018; Meier & Sankaran, 2021; Vroljik & Keizer, 2021). These individuals often serve as key figures of emotional support for children who have experienced trauma, offering alternative sources of safety and stability (Braver & Votruba, 2018; Meier & Sankaran, 2021; Vroljik & Keizer, 2021). However, when forced

reunification efforts override the child's sense of security, extended family members may find themselves caught in the crossfire of conflicting desires to protect the child versus respecting legal or familial obligations to encourage reconciliation (Braver & Votruba, 2018; Meier & Sankaran, 2021; Vrolijk & Keizer, 2021).

In some instances, extended family members may become alienated from the child because of their association with the reunification process (Markoç, 2023). If these family members support the child's desire to remain distanced from an abusive parent, they may face disapproval from others who advocate for family reunification, particularly the family members of the abuser (Markoç, 2023). The emotional toll of navigating this division can create additional stress for the child, compounding their sense of confusion and loyalty conflicts (Dallam & Silberg, 2016; Markoç, 2023).

Furthermore, the child may become increasingly reluctant to trust or confide in extended family members, particularly if they perceive these individuals as endorsing reunification without understanding the depth of the trauma involved (Dallam & Silberg, 2016; Markoç, 2023). This is particularly true if the family members of the abuser appear to not care about the abuse or believe the child (Markoç, 2023). This dynamic can result in strained or even fractured relationships with people who might otherwise have been sources of comfort and stability (Dallam & Silberg, 2016; Markoç, 2023).

The emotional impact of forced reunification extends beyond the family unit and can significantly affect a child's ability to form healthy relationships with peers. Children who are coerced into reconnecting with an abusive or neglectful parent may feel isolated, misunderstood, and socially disconnected, leading to difficulties in engaging with peers (Avalle et al., 2022; Baker et al., 2020; Markoç, 2023). They may become withdrawn or exhibit heightened emotional

reactivity, making it challenging to engage in age-appropriate social interactions (Avalle et al., 2022; Baker et al., 2020; Markoç, 2023).

In some cases, children who are placed in forced reunification programs may struggle with issues of trust and boundaries, both with peers and with authority figures (Avalle et al., 2022; Baker et al., 2020; Markoç, 2023). The lack of safe emotional outlets during the reunification process can make it difficult for children to navigate the complexities of friendship, particularly if they have learned to suppress their emotions in order to comply with the demands placed upon them (Avalle et al., 2022; Baker et al., 2020; Markoç, 2023). As a result, peer relationships may become strained, with the child either withdrawing from social situations or acting out in ways that push others away (Avalle et al., 2022; Baker et al., 2020; Markoç, 2023).

Additionally, children who have been exposed to trauma through forced reunification may also experience feelings of shame or embarrassment, especially if they are unable to articulate the reasons behind their emotional struggles (Kippert, 2024; Mercer, 2022; Robideaux, 2022). This can lead to social stigmatization, as peers may not understand the child's behavior or may misinterpret it as simply acting out or being difficult (Kippert, 2024; Mercer, 2022; Robideaux, 2022).

The emotional scars left by forced reunification efforts can have lasting effects on a child's ability to form and maintain relationships well into adulthood (Kippert, 2024; Mercer, 2022; Robideaux, 2022). Studies suggest that individuals who have experienced significant trauma, including coercive reunification, often struggle with attachment issues, such as difficulty trusting others or forming close relationships (Lahousen et al., 2019; Mercer, 2022). These individuals may develop patterns of emotional detachment or self-protective behaviors that

prevent them from developing meaningful connections with others (Kippert, 2024; Mercer, 2022; Robideaux, 2022).

In the long term, the inability to develop secure and healthy relationships with family members and peers can lead to chronic feelings of loneliness, social isolation, and difficulties in navigating personal and professional relationships (Kramer et al., 2019; Silberg, 2021). For children who have experienced trauma through forced reunification, the lack of a solid foundation of trust and emotional support can create barriers to forming the supportive, nurturing connections necessary for mental and emotional well-being (Kippert, 2024; Mercer, 2022; Robideaux, 2022).

Identity and Self-Perception

The experiences children undergo in forced reunification settings can have a profound impact on their development of both their self-identity and personal agency. A child's sense of self is shaped by a complex interplay of familial, social, and personal experiences, and forced reunification can disrupt this process in significant ways (Brewin, 2023; Kippert, 2024; Mercer, 2022). When children are coerced into reconnecting with a parent who has caused them harm, they are often forced to reconcile their personal experiences and feelings with external pressures that may invalidate their lived reality. In other words, again, their experiences are either ignored or they are told it was not as bad as they remember or they remember differently (wrongly) (Kippert, 2024; Mercer, 2022; Robideaux, 2022). This can lead to a fragmented or distorted sense of self and diminish their ability to assert control over their own lives and decisions (Kippert, 2024; Mercer, 2022; Robideaux, 2022).

Self-identity is an evolving construct, shaped by how a child perceives their place in the world, their relationships with others, and their understanding of their own emotions, values, and

beliefs. In forced reunification settings, children often face the challenge of reconciling their own understanding of past trauma with external expectations placed upon them (Brewin, 2023; Crocetti et al. 2022). They may be told that reconciliation with an abusive or neglectful parent is in their best interest, despite their own experiences suggesting otherwise (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). This dissonance between their personal experiences and the imposed narrative, often by the reunification therapist or court, can lead to confusion and self-doubt (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019).

Children subjected to forced reunification may begin to question their own perceptions of reality, especially if their feelings of fear, anger, or resentment are dismissed by authority figures or parents involved in the process (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). This invalidation of their emotions can result in a diminished sense of self-worth, as the child may internalize the belief that their feelings are not important or worthy of respect (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). Over time, this can lead to a fractured sense of identity, where the child feels disconnected from their own experiences and struggles to form a coherent understanding of themselves as autonomous individuals (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019).

Personal agency refers to the ability to make choices, set boundaries, and take actions that reflect one's own desires and values (Gallagher, 2000). In forced reunification settings, the child's autonomy is often compromised, as decisions about their familial relationships are made on their behalf, with little regard for their own preferences or emotional readiness (Chapman, 2022; Mercer & Drew, 2022). This lack of control over their own life can lead to feelings of powerlessness and helplessness, which in turn erode the child's sense of personal agency (Chapman, 2022; Mercer & Drew, 2022).

Children in these settings may be coerced into participating in reunification therapy or camps under the belief that they must comply with adult authority figures, even when they feel unsafe or emotionally unprepared (Kippert, 2024; Mercer, 2022; Robideaux, 2022). When a child is forced to engage with a parent they associate with harm, they may feel as though their personal boundaries and autonomy are being violated, reinforcing a sense of powerlessness in their lives (Kippert, 2024; Mercer, 2022; Robideaux, 2022). This can also contribute to difficulties in asserting boundaries in other areas of their lives, such as relationships with peers, teachers, and future partners, as the child may come to believe that their personal needs and desires are secondary to the wishes of others (Kippert, 2024; Mercer, 2022; Robideaux, 2022).

In some cases, forced reunification can create a cycle of learned helplessness, where the child comes to believe that they have little control over their circumstances, and their actions or decisions will have no meaningful impact on the outcomes in their lives (Kippert, 2024; Mercer, 2022; Robideaux, 2022). This loss of agency can severely hinder their emotional and psychological development, affecting their ability to navigate through life with a sense of purpose and confidence (Kippert, 2024; Mercer, 2022; Robideaux, 2022).

The forced reunification process can create confusion around core personal beliefs and values, especially for children who have witnessed or experienced trauma at the hands of a parent (Kippert, 2024; Mercer, 2022; Robideaux, 2022). For example, a child may come to believe that love is conditional, and that familial bonds must be maintained at all costs, even at the expense of their own emotional safety (Kippert, 2024; Mercer, 2022; Robideaux, 2022). Alternatively, they may develop feelings of guilt or self-blame, feeling that they are responsible for the dysfunction within the family or that they are somehow obligated to forgive and accept the abusive parent (Kippert, 2024; Mercer, 2022; Robideaux, 2022).

In some cases, children may struggle to reconcile their own values of safety, respect, and autonomy with the idea that they must prioritize family unity, regardless of the harm done to them (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). This internal conflict can create feelings of internal conflict that undermine their ability to establish a clear sense of self. As a result, children may struggle to form a solid and consistent value system, which can further affect their decision-making and interpersonal relationships as they mature (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). This can lead to life-altering decisions as they enter adulthood, such as substance abuse (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). Further, for children in forced reunification settings, the disconnect between their personal beliefs and the expectations placed upon them by authority figures or the legal system can lead to feelings of isolation, as they may begin to question the validity of their own thoughts and emotions (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). This can make it difficult for them to establish a stable foundation of values that will guide them in future relationships and life choices (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019).

The forced reunification experience can also affect a child's ability to regulate their emotions and maintain a positive sense of self-esteem (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). When children are coerced into situations where they feel unsafe, uncomfortable, or unsupported, their emotional responses can become disorganized or dysregulated (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). The stress and anxiety associated with being forced to reconnect with a harmful parent can lead to difficulties in managing emotions, such as anger, sadness, guilt, or confusion (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019).

Further, when a child feels that their emotions are being disregarded or minimized, their sense of self-worth can be diminished (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). They may internalize the belief that their feelings are not valid or that they are somehow at fault for the family's dysfunction or even to blame for the abuse (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). Over time, this can result in chronic low self-esteem, as the child may come to feel inadequate or unworthy of love and care (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). The destruction of self-esteem can make it difficult for the child to assert themselves in future relationships, further compounding the challenges they face in developing a strong sense of personal identity (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019).

The effects of forced reunification on self-identity and personal agency can extend well into adulthood (Berman & Weisinger, 2024; Chester, 2021; Kippert, 2024; Mercer, 2019). Individuals who have experienced trauma and coercion during reunification may struggle with issues related to self-worth, trust, and autonomy throughout their lives (Berman & Weisinger, 2024; Chester, 2021; Kippert, 2024; Mercer, 2019). They may find it difficult to make decisions independently or assert their needs in relationships, as they have not been given the opportunity to cultivate their own sense of agency during childhood (Berman & Weisinger, 2024; Chester, 2021; Kippert, 2024; Mercer, 2019).

Additionally, the trauma of forced reunification can affect how individuals view their past and themselves (Chester, 2021; Kippert, 2024; Robideaux, 2022). They may develop a fragmented or distorted narrative of their own life, characterized by feelings of shame, guilt, or confusion (Chester, 2021; Kippert, 2024; Robideaux, 2022). This negative self-narrative can interfere with their ability to form a coherent and positive identity as they grow older, potentially

leading to struggles with mental health, personal fulfillment, and relationship satisfaction (Chester, 2021; Kippert, 2024; Robideaux, 2022).

Availability and Effectiveness of Post-Reunification Support

Given the very limited research on forced reunification therapy and reunification camps, it is difficult to determine how effective these treatments are, as evidenced above. It is even more difficult, however, to determine the availability and effectiveness of support following forced reunification. Children that have aged out of the system are often the best choice to explore these treatments after the fact. These individuals, having reached adulthood, are often the only voices available to shed light on their experiences, as younger children may lack the ability or opportunity to articulate their trauma. Research on younger children is also much more complicated due to ethical reasons.

Unfortunately, this reliance is inherently flawed, however, because it shifts the burden of accountability onto the very individuals who have endured systemic failures. Aged-out children may carry lasting emotional, mental, and relational scars, making their feedback invaluable yet inherently retrospective. This approach also overlooks the immediate needs of children currently within the system, delaying necessary reforms and perpetuating cycles of harm. By the time their voices are heard, the damage has often already been done, highlighting the urgent need for real-time evaluations and proactive, trauma-informed support systems to protect children from enduring similar outcomes.

Regardless of the flaws, aged-out children often remain the best sources of firsthand insight into the long-term impacts of forced reunification and the adequacy of post-reunification support. Their lived experiences provide a unique perspective on how systemic shortcomings affect children into adulthood, shedding light on patterns of trauma, resilience, and systemic

neglect. While their testimonies cannot address real-time issues for children still in the system, they serve as crucial evidence for advocating policy changes, improving child welfare practices, and identifying the gaps in support that contribute to poor outcomes. Their voices, though reflective of past failures, are instrumental in driving reforms that aim to prevent future generations from enduring similar harm.

From the very limited data available, it is difficult to conclude whether the reunification camps and reunification therapy is effective. There is no empirical evidence to show that these treatments are effective (Chester, 2021; Kippert, 2024; Mercer, 2021; Robideaux, 2022). There have been studies published by the individuals that run the programs that show successes, however, none of these studies appear to have been independently conducted so as to avoid bias (Avalle et al., 2021). Other individuals have conducted studies that refute these findings, which complicate things further (Avalle et al., 2021; Mercer, 2021). The individuals that run reunification camps and reunification therapies are often not willing to allow independent people to evaluate their programs, which is a leading cause of them being banned in several states (Avalle et al., 2021; Mercer, 2021).

On the other hand, several children that have been forced to attend a reunification camp or reunification therapy have come forward and stated that the methods used were abusive (Kippert, 2024; Mercer, 2021; Robideaux, 2022). Children have reported that they were threatened in various ways if they did not participate, to the point where some children later reported that they were told they would never see their safe parent again if they did not make amends with the parent they were court ordered to reunification therapy with (Kippert, 2024; Mercer, 2021; Robideaux, 2022). Another key point that is often used by opponents is that the cost of these treatment programs is often over \$10,000 and not covered by insurance. Opponents

argue that if the programs were proven effective treatments for an actual medical diagnosis, they would be covered by insurance (Mercer, 2021). The fact that they generally are not covered is evidence, opponents state, that they are not effective treatments that have been scientifically found and studied (Mercer, 2021). Additionally, as reunification camps are often forced treatment after a parental alienation claim, opponents argue that this is further evidence that parental alienation claims are not valid because they are not based on a true medical diagnosis (Mercer, 2021). If these were based on a medical diagnosis, insurance would likely cover the necessary treatments (Mercer, 2021).

Cultural and Regional Variability

The experiences and perceptions of forced reunification differ significantly across cultures and regions, shaped by societal values, legal frameworks, and cultural norms surrounding family and child welfare (Arendell, 2023; Stevenson, 2019). These variations highlight the importance of understanding the cultural context when evaluating the outcomes and ethical implications of reunification practices (Arendell, 2023; Stevenson, 2019). Research is limited on reunification camps and reunification therapy around the world, however, there are some general commonalities that can be seen.

In collectivist societies, such as many in Asia, Africa, and Latin America, the family unit is often considered central to an individual's identity and well-being (Arendell, 2023; Stevenson, 2019). Forced reunification in these contexts may be perceived as a necessary step to preserve familial integrity, even when it may not align with the child's best interests (Arendell, 2023; Stevenson, 2019). There are still some countries which do not allow divorce at all or heavily restrict it, which makes examining custody an even larger challenge (Arendell, 2023; Stevenson, 2019). Conversely, in individualist societies, such as those in North America and Western

Europe, child welfare systems typically prioritize the child's well-being over family preservation (Arendell, 2023; Stevenson, 2019). Here, forced reunifications that disregard the child's preferences or safety are increasingly met with public and institutional criticism (Arendell, 2023; Stevenson, 2019).

The availability of support services post-reunification also varies, contributing to differing outcomes (Arendell, 2023; Shimkowski & Ledbetter, 2018). Urban areas in developed regions may provide access to counseling, financial aid, and educational resources, mitigating the harm of forced reunification (Arendell, 2023; Shimkowski & Ledbetter, 2018). In contrast, rural or underserved areas often lack these resources, exacerbating the challenges faced by reunified families (Arendell, 2023; Shimkowski & Ledbetter, 2018). Additionally, cultural norms surrounding child discipline and parenting can influence both the success of reunification and the perceptions of their appropriateness (Arendell, 2023; Shimkowski & Ledbetter, 2018).

Research was called for to further examine how children who have now aged out of the system perceive their experiences of participating in reunification therapy or reunification camps, particularly when forced to participate in cases where abuse was alleged (Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019). There have been calls for empirical research into bridging the gaps in the existing research to provide a more comprehensive understanding of how now aged-out children view their experiences and how they perceive their experiences with court-ordered reunification therapy (Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019).

Research has specifically been called for to explore how past experiences of familial conflict, separation, and instability impacted children both during and after their time in reunification camps or therapy (Gutowski & Goodman, 2020; Meier, 2020). There is also a need for studies on the effectiveness of the support and resources provided in these settings,

particularly in terms of trauma-informed care (Gutowski & Goodman, 2020; Meier, 2020).

Additionally, more research is needed on the emotional and psychological challenges these children face as they transition out of reunification camps or therapy, focusing on their mental health, coping strategies, and resilience (Gutowski & Goodman, 2020; Meier, 2020).

Additionally, it is also important to examine how their experiences in reunification programs affect their relationships with parents, siblings, and peers, especially in the context of continuing family conflicts (Gutowski & Goodman, 2020; Meier, 2020). Lastly, research has been called for to investigate the long-term effects of their reunification experiences on their social reintegration, emotional well-being, and overall development (Gutowski & Goodman, 2020; Meier, 2020).

Summary

Trauma theory can be an incredibly useful lens for understanding and framing the experiences of children in forced reunification therapy settings, especially when considering the psychological, emotional, and social impacts of trauma caused by forced separations, family conflict, and coercive interventions (Tahan et al., 2021; Tracy et al., 2023). Trauma theory focuses on how adverse experiences, especially those involving neglect, abuse, or emotional abandonment, can have long-lasting effects on an individual's mental health and sense of identity (Hasselle et al., 2024; Tahan et al., 2021; Tracy et al., 2023). Applying trauma theory allows for a nuanced exploration of the child's trauma response to a flawed system that prioritizes reunification over the child's well-being, offering insights into how the child's past experiences with the estranged parent and the therapy process shape their current perceptions and coping mechanisms (Hasselle et al., 2024; Tahan et al., 2021; Tracy et al., 2023). This theoretical approach highlights the critical need to address unresolved trauma and consider the child's perspective in both therapeutic and legal contexts (Meier, 2020; Mercer, 2022). In contexts such

as where reunification therapy has been forced upon children, trauma theory can help to explore how the process of forced reunification can re-traumatize children, especially if it fails to adequately account for the children's experiences of harm or neglect in their family environments (Hasselle et al., 2024; Tahan et al., 2021; Tracy et al., 2023).

Divorce can have profound and lasting effects on children, often disrupting their sense of stability, security, and attachment, which are crucial for healthy emotional development (Caksen, 2021; Douglas, 2020). Children of divorce may experience feelings of abandonment, confusion, and divided loyalties, particularly if they are forced into a therapeutic situation that feels coercive or unsafe, such as forced reunification therapy with a parent they've been estranged from (Caksen, 2021; Douglas, 2020). The negative impacts of this forced interaction can exacerbate feelings of rejection or distrust, leading to long-term psychological consequences, especially when the child's best interests were not prioritized in the decision to pursue reunification (Caksen, 2021; Douglas, 2020). Understanding the dynamics of divorce and its aftermath offers crucial context for assessing how these experiences shape a child's development and contribute to their emotional struggles in adulthood (Caksen, 2021; Douglas, 2020).

Parental alienation and high-conflict custody disputes are significant factors that can deeply affect children, particularly when forced into reunification therapy with an estranged parent (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022). In the context of this study, it is crucial to understand how these conflicts exacerbate feelings of confusion, mistrust, and emotional distress (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022). Parental alienation claims can intensify the emotional toll on the child, leading to divided loyalties and a sense of betrayal (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022). High-conflict custody disputes, often involving prolonged legal battles, can create an

unstable environment for children, where their emotional needs are overshadowed by the contentious relationship between the parents (Chester, 2021; Savci, & Gülbahçe, 2024). When reunification therapy is mandated under these circumstances, it may force the child into an emotionally harmful situation, as the therapy often fails to acknowledge the child's autonomy and well-being (Chapman, 2022; Chester, 2021). This framework helps explain how the experiences of alienation and conflict can shape the child's retrospective view of the reunification process and the long-term psychological consequences they face.

The historical context and evolution of reunification practices play a crucial role in understanding the retrospective lived experiences of aged-out children who underwent court-ordered reunification therapy with an estranged parent (Berman & Weisinger, 2024; Mercer, 2022). Historically, reunification practices have often been driven by the belief that family unity should be prioritized, sometimes at the expense of the child's emotional needs or safety (Berman & Weisinger, 2024; Mercer, 2022). Over time, there has been growing recognition that reunification is not always in the best interest of the child, especially in cases involving trauma, abuse, or parental alienation (Berman & Weisinger, 2024; Mercer, 2022). However, in high-conflict custody disputes, where courts may push for reconciliation, reunification therapy may still be imposed, even when it fails to consider the child's well-being or readiness for such contact (Berman & Weisinger, 2024; Mercer, 2022).

The experiences of children in reunification settings, particularly when court-ordered and in cases where therapy is not in the child's best interest, can be deeply unsettling and traumatic (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). For children who have been estranged from a parent, reunification therapy often places them in emotionally charged and uncomfortable situations, where their autonomy and emotional needs are frequently overlooked

(Kippert, 2024; Robideaux, 2022). These children may experience feelings of confusion, resentment, and powerlessness, particularly if they are forced to engage with a parent who has been abusive, neglectful, or emotionally unavailable (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019). The pressure to reconcile with an estranged parent can lead to intense inner conflict, as children may feel torn between their desire for safety and their legal obligation to comply with court mandates (Berman & Weisinger, 2024; Chester, 2021; Mercer, 2019).

This study added to the current field by providing valuable insights into the impacts of past familial trauma on children in reunification camps or therapy, particularly in understanding the long-term emotional, psychological, and social effects. It will help contribute to the call for more research to further the development of more effective interventions and policies for children facing similar circumstances (Gutowski & Goodman, 2020; Meier, 2020). Additionally, this research will shed light on the emotional and relational challenges children encounter during and after their reunification experiences, informing strategies for improving their mental health, coping skills, and resilience. Ultimately, this study aims to advance knowledge on the long-term implications of reunification programs, enhancing the broader understanding of children's recovery and social reintegration processes.

Chapter 3: Research Method

The problem to be addressed in this qualitative study was the insufficient empirical research exploring how trauma influences the experiences of individuals within reunification camps and how these experiences impact their overall well-being and relationships post-reunification (Gutowski & Goodman, 2020; Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019). Trauma in children has been linked to numerous lasting psychological impacts, including post-traumatic stress disorder (PTSD), depression, anxiety, and an increase in suicidal thoughts (Gutowski & Goodman, 2020; Meier, 2020; Pruett et al., 2023). There was limited research on the efficacy of reunification therapy or camps and children's experiences with them (Gutowski & Goodman, 2020; Meier, 2020; Pruett et al., 2023; Rao, 2021).

As a result of high conflict divorces and custody cases, courts may mandate interventions such as reunification therapy or camps, designed to restore relationships between children and estranged parents without fully considering the psychological needs and trauma histories of the children involved (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022). Despite their intended purpose, reunification therapy and camps have shown mixed results, with growing evidence suggesting that they can exacerbate trauma and emotional distress for children rather than facilitate healing and reconnection (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022). The blending of parental alienation with the need for forced reunification raises serious ethical and practical concerns regarding the well-being of children caught in the crossfire of parental conflict (Chester, 2021; Dallam & Silberg, 2016; Meier, 2021; Mercer, 2022).

The purpose of this qualitative phenomenological design study was to explore and understand the lived experiences of aged-out children who have participated in reunification

camps or therapies following parental alienation claims in general and within the context of high-conflict custody to gain insights into their emotional and psychological well-being, identify the challenges they faced in being forced to complete these programs, and understand their perceptions of the effectiveness of reunification efforts. This method and design were deemed most appropriate for this topic as the needed information requires a deep understanding of personal narratives and subjective experiences that could be provided with rich details (Busetto et al., 2020; Maxwell, 2021). The study population was individuals over the age of eighteen who were forced to participate in reunification therapy or reunification camp with a parent prior to turning eighteen. A sample of 10 participants was recruited through contact with the creator and organizer of a national organization that focuses on challenges faced by parents navigating the family court system, especially in cases involving high-conflict custody disputes and parental alienation. A total of four research questions were addressed.

This chapter will explore the chosen research methodology of a retrospective, qualitative, phenomenological method, as well as the population and sample. Instruments that were used will be examined and explained, as will the procedures for the study and analysis of the resulting data. Finally, this chapter will explore the study assumptions, limitations, delimitations, and ethical reassurances in place.

Research Methodology and Design (Nature of the Study)

This study used a retrospective qualitative phenomenological method, guided by a semi-structured interview guide. Qualitative methods allow researchers to gain a rich, in-depth understanding of a phenomenon by exploring people's experiences, perspectives, and social contexts (Englander, 2016; Hammarberg et al., 2016). Through techniques like interviews, focus groups, and ethnography, qualitative research allows for the collection of detailed, narrative data

that uncovers complex patterns, emotions, and meanings (Hammarberg et al., 2016; Levitt et al., 2017). This approach is especially valuable in this study as it provides insights into nuanced behaviors, motivations, and societal dynamics that might be overlooked by quantitative methods (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017). Additionally, it enables flexibility, allowing the researcher to adapt their approach as new insights emerge throughout the study (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017).

The decision to use a qualitative research method to examine the retrospective experiences of aged-out children who were subjected to court-ordered reunification therapy or camp following high-conflict custody battles was grounded in the nature of the research questions, the complexity of the phenomena under investigation, and the emphasis on capturing personal, subjective experiences. Qualitative methodologies allow for a more complete understanding of the emotional, psychological, and social impacts that such interventions may have had on the children involved, which quantitative methods would struggle to fully capture (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017). This approach also supported an in-depth exploration of how participants interpreted and assigned meaning to their experiences both during and after reunification interventions.

Quantitative methods were initially considered, however upon further reflection, it became clear that such approaches would not fully capture the depth and complexity of the participants' lived experiences. Quantitative methods tend to focus on measuring and categorizing variables, which would be limiting in the context of this study, where the goal is to understand personal, subjective experiences that involve emotions, perceptions, and individual narratives (Nardi, 2018). Given that the focus of this research was on the retrospective experiences of aged-out children who underwent court-ordered reunification therapy or

reunification camp following high-conflict custody disputes, it was crucial to explore how participants felt, interpreted, and processed these experiences over time. Quantitative data would not allow for the exploration of these rich, multifaceted aspects of experience, nor would it provide a platform for participants to share their personal stories in their own words (Nardi, 2018).

Furthermore, the complex and emotionally charged nature of high-conflict custody cases required a more flexible and adaptive approach to research (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017). While quantitative methods can identify trends or correlations, they may overlook the unique ways in which different individuals experience the same event (Nardi, 2018). In contrast, qualitative methods, particularly phenomenology, enable the researcher to uncover these variations and gain insight into how children made sense of their forced involvement in reunification interventions (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017). Thus, a quantitative approach would not provide the nuanced, context-specific understanding necessary for addressing the research questions effectively (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017).

The purpose of this research was to gain an in-depth understanding of the lived experiences of these children. High-conflict custody battles are inherently complex, often involving profound emotional and interpersonal dynamics that are difficult to quantify. These dynamics, such as feelings of isolation, confusion, loyalty conflicts, and emotional distress, are best explored through qualitative approaches like in-depth interviews, which prioritize rich, descriptive accounts over numerical data (Englander, 2016; Levitt et al., 2017). Such methodologies can provide insight into how children perceived and processed the events and

interventions they were subjected to, thus enabling a comprehensive view of their personal journey (Englander, 2016; Levitt et al., 2017).

The retrospective nature of the study called for an approach that can explore memories, their meanings, and the passage of time. The impact of being forced into reunification therapy or a reunification camp program after a high-conflict custody dispute may differ significantly based on a child's developmental stage, emotional maturity, and the passage of time since the intervention (Madill & Gough, 2016). Thematic analysis allowed for an exploration of how participants' understanding and interpretation of their experiences may have evolved (Braun & Clarke, 2022). The subjective meaning of these events and how they make sense of them as adults cannot be adequately captured through statistical measures, which is why qualitative methods are particularly fitting for this study (Braun & Clarke, 2021).

Additionally, this research explored the voices and perspectives of individuals who may have been disregarded or silenced throughout the court-ordered process. A qualitative approach empowered participants by allowing them to share their experiences in their own words, without being constrained by predetermined categories or scales (Braun & Clarke, 2021; Levitt et al., 2017). This method fostered a participatory environment where the individual's subjective reality is given central focus, revealing insights into how they felt about their forced involvement in reunification efforts and the broader family dynamics at play (Braun & Clarke, 2021; Levitt et al., 2017).

A phenomenological approach was particularly appropriate for this study, as it focuses on exploring and understanding the lived experiences of individuals from their own perspectives (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017). This methodology allowed the researcher to delve deeply into the essence of how participants experienced and made sense of

the court-ordered reunification therapy or reunification camp (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017). Given the unique and often emotionally charged nature of these interventions, phenomenology offered an ideal framework for capturing the complexity and richness of the participants' personal accounts (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017).

Further, phenomenology seeks to identify commonalities or shared experiences among participants, which can be especially valuable in understanding systemic or structural issues within the court-ordered reunification process (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017). While each child's experience may be unique, phenomenology enables the researcher to uncover common themes or patterns across participants, offering insights into how these interventions affected children on a broader scale (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017). This can illuminate how certain therapeutic practices, camp environments, or judicial decisions impacted the children in similar or different ways, helping to identify both the benefits and drawbacks of such interventions from the individual's point of view who was forced to participate (Englander, 2016; Hammarberg et al., 2016; Levitt et al., 2017).

Population and Sample

The population was individuals over the age of eighteen that were previously court-ordered to participate in reunification therapy or reunification camp with an estranged parent. This population of individuals is a distinct group that often presents unique psychological, emotional, and familial challenges (Chester, 2022; Kleinman, 2017). Typically, these individuals have experienced significant estrangement or conflict with one or both parents, often stemming from complex family dynamics such as parental separation, divorce, or abusive situations

(Chester, 2022; Kleinman, 2017). These individuals may come from diverse socioeconomic backgrounds, but a common factor among them is a history of trauma or disrupted attachment (Chester, 2022; Kleinman, 2017). Many have endured emotional or behavioral difficulties as a result of prolonged estrangement, which may manifest as mistrust, resentment, or a lack of communication skills with the parent involved (Chester, 2022; Kleinman, 2017). Additionally, this population may show a range of psychological conditions, including anxiety, depression, or identity issues, which can be exacerbated by the pressure of forced reconciliation (Chester, 2022; Kleinman, 2017). The success of reunification therapy or camp often hinges on factors such as the individuals' age, willingness to engage, the nature of the estrangement, and the therapeutic environment's ability to foster a safe and non-judgmental space for healing (Chester, 2022; Kleinman, 2017). Understanding the complexities of this population is critical to developing effective interventions tailored to their specific needs and experiences (Chester, 2022; Kleinman, 2017).

The sample was comprised of ten participants. The primary sampling method used in this study was purposive sampling, which allowed for the intentional selection of individuals who met specific criteria relevant to the research objectives (Tracy, 2019). Participants were invited to participate based on their previous court-ordered involvement in reunification therapy or reunification camps with an estranged parent, ensuring that the sample reflects individuals with direct experience in this context. This approach enabled the study to gather in-depth insights from individuals who have navigated the complexities of reunification, providing valuable perspectives on the challenges, outcomes, and psychological impacts of such interventions (Tracy, 2019). By focusing on a smaller, targeted group, purposive sampling ensured that the

sample was rich in relevant experiences, enhancing the depth and relevance of the data collected for analysis (Tracy, 2019).

To recruit participants, a targeted approach was used to engage with individuals who have had these specific experiences. A study invitation flyer (see Appendix A) was distributed in specialized groups where individuals who may fit these criteria are likely to congregate. These groups included online support networks and social media spaces dedicated to individuals with similar experiences, such as those recovering from family estrangement or trauma related to forced reunification programs. The flyer provided clear details about the study, its purpose, and the criteria for participation (see Appendix B for inclusion criteria questions), along with instructions for how to reach out if they were interested in participating.

In a qualitative study, data saturation is reached when no new themes, insights, or patterns emerge from additional data collection (Lowe et al., 2018). To assess when data saturation has been achieved, I closely monitored the data as it was collected, reviewing each interview or session for new or recurring concepts. Regularly analyzing the data alongside ongoing participant input allowed for an iterative approach, where I could determine whether further data collection is likely to yield new findings or if the existing data sufficiently addresses the research questions (Lowe et al., 2018). Saturation was confirmed when further engagement with participants resulted in minimal or no new information being added, ensuring the study had captured a comprehensive range of perspectives (Lowe et al., 2018).

Materials and Instrumentation

Semi-structured interviews were conducted to gather qualitative data from participants, conducted via Zoom. This method was chosen for its flexibility in exploring individual perspectives while maintaining consistency across interviews (Magaldi & Berler, 2020). The

semi-structured format will involve a set of pre-determined open-ended questions but will allow for the interviewer to probe deeper into responses, adapting questions based on the participant's answers to uncover more detailed insights (Magaldi & Berler, 2020). It will also allow participants to expand on questions as they want to or see fit (Magaldi & Berler, 2020).

During the interview, participants were encouraged to share their personal experiences with court-ordered reunification therapy or reunification camps, with the interviewer guiding the conversation based on a flexible interview schedule. Interviews were recorded with participants' consent to ensure accurate data collection, and transcripts were generated for analysis. After each interview, data were transcribed verbatim and analyzed repeatedly, ensuring that the study progresses in a systematic manner and that emerging themes are captured (Husband, 2020; Kallio et al., 2016).

The primary instrument for data collection was semi-structured interviews, facilitated by an interview guide (see Appendix D). The interview guide had 16 questions and contained simplified language and open-ended questions to ensure clarity and improve participant comfort. This allowed participants to share their thoughts and experiences in their own words. Interview guide questions were broad enough to encourage detailed responses but focused enough to stay relevant to the research objectives.

Study Procedures

Following IRB approval, this study initiated participant recruitment through the distribution of flyers designed to attract aged-out children who have participated in reunification therapy or camps due to parental alienation claims. To ensure the recruitment process was as effective as possible, the study invitation flyer was shared by a trusted figure who has established relationships with the target population. Specifically, a woman who runs a nonprofit organization

focused on supporting individuals with past experiences of forced family therapy and estrangement shared the flyer within her network. This individual's credibility and existing rapport with potential participants helped to foster trust and encouraged participation in the study, as participants were more likely to engage with someone they already know and feel comfortable with. To share the recruitment flyer, this woman directly emailed individuals she knows of that have been forced to participate in reunification therapy or reunification camp before they were 18 years old as well as shared it to her group. Following approval by the IRB, the flyer was emailed to her, and she directly emailed it to individuals she was aware of that meet the criteria and may be willing to participate. Additionally, the flyer was posted on her organization's social media pages, specifically Facebook and LinkedIn pages. Contact information was included on the study flyer, and when a possible participant reached out, eligibility was verified through a brief prescreening questionnaire (see Appendix B). Criteria for inclusion was being over 18 years old and having participated in court-ordered reunification therapy or camps before they turned 18 years old. This prescreening questionnaire was either emailed to the possible participant or verbally asked of the individual, depending on their method of reaching out to the researcher.

Once potential participants were identified and their eligibility was confirmed, they were provided with detailed information about the study's purpose, procedures, and confidentiality protocols. The informed consent process ensured that participants fully understood their involvement in the study and voluntarily agree to participate (Husband, 2020; Kallio et al., 2016). Informed consent was obtained either in writing or verbally at the beginning of the study interview, ensuring that participants are fully aware of the study's objectives, procedures, potential risks, and their right to withdraw at any time without consequence (See Appendix C).

The consent process also included detailed information about confidentiality measures, data handling, and how their privacy was protected throughout the study (Husband, 2020; Kallio et al., 2016). Participants were reminded that their involvement is voluntary and that they can choose not to answer any questions they feel uncomfortable with during the interviews (Husband, 2020; Kallio et al., 2016). Interviews with the participants were scheduled via Zoom.

To begin data collection and to minimize any potential disruptions or technical difficulties, participants were asked to test their audio and video equipment before the interview. The Zoom platform's features, such as video and screen sharing, were utilized to enhance communication and provide additional visual cues if needed, ensuring a smooth and comfortable interview experience for the participants. By utilizing Zoom, participants were able to be located where they felt comfortable helping with any unease that may have occurred. I was at my home for each interview, in a room with a closed and locked door to protect each participant's identity and maintain confidentiality. Interviews took from thirty minutes to just over one hour. Following the completion of the interview, participants were thanked for their participation and the Zoom meeting was ended.

Data Analysis

For this study, the data were analyzed using a thematic analysis approach, which is particularly suited to qualitative data as it allows for the identification, analysis, and reporting of patterns or themes. Thematic analysis helped identify key themes that emerged from the semi-structured interviews, providing a deep understanding of participants' experiences with court-ordered reunification therapy or reunification camps (Braun & Clarke, 2022). This approach also supported the exploration of shared meanings across participants while preserving the complexity and individuality of their lived experiences.

The coding process followed several steps. First, I familiarized myself with the data (Braun & Clarke, 2022). After conducting each interview, I transcribed the audio recordings verbatim and read the transcripts to gain an initial understanding of the data. This allowed me to immerse myself in the content and begin to identify preliminary themes (Braun & Clarke, 2022). This transcription process was essential for ensuring that all participant responses are accurately captured (Braun & Clarke, 2022). I carefully reviewed the transcripts to verify their accuracy before proceeding with analysis. Next, I assigned initial codes to the transcripts. These codes were words or short phrases that capture important aspects of the data (Braun & Clarke, 2022). This step involved breaking the data into manageable units and labeling them to reflect key ideas or patterns (Braun & Clarke, 2022). It was important to remember that this process should be iterative, with codes being refined as more data is reviewed (Braun & Clarke, 2022).

Once all transcripts were coded, I analyzed the codes to identify potential themes or categories. This involved grouping similar codes together and refining them into broader themes that reflect key aspects of participants' experiences (Braun & Clarke, 2022). Themes related to common emotional responses, challenges faced, or perceptions of the reunification process (Braun & Clarke, 2022). I then reviewed the themes for consistency and relevance to the research questions (Braun & Clarke, 2022). Some themes needed to be combined, split, or redefined to ensure they accurately represent the data (Braun & Clarke, 2022). This step also involved checking that themes are supported by sufficient data from the participants (Braun & Clarke, 2022). Finally, after reviewing the themes, I finalized the thematic structure and organized the data into coherent categories. Each theme was linked back to the research questions, and I ensured that the analysis is grounded in the participants' narratives.

For this study, NVivo software was employed to manage, analyze, and visualize qualitative data. NVivo is a powerful tool designed to assist researchers in handling complex qualitative and mixed-methods data, making it an ideal choice for this study, which involves analyzing interview transcripts, case studies, and other narrative data sources (Dhakal, 2022). The use of NVivo supported the systematic organization of data by allowing for the coding of various themes, patterns, and categories that emerge from the qualitative data (Dhakal, 2022).

To ensure that the data analyzed in this study effectively addressed the research questions and contributes to solving the identified problem, I followed a systematic and focused approach throughout the data collection and analysis process (Braun & Clarke, 2022). The research questions for this study were centered around understanding the personal experiences of individuals who have undergone court-ordered reunification therapy or attended reunification camps. The goal was to explore the emotional, psychological, and relational impacts of these interventions and to identify any long-term effects on the individuals involved.

To increase the validity and credibility of the findings, triangulation was used. Triangulation refers to the use of multiple data sources or methods to validate the research outcomes (Lemon & Hayes, 2020). Data source triangulation and researcher triangulation were both be employed.

Data source triangulation involves comparing different sources of data to identify patterns, similarities, and inconsistencies, which strengthens the reliability of your conclusions and reduces the bias that might result from relying on just one source of data. In this study, sources were different individuals who have all undergone reunification therapy and/or reunification camp. By comparing responses from different individuals, I identified recurring themes and patterns, which helped to confirm the consistency and validity of the findings

(Campbell et al., 2020; Terpe, 2015). Using interviews with multiple participants who have diverse experiences in reunification therapy or camps helped provide a more comprehensive view of the topic. By comparing different perspectives, I was able to identify consistent patterns and variations that support the study's conclusions (Campbell et al., 2020; Terpe, 2015).

Researcher triangulation involves the use of multiple researchers to collect, analyze, and interpret data in a study (Campbell et al., 2020; Carter et al., 2014; Donkoh & Mensah, 2023). By incorporating different perspectives and interpretations, researcher triangulation helps minimize individual biases and enhances the depth of analysis (Carter et al., 2014; Donkoh & Mensah, 2023). Each researcher may bring unique insights, experiences, and approaches to the research process, which can lead to a more comprehensive understanding of the data (Campbell et al., 2020; Carter et al., 2014; Donkoh & Mensah, 2023). This method is particularly useful in qualitative research, where subjective interpretation can play a significant role (Carter et al., 2014; Donkoh & Mensah, 2023). When different researchers independently analyze the same data and reach similar conclusions, it increases the validity and credibility of the findings by demonstrating that the results are not influenced by one individual's perspective (Carter et al., 2014; Donkoh & Mensah, 2023). Researcher triangulation ensures that the study's conclusions are more reliable and robust, providing a more balanced and objective interpretation of the data (Carter et al., 2014; Donkoh & Mensah, 2023).

The analysis was structured to extract meaningful findings that directly address the research problem, offering a detailed perspective on the strengths and weaknesses of the reunification process from the point of view of those who have undergone it (Braun & Clarke, 2022). In this qualitative study, data were processed and analyzed using a rigorous and

systematic approach to ensure that the findings are grounded in participants' lived experiences and provide rich insights into the research questions.

Reflexivity Statement

Consistent with reflexive thematic analysis, the researcher acknowledges an active role in the interpretation of the data. Rather than assuming neutrality, this approach recognizes that the researcher's perspectives, experiences, and professional background inevitably shape the analytic process (Braun & Clark, 2022). The researcher's academic training in trauma psychology informed a sensitivity to participants' descriptions of emotional and psychological experiences, particularly in the context of family conflict and court-involved interventions. In addition, the researcher's personal and professional interest in issues related to family court processes and reunification practices contributed to an awareness of the complexities surrounding these experiences.

Throughout the research process, reflexivity was maintained through ongoing memo writing, analytic journaling, and careful attention to how prior knowledge and assumptions may influence interpretation. These practices supported a deliberate effort to remain grounded in participants' accounts while acknowledging the researcher's role in meaning-making.

In alignment with Braun and Clarke's reflexive thematic analysis, themes were not understood as passively emerging from the data, but rather as actively constructed through engagement with the dataset (Braun & Clark, 2022). This reflexive approach strengthens the transparency and rigor of the analytic process.

Assumptions

Assumptions are the underlying beliefs that are often taken for granted or accepted as true without direct proof (Toomela & Toomela, 2019; Walters, 2001). They guide the research

process, however, are often not specifically tested or questioned (Toomela & Toomela, 2019; Walters, 2001). In qualitative research, assumptions form the foundation of the study design, guiding both the methodology and the interpretation of findings (Toomela & Toomela, 2019; Walters, 2001). These assumptions are based on the researcher's beliefs about the nature of reality, the participants, and the research process (Toomela & Toomela, 2019; Walters, 2001). The assumptions underlying this study provide a foundational framework for both the methodology and the research process. They reflect a commitment to understanding participants' lived experiences, interpreting these experiences through a subjective lens, and ensuring ethical and reflexive practices throughout the study (Toomela & Toomela, 2019; Walters, 2001). These assumptions are essential for capturing the richness of qualitative data and for ensuring the validity and trustworthiness of the study's findings (Toomela & Toomela, 2019; Walters, 2001).

This study assumed that reality is subjective and shaped by individuals' experiences and perceptions. In qualitative research, reality is not seen as an objective truth but rather as something that is constructed through social interactions and personal experiences (Toomela & Toomela, 2019). Given that the research explores personal experiences of court-ordered reunification therapy or reunification camps, it assumed that these experiences are unique to each individual and cannot be generalized. This study reinforced this assumption, emphasizing that understanding comes from interpreting participants' lived experiences in context.

This study also assumed that semi-structured interviews would provide rich, contextual data that could offer deep insights into participants' experiences (Toomela & Toomela, 2019). The rationale behind this assumption was that qualitative interviews, especially in a semi-structured format, allow for the exploration of complex emotions, perceptions, and beliefs that cannot be captured through quantitative measures (Toomela & Toomela, 2019). Semi-structured

interviews provide flexibility, enabling participants to elaborate on their experiences in a way that captures the nuances of their personal stories (Toomela & Toomela, 2019).

It was assumed that participants were honest and open when sharing their experiences during the interviews. This assumption was based on the belief that individuals can reflect on their past experiences with honesty, especially when the research environment is safe, confidential, and respectful (Toomela & Toomela, 2019). Additionally, participants who have undergone such experiences are likely to have valuable insights into the impacts of these interventions. The use of member checking and ensuring participant comfort during the interviews further supported this assumption (Karagiozis, 2018; Toomela & Toomela, 2019).

This study further assumed that participants were able to accurately recall and reflect on their experiences of reunification therapy or reunification camps, even though these experiences have occurred in the past. The rationale was that participants who have lived through such significant events are likely to have vivid memories or emotional responses tied to those experiences, which can offer meaningful insights (Toomela & Toomela, 2019). Additionally, retrospective data allows participants to evaluate their experiences with the benefit of time and distance, potentially leading to more thoughtful and reflective responses.

The assumption of data saturation is that, through a sufficient number of interviews, the research reached a point where no new significant themes or insights emerge (Lowe et al., 2018; Toomela & Toomela, 2019). The rationale behind this assumption was that as the study progressed, and more interviews were conducted, patterns in the data became repetitive, indicating that the core themes of the research have been sufficiently explored (Lowe et al., 2018; Toomela & Toomela, 2019). This assumption was grounded in the iterative nature of

qualitative research, where data analysis continues alongside data collection, ensuring that the study has gathered a comprehensive set of data (Lowe et al., 2018; Toomela & Toomela, 2019).

Finally, this study assumed that ethical considerations, including participant confidentiality, voluntary participation, and informed consent, were strictly adhered to throughout the research process (Arifin, 2018; Toomela & Toomela, 2019). The rationale was that maintaining a high standard of ethics is essential for protecting participants, especially when dealing with sensitive topics such as court-ordered reunification therapy (Arifin, 2018; Toomela & Toomela, 2019). Ethical guidelines ensure that participants feel safe and respected, which in turn fosters trust and openness during the interviews (Arifin, 2018; Toomela & Toomela, 2019).

Limitations

While qualitative research provides valuable insights into personal experiences and complex phenomena, it is important to acknowledge the limitations inherent in the study design. Limitations refer to those factors which the researcher cannot control; they are potential weaknesses or constraints of the study (Levitt et al., 2017; Theofanidis & Fountouki, 2018).

One of the key limitations of qualitative research is that the findings are often not generalizable to a larger population (Levitt et al., 2017; Maxwell, 2021; Theofanidis & Fountouki, 2018). This study focused on individuals who have personally experienced court-ordered reunification therapy or reunification camps. Since the sample size was small and purposively selected, the results reflect the experiences of this specific group and may not apply to all individuals who have participated in similar programs. The aim of this study was not to generalize the findings but rather to explore the depth and richness of individual experiences. By selecting participants with diverse backgrounds and experiences, the study sought to provide a nuanced understanding of the topic. Additionally, the use of thick descriptions in the reporting of

findings will allow readers to understand the specific context in which the data were collected, making it easier to assess the transferability of the findings to other similar contexts (Levitt et al., 2017; Maxwell, 2021; Theofanidis & Fountouki, 2018).

Because participants were asked to reflect on their past experiences with reunification therapy or reunification camps, there was a potential for recall bias (Levitt et al., 2017; Theofanidis & Fountouki, 2018). Participants may not remember specific details accurately or may have altered perceptions over time (Levitt et al., 2017; Theofanidis & Fountouki, 2018). This could affect the accuracy and reliability of the data collected (Levitt et al., 2017; Theofanidis & Fountouki, 2018).

To reduce recall bias, participants were encouraged to reflect on both positive and negative aspects of their experiences (Levitt et al., 2017; Theofanidis & Fountouki, 2018). The use of open-ended questions provided an opportunity for participants to elaborate on their memories and the emotions tied to them, and gentle probing to help participants recall specific details without leading them in any particular direction were used (Levitt et al., 2017; Theofanidis & Fountouki, 2018). Furthermore, member checking was used to validate the data by asking participants to review and confirm the accuracy of the themes and interpretations that emerge from their interviews (Levitt et al., 2017; Theofanidis & Fountouki, 2018).

As the primary instrument of data collection and analysis, the researcher's personal biases and assumptions may influence how data are interpreted (Campbell et al., 2020; Price & Murnan, 2004; Theofanidis & Fountouki, 2018). This can lead to an unintentional skewing of findings or misrepresentation of participants' experiences (Campbell et al., 2020; Price & Murnan, 2004; Theofanidis & Fountouki, 2018). To mitigate researcher bias, I engaged in reflexivity throughout the study (Campbell et al., 2020; Price & Murnan, 2004; Theofanidis &

Fountouki, 2018). This involved keeping a reflective journal to document personal thoughts, feelings, and assumptions that may arise during the research process (Campbell et al., 2020; Price & Murnan, 2004; Theofanidis & Fountouki, 2018). Additionally, I utilized triangulation to cross-check the findings with other sources where available (Campbell et al., 2020; Price & Murnan, 2004; Theofanidis & Fountouki, 2018). This approach, combined with peer debriefing, helped ensure that the analysis remained as objective as possible and grounded in the data (Campbell et al., 2020; Price & Murnan, 2004; Theofanidis & Fountouki, 2018).

Qualitative studies, including this particular study, often involve small sample sizes due to the depth of data required for analysis (Levitt et al., 2017; Theofanidis & Fountouki, 2018). A small sample size may limit the diversity of perspectives and reduce the range of experiences captured in the study (Levitt et al., 2017; Theofanidis & Fountouki, 2018). While the sample size was small, purposive sampling ensured that participants had relevant and varied experiences related to reunification therapy or camps. By selecting individuals with different demographic characteristics and personal histories, the study captured a broad range of experiences (Levitt et al., 2017; Theofanidis & Fountouki, 2018). Additionally, data saturation was continuously assessed to ensure that the sample size was adequate for achieving a comprehensive understanding of the phenomenon (Levitt et al., 2017; Theofanidis & Fountouki, 2018).

Because interviews were conducted via Zoom, there was the possibility of technical difficulties such as connectivity issues, sound problems, or delays (Ross & Bibler Zaidi, 2019; Theofanidis & Fountouki, 2018). These could have disrupted the flow of the interview or impact the quality of the data collected (Ross & Bibler Zaidi, 2019; Theofanidis & Fountouki, 2018). To mitigate these issues, participants were asked to test their audio and video equipment prior to the interview (Ross & Bibler Zaidi, 2019; Theofanidis & Fountouki, 2018). Backup plans, such as

having a phone number for emergency contact, were in place in case of technical issues during the interview (Ross & Bibler Zaidi, 2019; Theofanidis & Fountouki, 2018). In addition, interviews were recorded to ensure that data was captured accurately and could be revisited if needed (Ross & Bibler Zaidi, 2019; Theofanidis & Fountouki, 2018). Furthermore, multiple attempts to schedule interviews were made if technical issues arise during the original session (Ross & Bibler Zaidi, 2019; Theofanidis & Fountouki, 2018).

The subject matter of the study, court-ordered reunification therapy and camps, may evoke strong emotions in participants, as it relates to difficult and potentially traumatic family experiences. This emotional sensitivity could lead to participant discomfort or reluctance to share openly (Silverio et al., 2022). To address this, the study adhered to strict ethical guidelines, including ensuring that participants fully understand the purpose of the study and providing them with the option to withdraw at any time without consequence (Silverio et al., 2022). Additionally, all participants were offered available emotional support resources, although none of them accepted the offer (Silverio et al., 2022). The researcher approached each interview with sensitivity and care, and established a safe, respectful space for participants to share their experiences (Silverio et al., 2022). If participants indicated distress, the researcher offered appropriate referrals for support (Silverio et al., 2022).

While this qualitative study had several limitations, such as limited generalizability, recall bias, and potential researcher bias, these limitations were effectively mitigated through careful planning and methodological rigor. By ensuring a transparent, reflexive approach and using strategies like member checking, triangulation, and ethical safeguards, the study minimized these limitations and produced valid, meaningful findings (Silverio et al., 2022). The steps taken

to address these limitations enhanced the trustworthiness and credibility of the study, allowing it to contribute valuable insights to the field of reunification therapy and family interventions.

Delimitations

Delimitations are intentional choices made by the researcher that help define the scope of the study to make it manageable and focused (Adams & van Manen, 2017; Simon & Goes, 2013). These decisions are deliberately made to focus the research on specific parameters, which help make the study manageable and ensure it directly addresses the research questions (Adams & van Manen, 2017; Simon & Goes, 2013). Several limits have been placed on this study.

One delimitation that was placed was that this study focused on individuals who have experienced court-ordered reunification therapy or reunification camps. This study specifically focused on individuals who have directly participated in court-ordered reunification therapy or reunification camps. The rationale for this delimitation was to examine the specific experiences and outcomes of individuals who have undergone a formalized intervention intended to address family reunification. These participants are the most relevant to the research questions, which focus on exploring the impacts and perceptions of reunification interventions. The focus on individuals who have experienced these specific interventions allowed the study to contribute directly to the growing body of literature on the effectiveness and emotional impact of reunification programs (Adams & van Manen, 2017; Simon & Goes, 2013). This aligned with the theoretical framework, which emphasized the psychological and relational outcomes of therapeutic interventions, and helped address the problem statement, which was concerned with the need to understand the efficacy of these interventions in family reunification. It also directly supported the purpose of the study, which was to understand the lived experiences of these individuals.

A second delimitation was that this study used adult participants. The study included only adult individuals who participated in reunification therapy or camps during their childhood or adolescence, meaning they have "aged out" of the system. This decision was grounded in the practical difficulty of working with children or minors, particularly in legal contexts involving sensitive information; for a student dissertation these concerns are even greater. Additionally, adults who have gone through reunification therapy may be able to reflect on the long-term effects of these interventions, providing a unique perspective on the lasting impact of such experiences. Research focusing on the long-term effects of reunification programs often relies on retrospective data from individuals who have had the time to reflect on their experiences. This delimitation aligned with the literature on the lasting psychological and relational impacts of family reunification interventions. By focusing on adult participants, the study aligned with the theoretical framework, which included perspectives on developmental psychology, as it explored the sustained effects of childhood interventions on adult outcomes.

Another delimitation was the use of semi-structured interviews that took place over Zoom. The study utilized semi-structured interviews conducted over Zoom as the primary method of data collection. This choice was made for several reasons: it allowed for flexibility in exploring participants' responses while ensuring that core topics are covered, and it accommodated the logistical constraints posed by geographical distances. The online format was also convenient for participants and allowed for interviews to be conducted in a comfortable and confidential environment. The use of semi-structured interviews is common in qualitative research focused on personal experiences and reflections (Adams & van Manen, 2017; Simon & Goes, 2013). This method was supported in the literature as it allows for the collection of rich, detailed data. Furthermore, by using Zoom, the study maintained access to a diverse participant

pool while adhering to ethical considerations regarding privacy and confidentiality, which are critical in studies involving sensitive topics (Adams & van Manen, 2017; Simon & Goes, 2013).

This study focused on the emotional and relational outcomes of reunification therapy or reunification camps, rather than on the broader logistical or institutional aspects of these interventions; this could be considered a delimitation. The rationale behind this delimitation was to align the study more closely with existing research that examines the psychological and familial consequences of reunification programs, as well as the study's purpose to explore the personal experiences of those directly impacted by the interventions. Focusing on emotional and relational outcomes connects to the literature on the psychological impact of therapeutic interventions and reunification efforts. Studies that explore the emotional consequences of interventions often highlight themes such as trust, attachment, and emotional distress, all of which relate to the theoretical framework of attachment theory and family dynamics. This focus helped address the problem statement, which centers on understanding the specific effects of these programs on individuals' emotional and familial relationships (Adams & van Manen, 2017; Simon & Goes, 2013).

A final delimitation of this study was that it specifically examined court-ordered reunification therapy and reunification camps, excluding other types of reunification programs, such as informal or voluntary reunification efforts, or interventions not legally mandated. This decision was based on the desire to understand the unique dynamics and challenges involved in court-mandated interventions, which may differ significantly from non-mandated programs. The exclusion of other types of reunification programs ensured that the study remained focused on the specific issue addressed in the problem statement: the effectiveness of court-ordered interventions. This decision was consistent with the existing literature, which often differentiates

between voluntary and court-ordered programs in terms of participants' motivations and outcomes. By limiting the scope of the study, the research was able to delve deeper into the effects and perceptions of a specific intervention type, which is directly tied to the theoretical framework, also allowing a focus on the role of authority and legal intervention in family relationships. Further, this enabled the research to examine the re-traumatization effects of being forced to undergo such reunification attempts.

The delimitations of this study were intentional and designed to focus the research on specific parameters that will best address the research questions (Adams & van Manen, 2017; Simon & Goes, 2013). By selecting participants who have undergone court-ordered reunification therapy or reunification camps, focusing on adult participants who have had time to reflect on the long-term impact of the interventions, and using semi-structured interviews via Zoom, the study ensured that it remains relevant, feasible, and manageable. These decisions also aligned with the existing literature and theoretical frameworks on the emotional and relational effects of reunification programs and contribute to addressing the problem statement. Through these delimitations, the study provided valuable insights into the specific impacts of reunification therapy and camps while maintaining a clear and focused scope.

Ethical Assurances

This study received approval from the National University's Institutional Review Board (IRB) prior to data collection. The research was conducted in full compliance with ethical guidelines to ensure the protection and well-being of the participants. Further, this ensured that all rights of the participants are protected and maintained (Brinkmann & Kvale, 2017; Mertens, 2018).

Although the risks to participants in this study were not anticipated to exceed minimal, it was acknowledged that the subject matter, court-ordered reunification therapy or reunification camps, could evoke strong emotional reactions. Participants may have experienced discomfort when recalling potentially traumatic or sensitive family experiences (Brinkmann & Kvale, 2017; Mertens, 2018). To address these ethical concerns and minimize potential distress, several measures were taken (Brinkmann & Kvale, 2017; Mertens, 2018).

Participants were fully informed of the nature of the study, including the potential emotional sensitivity of the topics discussed (Brinkmann & Kvale, 2017; Mertens, 2018). Consent will be obtained in writing before any data collection begins (Brinkmann & Kvale, 2017; Mertens, 2018). Participants were also made aware that they can withdraw from the study at any time without any consequences, and that no personally identifiable information will be used in the study results (Brinkmann & Kvale, 2017; Mertens, 2018). During the informed consent process, participants were explicitly informed of the confidentiality measures in place and reassured that their participation will remain anonymous (Brinkmann & Kvale, 2017; Mertens, 2018).

To ensure confidentiality, all interview data is securely stored, and pseudonyms are used in all reporting or publication of findings (Brinkmann & Kvale, 2017; Mertens, 2018). Participants' identities are not revealed at any point, and identifying information has removed from the data (Brinkmann & Kvale, 2017; Mertens, 2018). Further, all data collected, including interview recordings and transcripts, are stored securely in password-protected files and encrypted digital storage (Brinkmann & Kvale, 2017; Mertens, 2018). Only the researcher and her faculty advisor(s) have access to the raw data (Brinkmann & Kvale, 2017; Mertens, 2018). Any identifying information are separated from the data to maintain anonymity (Brinkmann &

Kvale, 2017; Mertens, 2018). Regular backups of the data are made and stored in a secure location (Brinkmann & Kvale, 2017; Mertens, 2018). This ensures that in the event of data loss, all collected information remains safe and intact (Brinkmann & Kvale, 2017; Mertens, 2018). Following the transcription process, the original recordings were deleted to further protect the participants' confidentiality (Brinkmann & Kvale, 2017; Mertens, 2018).

Given the potential for emotional discomfort, participants were provided with a list of counseling or support resources they can access if needed (Brinkmann & Kvale, 2017; Mertens, 2018). These resources included mental health professionals who are familiar with issues related to family reunification and trauma. Additionally, participants were encouraged to reach out to these resources at any time during or after the process to ensure their well-being is supported (Brinkmann & Kvale, 2017; Mertens, 2018).

After the interview, participants were offered a debriefing, where they could discuss any emotions that arose during the interview process (Brinkmann & Kvale, 2017; Mertens, 2018). This helped to ensure that participants felt supported following the interview and that any distress was appropriately addressed (Brinkmann & Kvale, 2017; Mertens, 2018). Participants also had the opportunity to ask questions and receive guidance on any concerns they may have regarding the interview or its impact on their emotional state (Brinkmann & Kvale, 2017; Mertens, 2018).

In this study, the researcher played a crucial role in data collection, analysis, and interpretation. My responsibilities included designing the study, ensuring ethical guidelines were followed, conducting interviews or surveys, and analyzing the data to draw meaningful conclusions (Hoyt, 2000; Karagiozis, 2018). As with any research, the researcher's own biases and personal or professional experiences may influence the study, particularly in how questions

are framed, how responses are interpreted, or in the interpretation of data (Brinkmann & Kvale, 2017; Karagiozis, 2018; Mertens, 2018).

To minimize bias, I remained aware of my own preconceptions about reunification therapy and its effects (Hoyt, 2000; Karagiozis, 2018). To maintain a reflexive approach, I kept a research journal where I will recorded any personal reflections or insights that arise during the data collection and analysis process (Hoyt, 2000; Karagiozis, 2018). This journal helped ensure that I remained aware of my influence on the data and allowed for transparency in how I interpret the findings (Hoyt, 2000; Karagiozis, 2018).

Additionally, I employed member checking, where participants were invited to review a summary of the findings to verify that their experiences have been accurately represented (Hoyt, 2000; Karagiozis, 2018). This helped confirm that the analysis accurately reflected their experiences and that I did not misinterpret or bias their accounts. Member checking ensures that the participants' voices are accurately represented in the study. This step enhanced the validity of the study by ensuring that the interpretations are true to the participants' perspectives (Hoyt, 2000; Karagiozis, 2018).

There was also the potential for confirmation bias, or to focus on data that supports my expectations or the existing literature, rather than giving equal weight to all responses (Hoyt, 2000; McSweeney, 2021). This could have led to an incomplete or skewed analysis that reflected pre-existing ideas rather than the actual experiences of the participants (Hoyt, 2000; McSweeney, 2021). To help mitigate these biases I engaged in ongoing reflexivity throughout the research process (Hoyt, 2000; McSweeney, 2021). This involved critically reflecting on my own role, experiences, and assumptions as they related to the research (Hoyt, 2000; McSweeney, 2021). The reflective practice of keeping a research journal as mentioned previously helped me identify

and acknowledge personal biases and ensured that they did not inadvertently shape the analysis or findings (Hoyt, 2000; McSweeney, 2021).

The sensitive nature of the topic could evoke emotional responses from the researcher (Rau, 2020). I was aware that I may have developed strong empathies or emotional connections with participants as they recounted their difficult experiences, which could have clouded my judgment in interpreting their stories (Rau, 2020). While empathy is an essential part of qualitative research, I ensured that my emotional engagement with participants does not influence the analysis (Rau, 2020). I actively separated my personal feelings from the interpretation of data, and made sure to focus on the participants' narratives and experiences rather than my own emotional reactions to their stories (Rau, 2020).

Finally, throughout the study, I strived to be transparent about the research process, including the methods used for data collection, analysis, and interpretation. I provided detailed explanations of how the findings were developed and supported my conclusions with direct data from participants (Hoyt, 2000; Karagiozis, 2018). This transparency allowed readers to evaluate the credibility of the study and determine whether the findings are consistent with the data (Hoyt, 2000; Karagiozis, 2018).

Summary

The purpose of this qualitative study was to empirically explore how trauma influences the experiences of individuals within reunification camps and how these experiences impact their overall well-being and relationships post-reunification (Gutowski & Goodman, 2020; Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019). This chapter has outlined the research methodology for this study, detailing the approach used to explore the lived experiences of aged-

out children who participated in reunification therapy or camps following parental alienation claims.

The chapter began by describing the research design, which will utilize qualitative methods to capture in-depth insights into participants' emotional, psychological, and relational experiences. A purposive sampling strategy was employed to ensure that participants met specific criteria, including previous involvement in reunification efforts. Recruitment procedures, including the distribution of flyers and prescreening interviews, were explained to ensure an ethical and transparent selection process. Following prescreening, participants were informed of their rights and asked to consent to participate in the study, emphasizing confidentiality and voluntary participation. Data collection methods, including in-depth interviews, were detailed, and the data analysis process was described using a thematic analysis approach to identify key patterns and themes in participants' narratives. Assumptions, limitations, and delimitations of the study were also discussed. The chapter concluded with a discussion of ethical considerations, ensuring participant safety, confidentiality, and integrity throughout the study.

Chapter 4: Findings

The purpose of this qualitative method phenomenological design study was to explore and understand the lived experiences of aged-out children who have participated in reunification camps or therapies following parental alienation claims in general and within the context of high-conflict custody to gain insights into their emotional and psychological well-being, identify the challenges they faced in being forced to complete these programs, and understand their perceptions of the effectiveness of reunification efforts. The study population included individuals over the age of eighteen who were previously court-ordered to participate in reunification therapy or reunification camp with an estranged parent. The sample was comprised of ten individuals selected based on predetermined criteria as defined previously. Four research questions were considered.

Trustworthiness of the Data

In qualitative research, establishing the trustworthiness of the data is essential to ensure that findings are both credible and meaningful. Given the sensitive, deeply personal nature of this study, it was imperative to apply rigorous methods to safeguard the integrity of participants' narratives. Credibility refers to confidence in the truth of the data and the interpretations of said data. To enhance credibility, member checking was utilized. Participants were invited to review their transcribed interviews to verify accuracy with their lived experiences. Corrections, clarifications, and elaborations offered by participants were incorporated into the final analysis to preserve authenticity and respect the participant voice.

Transferability refers to the extent to which findings can be applied to other contexts. While the study did not seek generalizability in the statistical sense, rich, thick descriptions were used throughout to provide detailed accounts of participants' experiences, settings, and

circumstances. By examining the findings within participants' socio-historical backgrounds, other researchers and practitioners may assess the relevance of these findings to similar populations, particularly those involved in child welfare, aged-out youth, or family reunification policies.

Dependability pertains to the consistency and reliability of the research process. An audit trail was maintained to document each step of the research process, from data collection to analysis. This included a methodological journal, records of coding decisions, and thematic evolution over time. A detailed account of the research design, interview protocols, and data analysis procedures are presented in the methodology chapter to allow future researchers to replicate or adapt the study for different but related populations.

Confirmability addresses the degree to which the findings are shaped by the participants and not researcher bias or interest. To ensure confirmability, reflexivity was actively practiced throughout the study. The researcher maintained a reflexive journal to document personal assumptions, emotional responses, and methodological decisions. This self-awareness process helped mitigate subjective influences during data interpretation.

Results

Data derived from all participants were gathered via Zoom interviews. A total of ten participants were interviewed, and all interviews were ultimately included in the final data.

Demographic Characteristics of the Data

Of the ten total individuals, three of the participants were male and seven of the participants were female. All participants were over the age of eighteen, with the majority (90%) being in their twenties. One participant was nineteen. Table 1 presents participant demographic characteristics using pseudonyms to protect confidentiality.

Table 1*Participant Characteristics*

Pseudonym	Gender	Age at Intervention	Type of Intervention	Alleged Abusive Parent	Safe Parent
Evan	Male	16	Reunification camp only	Father	Mother
Lauren	Female	8–16	Reunification therapy and camp	Father	Mother
Natalie	Female	14–15	Reunification therapy and camp	Father	Mother
Daniel	Male	14–16	Reunification therapy and camp	Father	Mother
Hannah	Female	11–13	Reunification therapy and camp	Father	Mother
Michael	Male	12	Reunification therapy only	Mother	Father
Emily	Female	12–13	Reunification therapy and camp	Mother	Father
Rachel	Female	16	Reunification therapy and camp	Father	Mother
Megan	Female	11–14	Reunification therapy only	Father	Mother
Sophia	Female	14–15	Reunification therapy and camp	Mother	Father

Note. All names are pseudonyms. Ages reflect participant-reported age ranges at the time of court-ordered participation in reunification therapy and/or reunification camps. $N = 10$.

Interviews were conducted via Zoom, recorded, and transcribed using Zoom's built-in transcription tool, with transcripts verified against recordings and confirmed by participants.

Data were analyzed using a systematic thematic analysis approach in NVivo, beginning with repeated readings and line-by-line coding to capture actions, conditions, and experiences.

Through constant comparison across cases, codes were clustered into higher-order categories and refined into themes representing shared aspects of participants' lived experiences.

Across the interviews, participants describe a court-driven pathway that often escalates from custody conflict, often following framing of conflict as parental alienation. Custody conflict often led to resistance to visits, which then led to reunification therapy and or reunification camp. Every individual reported long-term relational and psychological fallout. A repeated theme is that the system treated compliance as progress, while participants reported experiencing the process as coercion, invalidation, and identity erasure.

Research Question 1

The first research question was: What are the lived experiences of aged-out children who have participated in reunification therapy or camps following parental alienation claims? A total of eight themes that collectively represent the lived experiences described by participants were identified. These themes summarize how participants reported their experiences of court processes, therapeutic structures, camp environments, and post-program transitions.

Analysis of the ten participant interviews revealed a set of shared personal patterns describing how reunification therapy and camps were lived and perceived by aged-out children. Participants' narratives consistently depict reunification as a court-ordered (unwanted), coercive process characterized by forced participation, isolation from protective caregivers, narrative control, and emotional invalidation. Participants consistently described reunification therapy and camps using terms such as invalidating, frightening, and threatening, and reported that these experiences continued to influence them into adulthood.

Analysis of the ten participant interviews resulted in the identification of eight themes that collectively represent how aged-out children described their experiences with reunification therapy and reunification camps following parental alienation claims. Across participants, narratives reflected a consistent sequence involving court involvement, therapeutic intervention, and post-program outcomes. Participants described experiences related to court processes, therapeutic structures, camp environments, and subsequent custody arrangements. While individual circumstances varied, the themes reflect shared patterns in how reunification interventions were experienced and navigated by participants.

Table 2 summarizes the eight themes for Research Question 1.

Table 2*Themes Representing Lived Experiences of Reunification Therapy and Camps (RQ1)*

Theme	Description	Representation
Court Processes Characterized by Disbelief and Disregard of Child Testimony	Participants described court processes in which their testimony, fear, or preferences were minimized, reframed, or ignored once alienation narratives were introduced.	Reported by all participants
Reunification Therapy Experienced as Compliance-Oriented and Monitored	Therapy was described as focused on compliance, behavior monitoring, and reporting rather than emotional safety or therapeutic healing.	Reported by all participants
Narrative Reversal and Ban on Discussing Past Harm	Participants reported being instructed to avoid discussing abuse, fear, or past harm, with such disclosures reframed as resistance or manipulation.	Reported by nearly all participants
Coercive Entry Through Transport or Sudden Removal	Participants described abrupt, non-negotiable removal from home or court settings, often involving transport agents and forced separation from caregivers.	Reported by most participants
Isolation and No-Contact Conditions	Participants experienced restricted communication, loss of phone access, and enforced separation from preferred parents and siblings.	Reported by nearly all participants
Camps Characterized by Scripted Performance and Forced Reconciliation	Camps were described as requiring performance of forgiveness, gratitude, and reconciliation regardless of internal emotional state.	Reported by several participants
Threats of Escalation and Indeterminate Timeframes	Participants reported explicit or implicit threats of prolonged placement or escalation if compliance was not demonstrated.	Reported by most participants
Post-Program Custody Shifts and Continued	Participants described custody changes and ongoing monitoring following reunification	Reported by nearly all participants

Theme	Description	Representation
Monitoring	programs, often without their consent or input.	

Note. The sample included 10 participants. Descriptors such as “all,” “nearly all,” and “most” reflect the breadth of participant experiences without quantifying themes.

Theme 1: Court processes characterized by disbelief and disregard of child testimony

Participants consistently described court involvement as a process in which their expressed fears, preferences, or allegations were minimized, reframed, or outright dismissed. Many participants reported attempting to speak directly to judges, guardians ad litem, custody evaluators, or therapists and experiencing their accounts as discounted, particularly once parental alienation language was introduced, regardless of corroborating evidence. Daniel described a judge explicitly dismissing fear as irrelevant, stating, “He said, ‘Fear isn’t evidence.’ I’ll never forget that. My own words weren’t enough. He ordered therapy to fix me, like I was broken for not wanting my dad.”

Participants also described testifying directly in court without their statements influencing outcomes. As Lauren explained:

My sister and I both testified that we wanted to move with our mom. We told the judge to his face that we were happier and felt safer with her, and he just ignored us and ordered us to stay in Kansas with our dad.”

Several participants described testifying in court or being interviewed briefly and later learning that their testimony had been characterized as manipulation, exaggeration, or evidence of alienation. Others reported that they were not permitted to speak at all. All ten participants described experiencing the court as an authority that determined outcomes and reported that their perspectives were not incorporated into those decisions.

Theme 2: Reunification therapy experienced as compliance-oriented and monitored

Participants described reunification therapy as structured around expectations for cooperation and compliance rather than discussion of emotional safety or prior experiences. Several participants reported being told that “the past is the past” in therapy or court proceedings while expressing ongoing safety concerns. Therapy sessions were described as instructional or directive, with participants reporting that their behavior and language were monitored. One participant stated, “The structure was about compliance, not communication. Every session ended with some homework... things like writing gratitude lists about my dad or texting him positive affirmations. If I didn’t, it was reported to the court as defiance” (Hannah). Participants also reported that behaviors such as crying, asking questions, or remaining quiet were documented as resistance. As another participant explained, “They called it resistance. Everything was resistance. Crying, asking questions, even just being quiet... They wrote it all down” (Natalie).

Participants described being assigned homework such as gratitude lists, letters, or affirmations and reported that these materials were shared with the court or used to evaluate progress. Several participants stated that failure to complete assignments or express appropriate attitudes was documented as resistance or defiance and tied directly to court evaluation. Therapy was described as a monitored process in which outward behavior and language were prioritized over internal emotional states. Participants described modifying their behavior to avoid negative reports.

Theme 3: Narrative reversal and ban on discussing past harm

Participants described two forms of narrative invalidation during reunification therapy. First, several participants reported being told that their memories, fears, or past experiences were

acknowledged but treated as irrelevant to the therapeutic or court process. Participants described being instructed not to discuss past abuse, fear, or harm and to focus exclusively on reconciliation and moving forward. One participant described repeated redirection when attempting to disclose harm, stating, “Any time I mentioned specific events, she’d stop me and say, ‘That’s in the past, we’re focusing on the future’” (Hannah).

Second, participants also described experiences in which their memories were characterized as incorrect, exaggerated, or unreliable. These accounts included being told that their recollections were distorted or the result of influence by others. As one participant explained, “For them to tell me to forget the past or that my memories were wrong? Mental health is supposed to help you, not make you question your own memories” (Daniel).

Participants further reported that attempting to discuss topics framed as prohibited, such as past harm or ongoing fear, was associated with consequences, including extended therapy, negative reports, or escalation to more intensive interventions. Several participants described learning that discussing harm or fear was not viewed as compatible with program success.

Theme 4: Coercive entry through transport or sudden removal

Many participants described abrupt and non-negotiable removal from their homes, schools, or courthouses by transport agents or court-appointed professionals. These removals were described as occurring with little warning and without meaningful explanation. One participant described learning of the transport through written notification, stating, “We got an email saying I’d be transported to a therapeutic program out of state. They said it wasn’t punitive, just immersive. None of it made sense.” (Hannah).

Several participants also described the presence of law enforcement during transport without protective intervention. One participant stated, “The police were there, but they wouldn’t

help me. They said there was a court order and they couldn't do anything." (Sohpia). Participants described experiencing fear, confusion, and distress during transport. Several described transport as the moment when they realized compliance was not optional, with many describing physical control, confiscation of personal belongings, and immediate separation from familiar caregivers and, most traumatizing to the participants, their trusted parent.

Theme 5: Isolation and no-contact conditions

Participants consistently described isolation as a defining feature of reunification therapy and camps. Isolation included removal of phones and internet access, bans on contacting the preferred parent, and restricted communication with siblings or extended family. One participant described the emotional impact of no-contact conditions, stating, "I wasn't allowed to call or write. The first week, I cried every night. I asked for my mom constantly." (Natalie). Participants also described constant monitoring of behavior and emotional expression. As the same participant explained, "No phones, no contact with my mom... If I didn't smile during a family meal, they'd say I wasn't engaging." (Natalie).

Several participants reported that siblings were discouraged or prohibited from speaking privately with one another because it was viewed by camp staff as plotting. As Hannah stated, "the rooms were checked hourly to make sure we weren't scheming. We tried whispering the first night, but they came right in and told us we would be separated if we didn't stop plotting." Sophia echoed this sentiment in her statement,

One of the things that they found very offensive that we did was we were, like, whispering, I love you, at night, because they had us in the bedroom, and we were trying to comfort each other, and the... transport agents brought that into the therapist the next

day. And were like, they're colluding, they're whispering to each other, we're gonna try and separate them, because we don't know what they're planning in there.

Participants described no-contact conditions from their preferred parent as total bans that often extended beyond the duration of camp or therapy. Participants described isolation as physical, emotional, and relational. Participants also described the limited contact with their preferred parent as closely monitored and strictly regulated.

Theme 6: Camps characterized by scripted performance and forced reconciliation

Participants who attended reunification camps described them as highly structured environments requiring performance of reunion-like behaviors. Common elements included mandatory apology letters, forgiveness statements, role-playing exercises, and repeated affirmations, with progress evaluated based on outward compliance rather than internal experience.

Participants described being instructed to repeat statements until they appeared sincere, regardless of internal feelings. Participants also described being evaluated based on outward compliance rather than internal experience. One participant described the use of repetitive written exercises, stating, “They’d make us write these apology letters to our dad, and if we didn’t sound sincere, they’d make us rewrite them over and over.” (Lauren).

Forced forgiveness was a common focus of the program described by participants. Progress was described as contingent on demonstrating acceptance, gratitude, and positive affect. Participants reported that expressions of hesitation or distress were labeled as resistance or negativity. Several participants described reunion moments staged for observers. One participant stated, “I remember hugging my dad for the camera, and everyone in the room clapped like it was a movie ending.” (Hannah).

Participants also described that fear-based compliance was documented as therapeutic progress. As another participant explained, “Every time I complied, even if it was out of fear, they’d write ‘positive response.’ There was no category for trauma response. Just cooperation or defiance.” (Hannah).

Theme 7: Threats of escalation and indeterminate timeframes

Participants described explicit or implicit threats that noncompliance would result in placement in more restrictive settings, such as wilderness programs or residential facilities. Several participants reported being told they would remain in camp as long as it takes. Time frames were frequently described as unclear and subject to staff judgment, with participants reporting that duration was contingent on staff perceptions of compliance. One participant described being warned directly about the consequences of resistance, stating, “One of the facilitators leaned over and whispered, ‘The more you resist, the longer it lasts.’” (Hannah).

Participants also described fear that voicing distress could result in additional placement. As the same participant explained, “I didn’t ever risk saying anything negative. I thought if I complained, I’d be sent back to another camp.” (Hannah). Several participants described the lack of clear timelines as distressing. One participant stated, “About a week, but it felt endless. We never knew what day it was. No clocks, no phones.” (Lauren).

Theme 8: Post-program custody shifts and continued monitoring

Participants described abrupt custody shifts immediately following reunification camps, often without transition planning or assessment of emotional safety. Several participants reported learning of custody changes only after they had occurred. One participant described the transition, stating, “They handed us straight to our dad. No transition, no safety check, nothing.” (Lauren).

Participants also described continued oversight following camp, framed as maintenance rather than support. Post-program life with the targeted parent was described as controlled rather than restorative. As another participant explained, “Just check-ins by phone from the same facilitator... I didn’t ever risk saying anything negative.” (Hannah). Several participants described that post-program reports continued to emphasize compliance while omitting participant perspectives. Hannah stated, “The report said, ‘(She) has demonstrated restored attachment.’ No one asked how that restoration was achieved or whether it was true.”

In sum, the themes suggest that aged-out children experienced reunification therapy and camps not as restorative or child-centered interventions, but as court-driven, compliance-oriented processes characterized by coercion, isolation, narrative invalidation, and a monitored performance of forgiveness. Across participants, reunification was lived as an externally imposed system that prioritized behavioral compliance and restoration of contact over emotional safety or the acknowledgment of children’s expressed fears. The consistent patterns of disbelief, restricted communication, forced participation, and post-program monitoring indicate that participants experienced reunification as a structured process of control rather than healing. Collectively, these findings address Research Question 4, as participants described long-term changes in attachment, trust, and relational boundaries following reunification interventions.

Research Question 2

The second research question was: What are the psychological and emotional impacts of attending reunification therapy or camps on these children? Specifically, how do participants retrospectively describe their emotional states before, during, and after their time in the therapy or camps?

Across participant narratives, emotional experiences were described as shifting over time, with participants reporting distress and fear prior to reunification interventions, heightened emotional strain during therapy or camp participation, and lingering emotional and psychological effects following program completion. These patterns include descriptions of the participants' changes in emotional states before, during, and after reunification interventions as described by participants. Three themes were identified for this research question. Table 3 summarizes the main emotional states before, during, and after their time in therapy. Table 4 summarizes the three themes for Research Question 2.

Table 3*Emotional States Across Reunification Intervention Phases (RQ2)*

Emotional phase	Dominant emotional states	Representation
Prior to intervention	Fear, confusion, anticipatory distress	Reported by all participants
During therapy and camp	Entrapment, hypervigilance, emotional suppression	Reported by all participants
After intervention	Numbness, distrust, lingering distress	Reported by all participants

Note. Emotional states reflect retrospective self-reports of participants describing their experiences before, during, and after reunification therapy or reunification camps (N = 10). Representation descriptors are used to convey the breadth of participant experiences without quantifying themes.

Table 4*Psychological and Emotional Impacts of Reunification Therapy and Camps (RQ2)*

Impact domain	Description	Representation
Fear and anxiety	Persistent fear, anticipatory anxiety, and emotional distress	Reported by all participants
Hypervigilance and emotional suppression	Heightened monitoring of behavior and suppression of emotions to avoid negative consequences	Reported by nearly all participants
Distrust of authority	Ongoing distrust of courts, therapists, and other court-involved professionals	Reported by all participants
Emotional numbness	Emotional detachment, blunting, or exhaustion	Reported by most participants
Lingering trauma-related symptoms	Intrusive memories, avoidance, and emotional dysregulation	Reported by several participants

Note. Psychological impacts represent participant-reported effects attributed to reunification therapy or reunification camp experiences (N = 10). Representation descriptors such as “all,” “nearly all,” “most,” and “several” are used to convey the breadth of participant experiences without quantifying themes, consistent with reflexive thematic analysis.

Theme 1: Emotional states prior to intervention - fear, confusion, and anticipatory distress

Participants described experiencing fear, anxiety, confusion, and distress prior to entering reunification therapy or camps. Many described feeling unsafe, unheard, or uncertain about what would happen next. Several participants described anticipating punishment or separation if they

did not comply with court orders. As one participant stated, “I was fifteen, shaking on the stand, telling the judge I was scared.” (Daniel).

Theme 2: Emotional states during intervention - Entrapment, hypervigilance, and emotional Suppression

During therapy and camp, participants described feeling trapped, closely monitored, and constantly evaluated. Participants reported paying close attention to their words and behavior during sessions and program activities. One participant stated, “It felt like a hostage situation” (Evan). Participants also reported limiting or withholding emotional expression. As one participant explained, “I learned fast to keep my mouth shut or it would only lead to more problems” (Emily). Several participants described withdrawing emotionally or restricting their responses to what they believed was expected during therapy or camp.

Theme 3: Emotional states after intervention - numbness, distrust, and lingering distress

Following reunification interventions, participants described emotional numbness, persistent anxiety, and difficulty trusting others. Several participants reported lingering psychological distress that continued into adulthood. Evan stated, “I was so scared all the time. I stopped talking for a while.” Participants also described long-term effects on trust and perception of authority. “Even now, it takes me a while to believe someone in power actually has good intentions.” (Evan).

In sum, these themes suggest that reunification therapy and camps were experienced as psychologically destabilizing across all phases of intervention across all aspects of the process (prior to, during, and following participation). Participants described anticipatory fear and distress before intervention, heightened emotional suppression and hypervigilance during intervention, and lingering numbness, distrust, and trauma-related symptoms in adulthood. The

consistency of reported fear, monitoring of emotional expression, and strong long-term distrust of authority indicates that these interventions were experienced less as spaces of therapeutical emotional repair and more as environments that intensified perceived threat and required adaptive survival responses. Collectively, these findings answer Research Question 2 by demonstrating that participants retrospectively describe reunification interventions as emotionally distressing experiences with enduring psychological impacts that extended well beyond the formal completion of therapy or camp.

Research Question 3

The third research question was: What coping mechanisms and strategies do aged-out children employ in response to their experiences of trauma and reunification efforts?

Across participant narratives, coping responses were described as developing during and after reunification therapy or camp participation, with participants reporting changes in how they managed emotions, behavior, and interactions with others. These coping responses included approaches to emotional expression, compliance, withdrawal, and self-protection as described by participants. Three themes were identified for this research question. Table 5 summarizes coping strategies described by participants during and following reunification interventions.

Table 5*Coping Mechanisms and Strategies Reported by Participants (RQ3)*

Coping strategy theme	Description	Representation
Compliance and emotional suppression as survival strategies	Participants described suppressing emotions, performing expected behaviors, and complying outwardly to avoid punishment or escalation during reunification therapy or camp.	Reported by all participants
Post-intervention coping through distance and control	Participants reported limiting contact with certain parents, establishing boundaries, and exerting control over environments after aging out.	Reported by nearly all participants
Healing-oriented coping strategies	Participants described engaging in trauma-informed therapy, peer support, journaling, education, and meaning-making in adulthood.	Reported by most participants

Note. Coping strategies reflect participant-reported responses during and after reunification therapy or reunification camp experiences (N = 10). Representation descriptors such as “all,” “nearly all,” “most,” and “several” are used to convey the breadth of participant experiences without quantifying themes, consistent with reflexive thematic analysis.

Theme 1: Compliance and emotional suppression as survival strategies

Participants described compliance, emotional suppression, and performing expected behaviors as primary coping strategies during therapy and camp. Many described learning to say what was required or expected to avoid punishment or escalation. Several participants explicitly

described learning to suppress honesty and perform compliance as a means of survival. One participant explained, “I learned fast that being honest only made things worse. I learned fast to keep my mouth shut or it would only lead to more problems.” (Emily).

Another participant described rehearsing responses and altering behavior to avoid being labeled resistant, stating, “I tried to smile more, answer quickly. I spent my free time making up stories, so I’d have things ready to say. Anything to avoid being labeled resistant.” (Michael).

Participants also described compliance as a strategic choice rather than genuine engagement. As one participant stated, “Eventually, I just started to say what Athena wanted. I tried to deny it at first, but I could see it was getting me nowhere. So, I just started to repeat whatever she said. I just wanted to go home.” (Evan).

Theme 2: Post-intervention coping through distance and control

After aging out, participants described coping by limiting contact with certain family members, setting boundaries, and exerting control over their environments. Several participants described distancing themselves emotionally and socially as a protective strategy. Participants described distancing as a way to regain autonomy following years of enforced compliance. One participant explained, “I kind of keep my distance, even from relatives who didn’t have anything to do with the situation. Once you’ve been forced to act like everything’s fine with someone who hurt you, it makes you question what family even means.” (Evan).

Others described redefining relationships entirely. As one participant stated, “I don’t really buy into the whole ‘blood is thicker than water’ thing anymore. To me, family is earned, not automatic.” (Evan).

Participants also described increased vigilance and control in interactions with authority figures as a long-term coping strategy, with the same participant noting, “Even now, it takes me

a while to believe someone in power actually has good intentions. I always kind of expect there's a catch." (Evan).

Theme 3: Healing-oriented coping strategies

Participants described engaging in trauma-informed therapy, peer support groups, journaling, and education about trauma as coping strategies in adulthood. Several participants described learning to trust their own perceptions to describe their experiences.

Some participants described intentionally seeking environments that validated their experiences rather than attempting to reframe or correct them. One participant explained, "It took time, but I have a few close friends, my mom, my therapist. They don't try to fix it. And they don't tell me to forgive and forget. Sometimes it's okay to just listen." (Natalie).

Further, some also described reclaiming their internal sense of reality as a key component of healing. As one participant stated, "Being told my reality wasn't real... that was worse than anything. It messes with your mind." (Natalie).

Participants also described healing as a process of education and reframing. One participant reflected, "She (her therapist) helped me understand that what happened wasn't my fault. I was diagnosed with PTSD, and for the first time it made sense why loud noises, authority figures, or even family court signs made my heart race" (Lauren).

In sum, these themes suggest that participants developed coping strategies that evolved across time in response to reunification interventions. During therapy and camp participation, coping was primarily characterized by outward compliance, emotional suppression, and strategic behavioral adaptation to avoid escalation or more severe punishment. Following intervention, coping shifted toward regaining autonomy through boundary setting, emotional distancing, and increased control over relationships and environments. In adulthood, many participants described

engaging in healing-oriented strategies, including trauma-informed therapy, peer support, and efforts to better understand and contextualize their experiences. Collectively, these findings answer Research Question 3 by demonstrating that coping responses were initially survival-based and compliance-driven, later transitioning into autonomy-focused and healing-oriented strategies as participants aged out of court-mandated interventions.

Research Question 4

The fourth research question was: What long-term effects do participants report in their relationships with parents, siblings, and peers following their experiences in reunification therapy or camps?

Across participant narratives, long-term relational outcomes were described as shaped by participants' experiences in reunification therapy or camps, with many reporting ongoing distance, strain, or redefinition of relationships with parents, siblings, and peers. Participants also described changes in how they approached trust, closeness, and communication in relationships following reunification experiences. Three themes were identified for this research question. Table 6 presents the long-term relational effects described by participants following reunification interventions.

Table 6*Long-Term Relational Effects Reported by Participants (RQ4)*

Relational domain	Description	Representation
Altered parent–child relationships	Participants described estrangement, limited contact, grief, or guarded interaction with one or both parents following reunification interventions.	Reported by all participants
Impact on sibling relationships	Participants reported both strengthened bonds through shared experience and strained or disrupted relationships due to prolonged separation or no-contact conditions.	Reported by most participants
Difficulty trusting peers and authority figures	Participants described ongoing difficulty forming trusting relationships with peers, authority figures, and professionals.	Reported by all participants

Note. Relational effects represent long-term interpersonal outcomes attributed to reunification therapy or reunification camp experiences (N = 10). Representation descriptors such as “all,” “nearly all,” “most,” and “several” are used to convey the breadth of participant experiences without quantifying themes, consistent with reflexive thematic analysis.

Theme 1: Altered parent–child relationships

Participants described enduring changes in relationships with one or both parents, including estrangement, emotional distance, and limited or highly structured contact. For some, reunification efforts permanently damaged any possibility of reconciliation. Daniel described the long-term damage in his relationship with his father, stating, “Any chance at having a

relationship was taken away with this.” Similarly, Megan reflected on how repeated therapy sessions solidified the loss of her relationship with her father: “Any chance at ever having a good relationship with him... the therapy ended that.”

Some participants described maintaining contact with a parent but only in a limited or emotionally guarded way. Michael explained, “We kept contact... civil but distant. We talk occasionally... about surface stuff... weather, holidays. I don’t expect closeness, and that’s okay.”

Theme 2: Impact on sibling relationships

Participants reported mixed long-term effects on sibling relationships. While some siblings became sources of shared understanding, others experienced lasting separation or unequal treatment within extended family systems. Megan described the loss of contact with her extended family and the differential treatment among siblings: “My grandparents, my aunt and uncles, everyone... just decided to act like we didn’t exist.” She further noted, “What made it even worse is that my older brother was kind of included.”

Other participants described sibling relationships as instrumental in reconnecting with estranged parents later in life. Lauren explained, “Eventually, after my sister aged out too, we called her (their mom) together.”

Theme 3: Difficulty trusting peers and authority figures

All participants described persistent difficulty trusting others, particularly authority figures such as judges, therapists, educators, and law enforcement. These difficulties extended into adulthood and affected peer relationships, academic environments, and professional settings. Evan stated, “I don’t trust easily, especially other adults or people in authority.” Michael

similarly reflected, “It made me question whether any authority figures will ever really care about my feelings.”

Several participants linked this distrust to their experiences in the legal system. Emily stated plainly, “I do not trust the legal system. I don’t trust the court, the judges, police, attorneys, no one.” These trust difficulties also affected peer relationships. Lauren described ongoing relational challenges, noting, “I avoided making friends because I was scared they’d think I was too much. My brain was wired for survival, not connection.” In sum, these themes suggest that participants described enduring relational effects following reunification therapy and camps that extended into adulthood. Across participant accounts, relationships with the targeted parent were characterized by estrangement, emotional distance, or guarded interaction. In contrast, relationships with the previously preferred or safe parent were often described as sources of validation or support, though some participants reported strain resulting from prolonged separation or no-contact conditions. Sibling relationships were described as either strengthened through shared experience or strained due to prolonged separation and differential treatment. Participants also reported persistent difficulty trusting peers and authority figures, which influenced academic, professional, and interpersonal functioning. Several participants further described being emotionally guarded in close peer and romantic relationships, noting hesitation in vulnerability, difficulty with intimacy, or heightened caution in forming attachments. Collectively, these findings answer Research Question 4 by demonstrating that participants perceived reunification interventions as contributing to long-term alterations in attachment, trust, and relational boundaries that continued beyond the formal conclusion of therapy or camp.

Comparison of Results Compared to Literature Review

The findings of this study were examined in relation to the existing research and trauma theory framework presented in Chapter 2. This section compares participant-reported experiences with patterns previously described in the literature, noting areas of consistency without extending beyond the results of the present study.

Research Question 1

Findings related to Research Question 1 are consistent with existing literature describing reunification therapy and reunification camps as court-directed interventions implemented within high-conflict custody contexts (Meier, 2020; Mercer, 2022). Prior research reviewed in Chapter 2 describes reunification processes as highly structured and often centered on compliance and restoration of parent–child contact following parental alienation claims (Meier, 2020).

Participants in the present study similarly described reunification as a court-ordered process involving monitored participation, restricted autonomy, and limited opportunity to share their perspectives.

Existing literature has also raised concerns regarding the extent to which children’s testimony and expressed fear are incorporated into reunification decisions once alienation narratives are introduced (Silberg & Dallam, 2019; Meier, 2020). Participants in this study reported experiences consistent with these concerns, including disbelief of child testimony and reframing of fear or resistance within court and therapeutic settings. Participants’ descriptions of these experiences were consistent across multiple interviews; these patterns reflect characteristics of reunification interventions previously documented in the literature.

Research Question 2

Findings for Research Question 2 align with prior research documenting emotional distress associated with forced reunification interventions. Studies reviewed in Chapter 2 describe fear, anxiety, emotional withdrawal, and lingering psychological distress among children involved in high-conflict custody disputes and court-mandated reunification efforts (Meier, 2020; Mercer, 2022). Participants in the present study reported similar emotional experiences before, during, and after reunification therapy or camps.

Trauma theory, as discussed in Chapter 2, emphasizes the role of perceived threat, loss of control, and emotional invalidation in shaping trauma-related responses (Dent, 2020; Levine, 2021). Participant-reported emotional states in this study, including fear, hypervigilance, emotional suppression, and emotional numbness, are consistent with emotional patterns described in the trauma literature reviewed previously.

Research Question 3

Results related to Research Question 3 are consistent with existing literature describing coping responses among individuals exposed to prolonged stress, coercive environments, or high-conflict family systems (Dent, 2020; Levine, 2021). Prior research reviewed in Chapter 2 identifies coping strategies such as emotional suppression, behavioral compliance, withdrawal, and delayed emotional processing in trauma-exposed populations (Silberg & Dallam, 2019). Participants in the present study described similar coping responses during reunification interventions and in the years following program completion.

Trauma theory provides a framework for understanding these coping responses as adaptations to environments perceived as unsafe or unpredictable (Dent, 2020; Levine, 2021). Participant accounts of compliance, emotional suppression, and later boundary-setting reflect coping patterns previously identified in the trauma literature discussed in Chapter 2.

Research Question 4

Findings related to Research Question 4 align with existing literature documenting long-term relational effects associated with childhood exposure to high-conflict custody disputes and forced reunification interventions (Meier, 2020; Mercer, 2022; Shaw & Geffner, 2022). Prior studies reviewed in Chapter 2 describe lasting impacts on parent–child relationships, sibling relationships, and trust in authority figures following court-involved family interventions. Participants in the present study reported similar long-term relational outcomes, including estrangement, emotional distance, and difficulty trusting others.

Trauma theory emphasizes how disruptions to safety, attachment, and trust during childhood may influence relational functioning over time (Dent, 2020; Levine, 2021). Participant-reported relational experiences in this study echo patterns described in the trauma literature reviewed in Chapter 2, particularly in relation to trust, attachment, and relational boundaries.

Overall, the findings of this study are consistent with existing research and trauma theory as presented in Chapter 2. Across all research questions, participant-reported experiences reflected patterns previously documented in the literature regarding reunification interventions, emotional and psychological impacts, coping responses, and long-term relational effects. This comparison places the findings of the present study within the existing body of research while remaining grounded in participants' accounts.

Summary

This chapter presented the findings of the qualitative analysis conducted to examine the lived experiences of aged-out children who participated in reunification therapy or camps following parental alienation claims. Using an inductive thematic analysis approach, interview

data from ten participants were analyzed to address the four research questions guiding this study.

Findings related to Research Question 1 described participants' lived experiences of court involvement, reunification therapy, and reunification camps. Participants consistently reported experiences characterized by disbelief of child testimony, compliance-oriented therapeutic practices, restrictions on discussing past harm, abrupt removal through transport, isolation and no-contact conditions, scripted and performance-based reunification processes, threats of escalation, and continued monitoring following program completion.

Findings for Research Question 2 focused on the psychological and emotional impacts of reunification interventions. Participants described emotional experiences that varied across phases of the process, including fear, confusion, and anticipatory distress prior to intervention; entrapment, hypervigilance, and emotional suppression during intervention; and lingering emotional numbness, distrust, and psychological distress following intervention.

Results addressing Research Question 3 identified coping mechanisms and strategies employed by participants in response to reunification experiences. Participants described compliance and emotional suppression as survival strategies during intervention, followed by post-intervention coping through emotional distance, boundary setting, and efforts to regain control. Several participants also described engaging in healing-oriented strategies in adulthood, including therapy, peer support, and education to describe their experiences.

Finally, findings for Research Question 4 highlighted long-term relational effects associated with reunification therapy and camps. Participants reported enduring changes in relationships with parents, varied impacts on sibling relationships, and persistent difficulty

trusting peers and authority figures. These relational effects were described as continuing into adulthood and influencing participants' interpersonal and professional interactions.

Together, the findings presented in this chapter provide a comprehensive account of participants' experiences across reunification processes and their reported emotional, psychological, coping, and relational outcomes. Interpretation of these findings, along with their implications for theory, practice, and policy, is addressed in Chapter 5.

Chapter 5: Implications, Recommendations, and Conclusions

The purpose of this qualitative phenomenological study was to explore and understand the lived experiences of aged-out children who participated in reunification camps or therapies following parental alienation claims, particularly within the context of high-conflict custody disputes. The study sought to gain insight into participants' emotional and psychological well-being, identify the challenges they faced when forced to complete these programs, and understand their perceptions of the effectiveness of reunification efforts. The problem addressed in this study was the insufficient empirical research exploring how trauma influences the experiences of individuals within reunification camps and how these experiences impact their overall well-being and relationships post-reunification (Meier, 2020; Pruett et al., 2023; Silberg & Dallam, 2019).

This study employed a retrospective qualitative phenomenological methodology to examine the lived experiences of individuals over the age of eighteen who were court-ordered to participate in reunification therapy or reunification camps prior to turning eighteen. Data were collected through semi-structured interviews conducted via Zoom with ten participants who met the inclusion criteria. Interviews were transcribed verbatim and analyzed using a systematic thematic analysis process supported by NVivo qualitative data analysis software.

Trustworthiness of the data was established through member checking, use of rich, thick descriptions, maintenance of an audit trail, and reflexive journaling to support credibility, transferability, dependability, and confirmability.

The findings of the study revealed consistent patterns across participant narratives. Participants described reunification therapy and camps as coercive, compliance-driven processes characterized by emotional invalidation, loss of autonomy, and restricted contact with protective,

preferred parent. Across all four research questions, participants reported enduring psychological, emotional, and relational impacts that extended into adulthood, including long-term distrust of legal and therapeutic systems, difficulties in attachment and relationships, and ongoing trauma-related symptoms.

As with all qualitative research, several limitations must be acknowledged. These include the use of a purposive, non-random sample, reliance on retrospective self-report, and the potential of researcher bias. Additionally, findings are not intended to be generalized statistically but instead provide an in-depth understanding of lived experiences within a specific population. Despite these limitations, the study offers important contributions to the limited body of empirical literature addressing forced reunification interventions from the perspectives of aged-out children.

This chapter presents an interpretation of the study's findings in relation to existing literature and the guiding trauma theory framework. The chapter begins with a discussion of findings, followed by an examination of theoretical, clinical, and policy implications. Limitations of the study and recommendations for future research are then addressed, concluding with a synthesis of the study's overall significance.

Discussion

The findings of this study carry important implications for theory, practice, policy, and future research related to court-ordered reunification therapy and reunification camps. This section examines how the results address the study's problem and purpose, contribute to the existing literature and trauma theory framework, and help inform broader considerations in society. Where appropriate, factors influencing interpretation are acknowledged, and the most

significant and probable implications are distinguished from speculative or improbable outcomes.

Research Question 1

Findings related to Research Question 1 indicate that reunification therapy and camps were experienced by participants as coercive, compliance-oriented, and emotionally invalidating processes rather than therapeutic interventions. These findings directly address the study's problem by providing empirical evidence of how trauma manifests within reunification settings and how such experiences persist into adulthood. These findings are consistent with prior literature describing forced reunification as potentially coercive and emotionally destabilizing, particularly when children's fears or allegations are minimized. For example, Dalgarno et al. (2024) and Mercer (2022) cautioned that court-mandated reunification processes may prioritize contact restoration over children's expressed emotional safety, sometimes resulting in further distress rather than healing. Similarly, Berman and Weisinger (2022) argued that interventions framed as therapeutic may function as compliance-driven mechanisms when autonomy is restricted. Participants in the present study described reunification therapy and camps as structured around obedience and narrative correction rather than emotional processing, directly mirroring these concerns.

Additionally, the findings align with Meier (2020), who documented how parental alienation claims may shift focus away from abuse allegations and toward forced relationship repair. Participants' accounts of emotional invalidation and loss of agency provide empirical support for Meier's (2020) argument that such processes can silence children's lived realities. In doing so, this study extends prior scholarly literature by offering retrospective adult accounts that

demonstrate how these early experiences are remembered not as therapeutic, but as institutional betrayal.

From a theoretical standpoint, these findings extend trauma theory by illustrating how systemic and institutional practices, particularly court-mandated interventions, can function as sources of trauma rather than methods of healing. Consistent with trauma theory's emphasis on safety, autonomy, and validation, participants' narratives revealed that the removal of personal agency and suppression of personal accounts contributed to long-term psychological harm. This aligns with existing literature warning that forced therapeutic interventions may worsen trauma when autonomy and emotional safety are not prioritized (Levine, 2021; Parker, 2021; van der Kolk, 2014).

An important implication of the current findings is that compliance should not be confused with therapeutic progress. While courts and practitioners may interpret behavioral compliance as evidence of successful reunification, participants' experiences suggest that such interpretations may mask ongoing emotional distress and internalized trauma. A probable general implication is the continued misinterpretation of compliance as healing within family court systems, potentially leading to repeated use of interventions that fail to meet children's psychological needs.

Research Question 2

Findings related to Research Question 2 demonstrate that participants experienced sustained emotional and psychological consequences before, during, and after reunification interventions, including fear, anxiety, emotional numbing, and long-term distrust of authority systems. These findings are consistent with trauma literature emphasizing the long-term impact of coercive or repeated relational stress during childhood. Participants described fear, anxiety,

emotional numbing, hypervigilance, and lasting distrust of authority systems, all patterns that closely align with trauma responses identified by Dent (2020) and Levine (2021). As described in Chapter 2, trauma theory suggests that prolonged exposure to perceived threat, especially in environments lacking autonomy, may contribute to complex trauma symptoms that persist into adulthood (Ford & Courtois, 2020; van der Kolk, 2014). The prolonged emotional suppression described by participants reflects survival-based adaptations consistent with these frameworks.

Further, the findings parallel research by Dalgarno et al. (2024) and Mercer (2024) indicating that children subjected to forced contact with a feared or allegedly abusive parent exhibit heightened anxiety, depression, and trauma-related symptoms. Participants in the present study extended these findings by describing how such symptoms did not resolve when reunification ended but instead evolved into long-term distrust of legal and therapeutic systems. This supports calls by Bonano (2021) and Ford and Courtois (2020) to expand trauma theory to better account for chronic and institutional forms of trauma.

The results are largely consistent with existing trauma research, which emphasizes that repeated or prolonged exposure to perceived threat, particularly in childhood, can result in complex trauma symptoms that persist into adulthood. Trauma theory provides a clear framework for understanding why interventions perceived as coercive or invalidating may produce long-lasting harm rather than a resolution to the problem. Participants' descriptions of emotional suppression and behavioral modification further support trauma theory's emphasis on survival responses such as dissociation and emotional restriction or constraint.

A factor influencing interpretation of the current findings is the retrospective nature of the study, as participants reflected on experiences that occurred several years earlier. Retrospective accounts are commonly used in qualitative research to examine how individuals

interpret and assign meaning to past experiences, particularly when studying complex or sensitive life events (Creswell & Poth, 2018; Moustakas, 1994). In phenomenological research specifically, participants' reflections on lived experiences are considered valuable sources of insight into how events are understood and integrated over time. Additionally, the consistency of emotional patterns reported across participants strengthens the credibility of the findings.

A significant implication of these findings is that reunification interventions may produce long-term psychological consequences that are not routinely assessed or monitored by courts or practitioners. Previous researchers have raised similar concerns, noting that reunification processes implemented in high-conflict custody disputes may prioritize restoration of parent-child contact while giving limited attention to children's long-term emotional well-being (Dalgarno et al., 2024; Meier, 2020; Mercer, 2022). The findings of the present study extend this concern by providing retrospective accounts from individuals who described enduring psychological distress, distrust of authority systems, and relational difficulties that persisted years after reunification interventions concluded. These results suggest that greater attention to long-term outcomes may be necessary when evaluating the effectiveness and ethical implications of court-mandated reunification practices.

Research Question 3

Findings related to Research Question 3 revealed that participants commonly adopted coping strategies centered on emotional suppression, strategic compliance, disengagement, and delayed processing of trauma. These strategies were often developed or amplified during reunification interventions as a means of minimizing harm or avoiding escalation in therapy.

The coping strategies identified in this study of emotional suppression, strategic compliance, dissociation, and delayed trauma processing are consistent with trauma literature

describing survival-based adaptations in environments characterized by power imbalance and perceived threats. Hotoda (2019) and Parker (2021) noted that when children experience forced therapeutic engagement, they may disengage emotionally or suppress distress to maintain psychological safety. Participants' descriptions of "playing along" or becoming emotionally numb directly reflect these patterns.

These coping responses directly address the purpose of this study by illustrating how aged-out individuals made sense of and managed the emotional and psychological challenges associated with court-ordered reunification interventions. Participants' descriptions of emotional suppression, strategic compliance, and psychological distancing reveal how individuals attempted to navigate environments they perceived as coercive or emotionally unsafe. In doing so, these findings provide insight into how individuals responded to the trauma associated with reunification efforts, helping to illuminate the lived experiences that this study was designed to explore.

These findings also directly relate to the identified study problem, which highlighted the limited empirical research examining the lived experiences and psychological consequences of forced reunification interventions. Participants' coping strategies demonstrate how individuals adapted to perceived emotional invalidation, coercion, and loss of autonomy within reunification settings. By documenting these responses, the findings contribute empirical insight into how individuals navigate and process these experiences, addressing the gap in research regarding the psychological impacts of court-ordered reunification programs.

Further, the findings align with Kohutis (2022) and Mercer (2024), who documented that children coerced into contact under contested custody conditions often adopt protective coping strategies that later manifest as difficulties with trust and emotional expression. However, the

present study extends this literature by demonstrating how these coping mechanisms were reinforced by institutional structures, not solely by family dynamics. These findings directly address the study's identified problem by providing empirical evidence that reunification interventions may result in maladaptive coping responses rather than resilience-based healing.

These findings contribute to trauma theory by illustrating how children adapt to environments where perceived resistance is punished and autonomy is restricted. Consistent with trauma literature, participants' coping strategies reflect survival-based adaptations rather than resilience-based healing. While such strategies may have been effective in the short term, many participants reported long-term emotional consequences, including difficulties with trust, self-expression, and relationships.

A key implication is that reunification programs may reinforce negative coping mechanisms that persist into adulthood, even if unintentional. A likely consequence is the normalization of emotional suppression among children involved in high-conflict custody cases, which may increase long-term mental health needs. While it is unlikely that every individual who participates in reunification interventions would experience identical outcomes, the findings suggest patterns of risk that should be noted.

Collectively, these coping strategies highlight how participants attempted to preserve emotional safety and maintain a sense of personal agency during experiences they often perceived as distressing or coercive. These findings directly support the study's purpose of understanding the lived experiences and psychological impacts of reunification interventions from the perspectives of aged-out individuals. In doing so, they provide important insight into how participants navigated trauma and emotional distress associated with forced reunification efforts.

Research Question 4

Findings related to Research Question 4 indicate that reunification experiences significantly influenced participants' long-term relationships with parents, siblings, and peers. Many participants described disrupted attachment, estrangement from protective caregivers, and persistent difficulty forming trusting relationships. These findings align with attachment and trauma research suggesting that forced relational repair without emotional readiness may disrupt long-term attachment security. Douglas (2020) and Finkelstein and Grebelsky-Lichtman (2021) emphasized that attachment bonds require safety, trust, and consistency; when these conditions are absent, relational repair efforts may undermine rather than strengthen attachment. Participants' reports of estrangement from protective caregivers and difficulty forming trusting relationships in adulthood are consistent with these findings.

Additionally, the results parallel research by Lapierre et al. (2024) and Dalgarno et al. (2024) indicating that children forced to reunify with a feared or allegedly abusive parent show increased risk of long-term relational and psychological difficulties. However, the present study extends this concept by demonstrating how relational consequences persist into adult romantic and peer relationships, suggesting that court-mandated interventions may influence relational trajectories well beyond childhood. These findings reinforce trauma theory's assertion that violations of autonomy within attachment relationships may contribute to enduring relational disruption (Levine, 2021).

These results align with both trauma theory and existing literature on attachment interference, further supporting the study's theoretical framework. The findings suggest that forced relational repair without regard for emotional safety may damage relationship capacity rather than restore it. This provides crucial information and also extends existing research by

demonstrating how court-mandated reunification can have relational consequences that extend well beyond childhood.

A significant implication is that reunification decisions made during custody disputes were shown to shape relationship paths into adulthood. This is important and underscores the ethical responsibility of courts and practitioners to consider long-term outcomes. Furthermore, there is the likely implication is the perpetuation of intergenerational relational trauma when children's expressed needs and boundaries are overridden in the name of reunification.

Recommendations for Practice

Findings from this phenomenological study offer several implications for clinical, legal, and court-affiliated practice. These recommendations are grounded in participants' lived experiences described in Chapter 4 and interpreted through the trauma theory framework and child-centered principles outlined in Chapter 2. Because the study utilized a small, purposive sample, the following recommendations are intended to inform practice considerations rather than define universal standards. Although the sample size was limited, qualitative research plays a critical role in advancing knowledge in underexplored areas by providing rich, contextualized insight into participants' lived experiences, perspectives that are often absent from large-scale quantitative datasets (Creswell & Poth, 2018; Moustakas, 1994). Phenomenological approaches are designed to capture the meaning individuals assign to complex experiences, making them especially valuable when investigating sensitive or insufficiently documented phenomena such as court-ordered reunification interventions (Creswell & Poth, 2018).

Collectively, these implications demonstrate how the findings address the study's purpose of understanding the emotional and psychological well-being of aged-out youth who experienced reunification interventions and respond directly to the identified problem of limited

empirical knowledge regarding how such interventions may contribute to trauma-related harm. When considered alongside prior research documenting concerns about forced reunification practices and the potential dismissal of children's abuse disclosures in custody disputes (Dalgarno et al., 2024; Meier, 2020; Mercer, 2022), the recommendations presented in this study offer additional empirical support for calls to adopt more trauma-informed and child-centered approaches to reunification interventions. Existing literature has repeatedly raised concerns that reunification practices implemented in the context of high-conflict custody disputes, particularly those with parental alienation claims, may inadvertently prioritize restoration of parent-child contact over the emotional safety and developmental needs of the child (Berman & Weisinger, 2022; Chester, 2021; Mercer, 2022). The present findings contribute to this growing body of literature by providing retrospective accounts from individuals who experienced these interventions as children, thereby offering insight into how such practices are remembered and interpreted into adulthood.

Importantly, the findings also contribute to ongoing scholarly discussions regarding the role of institutional systems in either mitigating or exacerbating trauma. Prior research has suggested that when children's disclosures of fear or harm are minimized within custody processes, the resulting interventions may reinforce feelings of powerlessness and distrust toward authority systems (Dalgarno et al., 2024; Meier, 2020). Participants' narratives in this study reflected similar patterns, highlighting how compliance-based reunification models may suppress children's voices while obscuring underlying emotional distress. By focusing on the perspectives of aged-out individuals who directly experienced reunification interventions, this study provides important qualitative evidence that expands current understanding of how such processes may shape psychological well-being and relational functioning over time. Taken together, these

findings underscore the need for trauma-informed, child-centered evaluation of reunification practices and contribute critical experiential evidence to an area of family court intervention that has historically relied more heavily on theoretical assumptions than on the voices of those most directly affected.

Recommendations for Courts

The first recommendation for judges, custody evaluators, and other court-affiliated decision-makers working within high-conflict custody disputes is to exercise caution when interpreting behavioral compliance as evidence of successful reunification. Findings from this study indicate that many participants engaged in outward compliance primarily as a strategy to avoid punishment, escalation, or extended intervention rather than as evidence of genuine emotional healing or relational repair. Participants described complying with program expectations while continuing to experience fear, emotional distress, and distrust toward the legal and therapeutic systems involved. These findings suggest that reliance on behavioral compliance alone may obscure children's psychological well-being and lead courts to overestimate the effectiveness of reunification interventions.

Courts may also benefit from incorporating trauma-informed evaluation practices when assessing children's responses to reunification interventions. Expressions of fear, reluctance, or resistance should be carefully evaluated as potential trauma responses rather than automatically interpreted as alienation or defiance. Prior research has similarly cautioned that reunification interventions implemented within parental alienation contexts may prioritize restoration of parent-child contact over children's emotional safety (Dalgarno et al., 2024; Meier, 2020; Mercer, 2022). Incorporating trauma-informed perspectives may allow courts to better assess the emotional and psychological needs of children involved in custody disputes.

Recommendations for Trauma-Informed Programs and Practitioners

The first recommendation for clinicians, therapists, and reunification program providers working with children in court-ordered reunification settings is to implement trauma-informed, child-centered assessment and intervention practices that prioritize safety, autonomy, and emotional validation. Participants in this study frequently described reunification therapy and camps as compliance-oriented environments in which emotional expression was discouraged and personal narratives were reframed as resistance. Such experiences may reinforce emotional suppression, dissociation, or disengagement rather than facilitating healing and relational repair. These findings highlight the importance of therapeutic environments that allow children to express fear, ambivalence, or distress without punitive consequences.

Practitioners should also consider implementing gradual and developmentally appropriate approaches to relational repair. Attachment research suggests that forced or premature reunification may undermine trust rather than strengthen relationships when children do not feel emotionally safe (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021). Participants in the present study frequently described relational damage that persisted into adulthood when reunification occurred in coercive or emotionally invalidating contexts. Trauma-informed reunification efforts should therefore prioritize emotional readiness and voluntary engagement rather than rapid behavioral compliance.

Recommendations for Professional Training and Education

The first recommendation for training programs and professional education providers is to incorporate greater emphasis on trauma-informed care and the psychological complexities associated with reunification interventions in high-conflict custody contexts. Participants frequently described experiences in which professionals dismissed or minimized their fears or

disclosures of harm, suggesting that trauma responses may sometimes be misinterpreted as manipulation or parental influence. Without appropriate training, professionals may inadvertently reinforce harmful dynamics within reunification processes. Expanding training in trauma-informed care may help professionals better recognize trauma responses and respond in ways that prioritize children's emotional safety.

Educational programs for psychologists, counselors, social workers, and legal professionals should also include instruction on trauma-responsive interviewing techniques and child development. Such training may improve professionals' ability to distinguish between protective trauma responses and behaviors attributed to parental alienation. Increasing awareness of these dynamics may help ensure that children's voices and experiences are more accurately represented in custody evaluations and reunification interventions.

Recommendations for Survivors and Support Resources

The first recommendation for organizations and practitioners supporting individuals who experienced reunification interventions as children is to develop accessible educational resources that help survivors understand and normalize common emotional responses to these experiences. Many participants in this study described confusion, self-doubt, and difficulty understanding whether their reactions during reunification therapy or camps were typical or valid. Several participants reported using strategies such as emotional suppression, strategic compliance, or delayed processing of trauma as a means of protecting themselves within coercive environments. Providing survivor-informed resources may help individuals recognize that these responses are common trauma adaptations rather than personal shortcomings.

Educational materials such as informational brochures, online resources, or survivor support groups may also help individuals better understand the psychological effects associated

with forced reunification experiences. Normalizing these experiences may reduce feelings of isolation and encourage individuals to seek trauma-informed therapeutic support when needed. Survivor-informed resources may also contribute to broader awareness of the long-term psychological and relational effects associated with reunification interventions.

Ongoing Monitoring and Professional Training

Participants described enduring psychological and relational effects that extended into adulthood, often without follow-up once reunification programs ended. Many also reported interactions with professionals that felt dismissive or invalidating. These findings directly address the study's purpose by highlighting the longer-term trajectory of participants' well-being beyond the intervention period. They also relate to the study problem by illustrating how a lack of sustained monitoring may obscure the full impact of reunification practices.

Courts and referring professionals may therefore consider implementing longitudinal follow-up evaluations to assess post-intervention outcomes. Additionally, training for clinicians, evaluators, and court personnel in trauma-informed care, child development, and trauma-responsive interviewing may help reduce misinterpretation of trauma responses as manipulation or defiance.

Broader Theoretical, Practical, and Societal Implications

Collectively, the findings of this study contribute to trauma theory by emphasizing the role of institutional processes as potential sources of trauma. The results challenge assumptions within family court systems that reunification is inherently therapeutic and suggest that trauma-informed principles must be central to intervention design and implementation.

Practically, the study highlights the need for professionals involved in custody disputes to critically evaluate the use of reunification therapy and camps, particularly when allegations of

abuse or significant fear are present. From a societal perspective, the most significant implication is the risk of prioritizing parental rights or even procedural efficiency over child psychological well-being. Addressing this imbalance may contribute to more ethical, effective, and trauma-informed family court practices, which will only benefit future generations.

Taken together, these recommendations underscore the importance of trauma-informed, child-centered practices in reunification contexts. The findings of this study suggest that reunification interventions that prioritize compliance over emotional safety may carry unintended psychological and relational consequences. By centering children's lived experiences and integrating trauma-informed principles into clinical and legal decision-making, practitioners may better support the long-term well-being of children involved in high-conflict custody disputes.

Recommendations for Future Research

While the recommendations outlined above focus on practical implications for courts, practitioners, training programs, and survivor support, the findings of this study also highlight important areas where additional scholarly investigation is needed. Because empirical research examining children's lived experiences within reunification therapy and reunification camps remains limited, further research is essential to deepen understanding of how these interventions influence psychological well-being and relational outcomes over time. Expanding the empirical evidence base may help inform more effective, trauma-informed policies and practices within family court systems. The following section outlines several recommendations for future research that build upon the findings of the present study and the gaps identified in the existing literature.

The findings of this study contribute to a growing body of qualitative literature examining the experiences of children subjected to court-ordered reunification therapy and

reunification camps. Building upon the trauma theory framework, the results highlight several areas where future research is warranted to deepen understanding, address limitations, and advance knowledge in this emerging field of study. Previous research has also called for additional empirical research examining the psychological impact of reunification interventions, particularly in cases involving allegations of abuse or high-conflict custody disputes (Dalgarno et al., 2024; Meier, 2020; Mercer, 2022). The following recommendations outline several directions that may help expand this developing body of literature.

Expanding Participant Samples and Populations

Future researchers should consider expanding sample sizes and including more diverse participant populations to explore whether similar patterns emerge across different demographic, cultural, and legal contexts. While the present study provides in-depth insight into the lived experiences of aged-out children, future research involving larger or more diverse samples may help identify variation in experiences related to age at intervention, gender, cultural background, or type of reunification intervention. Previous researchers have emphasized the importance of broader empirical investigation into reunification practices due to the limited existing research examining children's direct experiences within these programs (Meier, 2020; Mercer, 2022). Expanding participant samples may therefore help strengthen the transferability of findings and contribute to a more comprehensive understanding of reunification interventions across contexts.

In addition, future studies could include individuals who participated in reunification therapy without camp involvement or who experienced alternative reunification approaches. Comparative qualitative designs may help distinguish which elements of reunification processes are most strongly associated with distress or resilience.

Longitudinal and Prospective Research Designs

Given the retrospective nature of the present study, future researchers may improve upon this work by employing longitudinal or prospective research designs. Longitudinal studies that follow children during and after reunification interventions would allow researchers to observe emotional, psychological, and relational outcomes over time, providing deeper insight into how trauma responses evolve across developmental stages. Trauma researchers have long emphasized the importance of longitudinal approaches when examining the long-term impacts of childhood adversity and institutional responses to trauma (Ford & Courtois, 2020; van der Kolk, 2014).

Prospective research involves collecting data from participants forward in time, beginning prior to or during the phenomenon of interest, to observe changes and outcomes as they occur. Such prospective research could also examine whether early trauma-informed modifications to reunification interventions influence long-term outcomes. Assessing children before, during, and after reunification intervention would allow for observation of emotional and relational changes over time. This represents a logical next step for evaluating how changes in practice may alter children's experiences and well-being.

Integrating Mixed-Methods Approaches

Future researchers may also consider mixed-methods designs that integrate qualitative interviews with previously validated psychological assessments. Combining narrative accounts with standardized measures of trauma, anxiety, attachment, or relational functioning may provide a more comprehensive understanding of the impacts of reunification interventions. Researchers have increasingly encouraged mixed-methods approaches when investigating complex social and psychological phenomena, as such designs allow researchers to capture both experiential meaning and measurable psychological outcomes (Creswell & Poth, 2018). Mixed-methods

research may therefore help clarify the relationship between children's observed compliance during reunification interventions and their later psychological well-being.

Such approaches would allow researchers to compare participants' personal accounts with standardized assessment results, providing a more comprehensive and methodologically robust understanding of reunification experiences. Mixed-methods research may be particularly useful for examining the relationship between perceived compliance during reunification and later psychological outcomes, an area highlighted by participants in this study.

Examining Institutional and Systemic Perspectives

While this study centered on the voices of aged-out children, future research could examine reunification processes from multiple system perspectives, including clinicians, custody evaluators, guardians ad litem, and judicial professionals. Understanding how reunification goals are conceptualized and implemented across institutional systems may help identify structural factors that influence children's experiences within these interventions. Prior research has highlighted the role that legal frameworks and professional interpretations of parental alienation claims can play in shaping custody outcomes and reunification decisions (Dalgarno et al., 2024; Meier, 2020). Expanding research to include multiple professional perspectives may therefore provide a more comprehensive understanding of how reunification practices develop and operate within family court systems.

Theoretical Extension and Refinement

The findings of this study also suggest opportunities to extend trauma theory by examining how institutional processes may function as sources of trauma or re-traumatization. Researchers have increasingly recognized that trauma can occur not only through interpersonal harm but also through systemic responses that invalidate or override individuals' experiences

(Ford & Courtois, 2020; Bonano, 2021). Future research may therefore explore concepts such as institutional betrayal, moral injury, or complex trauma within the context of court-mandated family interventions. Such theoretical expansion may deepen understanding of how authority systems intersect with trauma responses among vulnerable populations.

Next Logical Steps in This Line of Research

The next logical step in this line of research is the development and evaluation of trauma-informed alternatives to traditional reunification therapy and camps. Building on the findings of this study, future research should explore whether child-centered, voluntary, and safety-focused interventions produce different emotional and relational outcomes for children involved in high-conflict custody disputes. Scholars have increasingly called for trauma-informed approaches in family court interventions, particularly when allegations of abuse or safety concerns are present (Dalgarno et al., 2024; Mercer, 2022). Pilot studies evaluating modified reunification models may therefore provide valuable empirical evidence to inform both clinical practice and family court policy.

Study Summary

The problem addressed in this qualitative study was that there is insufficient empirical research exploring how trauma influences the experiences of individuals within reunification camps and how these experiences impact their overall well-being and relationships post-reunification (Meier, 2020; Pruett et al., 2023). Although reunification therapy and camps are frequently court-mandated during high-conflict custody disputes, limited research has examined children's lived experiences within these interventions or evaluated their potential psychological and relational consequences (Dalgarno et al., 2024; Mercer, 2022). Existing literature has raised concerns that such interventions may exacerbate trauma rather than promote healing, particularly

when children's trauma histories, safety concerns, and developmental needs are not fully considered (Berman & Weisinger, 2022; Meier, 2020; Mercer, 2022).

The purpose of this proposed qualitative method phenomenological design study was to explore and understand the lived experiences of aged-out children who have participated in reunification camps or therapies following parental alienation claims in general and within the context of high-conflict custody to gain insights into their emotional and psychological well-being, identify the challenges they faced in being forced to complete these programs, and understand their perceptions of the effectiveness of reunification efforts. Using semi-structured interviews with ten adults who had been court-ordered into reunification therapy or camps prior to the age of eighteen, this study generated in-depth accounts of how these interventions were experienced during childhood and how their effects persisted into adulthood.

The findings of this study provided clear answers to each of the four research questions guiding the investigation. Research Question 1 explored the lived experiences of aged-out children who participated in reunification therapy or camps following parental alienation claims. Participants consistently described these interventions as coercive and compliance-oriented environments characterized by emotional invalidation, restricted autonomy, and pressure to repair relationships with a parent they often perceived as unsafe. Rather than being experienced as therapeutic interventions, participants frequently described reunification programs as systems focused on behavioral compliance and narrative control. These findings are consistent with prior research suggesting that forced reunification processes may prioritize contact restoration over children's emotional safety (Dalgarno et al., 2024; Meier, 2020).

Research Question 2 examined the psychological and emotional impacts of reunification interventions before, during, and after participation. Participants reported experiencing fear,

anxiety, emotional suppression, and hypervigilance during reunification programs, with many describing long-term psychological consequences that extended into adulthood. These impacts included ongoing distrust toward legal and therapeutic systems as well as trauma-related emotional responses. Such findings align with trauma literature suggesting that repeated exposure to coercive or threatening environments during childhood may contribute to long-term psychological distress (Ford & Courtois, 2020; van der Kolk, 2014).

Research Question 3 explored the coping mechanisms participants developed in response to their reunification experiences. Participants commonly described survival-based coping strategies including emotional suppression, strategic compliance, disengagement, and delayed trauma processing. While these strategies often allowed participants to navigate reunification environments and avoid negative consequences during the interventions, many later reported difficulties with emotional expression and interpersonal trust in adulthood. These coping responses are consistent with trauma theory's conceptualization of adaptive survival responses within perceived threatening environments (Levine, 2021).

Research Question 4 examined the long-term relational effects of reunification interventions on participants' relationships with parents, siblings, and peers. Many participants described disrupted attachment patterns, estrangement from protective caregivers, and ongoing challenges forming trusting relationships. Participants frequently reported that forced relational repair without emotional readiness damaged relationships rather than restoring them. These findings align with attachment and trauma research suggesting that relational trust can be compromised when safety and autonomy are not prioritized during reunification efforts (Douglas, 2020; Finkelstein & Grebelsky-Lichtman, 2021).

The findings revealed consistent patterns of perceived coercion, emotional invalidation, restricted autonomy, enforced compliance, and separation from protective caregivers.

Participants described developing survival-based coping strategies, including emotional suppression and strategic compliance, while also reporting enduring psychological distress, distrust of systems, and long-term relational challenges. These findings align with trauma research suggesting that repeated exposure to coercive or threatening environments during childhood may contribute to long-term emotional and psychological consequences (Ford & Courtois, 2020; van der Kolk, 2014).

Collectively, these results directly address the study problem by providing empirical, first-person evidence that reunification interventions may, in some cases, function as additional sources of trauma rather than mechanisms of healing. By centering the voices of aged-out youth, this study helps fill the documented gap in qualitative research regarding how trauma shapes children's experiences within reunification settings and how these experiences influence well-being and relationships after reunification (Dalgarno et al., 2024; Mercer, 2022). The findings also directly fulfill the study's purpose by clarifying how participants interpreted their emotional and psychological states during and after participation, the challenges they encountered while being forced to complete these programs, and their retrospective perceptions of reunification effectiveness.

The results are largely consistent with the trauma theory framework presented in Chapter 2, which emphasizes that recovery from trauma requires safety, validation, and autonomy (Levine, 2021; van der Kolk, 2014). Participants' descriptions of fear, hypervigilance, dissociation, and compliance-based coping closely align with trauma theory's conceptualization of survival responses in threatening or coercive environments (Ford & Courtois, 2020). Thus, the

study extends prior research by demonstrating that institutional and court-mandated processes themselves may become sources of trauma when children's voices and emotional needs are minimized (Dalgarno et al., 2024; Meier, 2020). These findings underscore the importance of applying trauma-informed, child-centered principles in both therapeutic and legal contexts.

From a practice perspective, the study highlights the need for cautious interpretation of behavioral compliance, greater inclusion of children's narratives in decision-making, and implementation of trauma-informed assessment and intervention approaches. From a theoretical standpoint, the findings contribute to trauma theory by illustrating how systemic and relational dynamics within legal and therapeutic systems may compound or prolong traumatic stress. These findings further support calls within the literature for more trauma-informed approaches to reunification practices within family court systems (Mercer, 2022; Meier, 2020).

Several key recommendations emerge from the findings of this study. Courts and custody evaluators should exercise caution when interpreting behavioral compliance during reunification interventions as evidence of emotional healing, as participants frequently described compliance as a strategy for avoiding punishment or escalation rather than a reflection of genuine relational repair. Practitioners involved in reunification therapy or camps should also prioritize trauma-informed, child-centered approaches that emphasize emotional safety, autonomy, and validation. In addition, professional training programs for clinicians and court-affiliated professionals may benefit from increased emphasis on trauma-informed care and the psychological complexities associated with reunification interventions in high-conflict custody contexts. Implementing these practices may help ensure that reunification efforts better align with children's emotional and developmental needs.

Importantly, this study contributes to the growing body of literature on reunification interventions by providing qualitative evidence grounded in the lived experiences of individuals who directly experienced these programs as children. While much of the existing literature surrounding reunification therapy following high conflict custody disputes has focused on legal arguments or practitioner perspectives, the present research centers the retrospective voices of aged-out individuals whose experiences have historically been underrepresented in empirical scholarship (Dalgarno et al., 2024; Meier, 2020; Mercer, 2022). By amplifying these perspectives, the study expands current understanding of how reunification interventions may shape long-term psychological well-being, coping strategies, and relational functioning.

Ultimately, the findings of this study underscore the importance of trauma-informed, child-centered approaches when implementing reunification interventions. Listening to and validating children's voices is not simply a compassionate practice but a necessary component of ethical and effective family court decision-making. By centering the perspectives of those most directly affected, this research offers meaningful insight that may help guide more informed policies, practices, and future scholarship aimed at protecting the psychological well-being of vulnerable youth.

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Appendix A

Recruitment Flyer

Seeking Research Participants

Did You Experience Court-Ordered Reunification Therapy or a Reunification Camp as a Child?

I am a doctoral student who is conducting a research study on the experiences of individuals who were forced to undergo reunification therapy or reunification camps before turning 18. If you are now 18 or older, your insights can help improve understanding of these interventions.

Who Can Participate?	What To Expect?	Why Participate?
<ul style="list-style-type: none"> ✓ Adults (18+) who were required to participate in reunification therapy or reunification camps as children ✓ Individuals willing to share their experiences in a confidential interview 	<ul style="list-style-type: none"> ◆ A one-on-one, confidential interview via Zoom ◆ Approx. 60–90 minutes of your time ◆ Voluntary participation with the option to withdraw at any time <p>To learn more or participate, contact: Jamie Shaw jamiemarishaw@gmail.com 419-944-6618</p>	<p>Your voice matters. By sharing your story, you can help shape future research and policies related to reunification interventions.</p>

All responses will remain confidential. This study has been approved by National University's IRB.

Appendix B

Pre-Screening Questionnaire

Pre-Screening Questionnaire for The Lived Experiences of Aged-Out Children who have Undergone Forced Reunification: A Retrospective, Qualitative Phenomenological Study

Study Title: The Lived Experiences of Aged-Out Children who have Undergone Forced Reunification: A Retrospective, Qualitative Phenomenological Study

Principal Investigator: Jamie Shaw

Contact Information: jamiemarishaw@gmail.com 419-944-6618

Purpose of the Pre-Screening Questionnaire:

The purpose of this questionnaire is to gather basic information to determine whether you may qualify to participate in the research study titled "The Lived Experiences of Aged-Out Children who have Undergone Forced Reunification: A Retrospective, Qualitative Phenomenological Study." Your responses will help assess your eligibility based on the inclusion and exclusion criteria for the study.

Instructions:

Please answer the following questions as accurately as possible. All information will remain confidential. If you qualify based on your responses, you will be contacted for further assessment or a screening appointment.

Eligibility Criteria:

Are you 18 years of age or older?

_____ **Yes**

_____ **No**

Prior to turning 18, were you court-ordered to undergo reunification therapy and/or reunification camp?

_____ **Yes**

_____ **No**

Do you have access to a computer with a webcam and microphone in working order?

_____ **Yes**

_____ **No**

Appendix C

Informed Consent

My name is Jamie Shaw, and I am a doctoral student at National University (NU).

I'm asking you to take part in a research study about examining the experiences of adults over the age of 18 who were forced to undergo reunification therapy and/or reunification camps before they turned 18. The name of this research is "The Lived Experiences of Aged-Out Children who have Undergone Forced Reunification: A Retrospective, Qualitative Phenomenological Study."

You may participate in this research if you meet all of the following criteria:

1. Are age 18 years or older.
2. Were court-ordered to undergo reunification therapy and/or reunification camps prior to turning 18 years old.
3. Willing to share your experiences in a confidential interview.

I hope to include 6-10 people in this research.

Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What you will be asked to do: If you agree to be in this study, you will be asked to do the following activities:

1. Participate in one (1) one-on-one interview conducted via Zoom with the researcher. This is expected to take approximately one hour.
2. Review your interview transcript that will be sent via email to ensure accuracy. This should take approximately 15 minutes.

During these activities, you will be asked questions about:

- Your age at the time of the reunification therapy and/or reunification camps and your age now.
- Your experience with the reunification therapy and/or reunification camps that you were court-ordered to participate in, including the experiences you had at the time and whether it affects you now as an adult.
- Your family situation that led to the reunification therapy and/or reunification camps.

Risks: There are minimal foreseeable risks or discomforts associated with this research. You can still skip any question you do not wish to answer, skip any activity, or stop participation at any time.

Benefits: If you participate, there are no direct benefits to you. This research may increase the body of knowledge in the subject area of this research.

Recording: I would like to audio/video record your responses with Zoom during the interview.

Confidentiality: I will keep the records of this study private and take reasonable measures to protect the security of all your personal information. In any report I make public, I will not include any information that will make it possible to identify you. Your name and any identifying details will not be included in the research data. Each participant will be assigned a unique identification number to protect their identity. All digital data will be stored on a password-protected and encrypted device that will remain locked in a cabinet when not being used by the researcher. Any hard copy data will be kept in a locked file cabinet, accessible only to the researcher. Only the primary researcher and the members of their dissertation committee will have access to the data collected. Confidentiality agreements will be in place for all researchers handling the data. Your responses will only be used for research purposes and will not be shared with any third parties. Any publication or presentation of results will be in an aggregated format that does not reveal individual identities. Data will be retained for three (3) years after the study is completed, in compliance with ethical guidelines. After the retention period, digital data will be permanently deleted, and physical copies will be securely shredded.

Taking part is voluntary: Participation in this study is completely voluntary. You may quit at any time.

If you have questions: Please ask any questions you have now. If you have questions later, you may contact me at jamiemarieshaw@gmail.com or at 419-944-6618.

If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) via email at irb@nu.edu

Statement of Consent: I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Your Signature _____ Date _____

Your Name (printed) _____

Appendix D

Interview Guide

Interview Guide: Aged-Out Individuals' Experiences with Court-Ordered Reunification Therapy/Camps

Introduction:

- Thank you for agreeing to participate in this interview. This study aims to understand the experiences of individuals who were required to undergo reunification therapy or reunification camps as children.
- All responses will remain confidential.
- Do you have any questions before we begin?

RQ1: What are the lived experiences of aged-out children who have participated in reunification therapy or camps following parental alienation claims?

1. Can you describe your first experience with reunification therapy or a reunification camp? What was going through your mind at the time?
2. How did you feel about being placed in reunification therapy or camp? Did you have any preconceived notions or expectations before attending?
3. What aspects of the therapy or camp did you find most helpful or supportive? Were there any parts that felt unhelpful or confusing to you?
4. Looking back, how would you describe your overall experience during reunification efforts? What stands out the most to you about that time?

RQ2: What are the psychological and emotional impacts of attending reunification therapy or camps on these children? Specifically, how do participants retrospectively describe their emotional states before, during, and after their time in the therapy or camps?

1. Before you participated in the therapy or camp, how would you describe your emotional state regarding your relationship with your parents?
2. During the therapy or camp, how did your feelings toward your parents or family members shift? Were there any specific moments that helped or hurt those feelings?
3. After the therapy or camp ended, how did you feel emotionally about the possibility of reuniting with your family? Did anything change for you over time?
4. Reflecting on the entire process, do you think attending the therapy or camp helped improve your emotional wellbeing or did it make things more difficult? How so?

RQ3: What coping mechanisms and strategies do aged-out children employ in response to their experiences of trauma and reunification efforts?

1. What strategies or coping mechanisms did you use to deal with the stress or emotions during your time in reunification therapy or camp?
2. Were there any specific actions or habits you developed to manage your feelings during the time you were separated from your family or during the therapy process?
3. How did you cope with any feelings of frustration or anger that may have arisen during the therapy or camp experience?
4. Looking back, are there any coping strategies you wish you had learned earlier, either before or during the reunification process?

RQ4: What long-term effects do participants report in their relationships with parents, siblings, and peers following their experiences in reunification therapy or camps?

1. How would you describe your relationship with your parents after completing the reunification therapy or camp? Has it changed over time?
2. What impact, if any, did attending the therapy or camp have on your relationships with your siblings or other family members?
3. In your interactions with peers and friends, do you feel that your experience in reunification therapy or camp has affected how you relate to others?
4. Do you believe that the reunification therapy or camp influenced how you trust others or form relationships? If so, how?

Closing:

- Thank you for sharing your experiences. Your insights are incredibly valuable for understanding the impact of these interventions.
- If you have any questions or would like to follow up, please feel free to reach out.
- Would you like any resources or referrals for support related to your experiences?