

THE COMPLEXITY OF

Parent-Child Trauma Coerced Attachment and Alienation

Complexities of Parent-Child Trauma Coerced Attachment and Alienation (PCTCAA) manifests when coercive control and alienating behaviours are used to undermine the bond between a child and their other parent or family member. These behaviours are not confined to any specific gender or family role; they can be used by mothers, fathers, stepparents, grandparents and even non-family members.

PCTCAA is not a one-size-fits-all; there are many factors to consider.

The repercussions of these behaviours extend beyond the immediate parent-child relationship, affecting connections with siblings, grandparents, stepparents, aunts, uncles and cousins. PCTCAA involves processes such as adultification, parentification, infantilisation and learned helplessness. These methods often include gatekeeping, denigration, programming, and brainwashing, which are facilitated through different forms of learning like classical conditioning, operant conditioning and observational learning. Non-verbal cues, such as negative facial expressions, body language and tone of voice, also play a role in PCTCAA when employed alongside other manipulative tactics.

Trauma Bonding in PCTCAA

Within the context of PCTCAA, the targeted child forms a detrimental emotional attachment, referred to as a trauma bond, with the problematic coercive parent.

This phenomenon draws parallels to observed behaviours in environments such as cults, hostage situations, human trafficking, intimate partner violence and child abuse. Trauma bonding manifests as a consequence of interpersonal trauma within relationships characterised by violence or exploitation, as outlined by Reid et al. (2013).

Impact of Parent-Child Trauma Coerced Attachment and Alienation

Individuals, both children and parents, exposed to these abusive behaviours endure trauma reactions comparable to those seen in other forms of abuse. Psychological challenges arise, mirroring symptoms aligned with complex post-traumatic stress reactions. Manifestations include substance use problems, self-harm behaviours, eating disorders, depression, anxiety and even tendencies towards suicidality. Recognising the gravity of these consequences is paramount to encourage the development of a better understanding of and promoting targeted interventions to address the enduring impact of PCTCAA on the mental health of affected individuals.

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