

Step-by-Step Reporting Psychological Violence & Coercive Control in Canada

Step 1: Clinical Precision (Preparation)

Stop using emotional terms when speaking with authorities. Use the clinical codes used by Canadian healthcare professionals to describe the impact of the abuse.

- **Your Diagnosis:** Have your doctor or psychologist document symptoms of **Adjustment Disorder (F43.25)** or trauma resulting from psychological isolation.
- **Child's Symptoms:** Use the [DSM-5 code Z62.898 \(Child Affected by Parental Relationship Distress\)](#). This shifts the focus from "custody conflict" to "harm to the child."

Step 2: Identifying the Coalition (Evidence)

A successful report in Canada requires proof of a repeated pattern of behavior, often referred to as **Coercive Control**.

- **Logbook of "Borrowed Scenarios":** Note when the child uses adult language or "scripts" that clearly originate from the other parent (Minuchin's Triangulation).
- **Evidence of Isolation:** Document every time contact is hindered without a valid reason. In Canada, this is increasingly recognized as a form of Psychological Abuse.
- **Knowledge Base:** Attach articles on **Cross-Generational Coalitions** and **Parental Alienation** to show that this is a recognized clinical pattern.

Step 3: Formal Police Report (Criminal Code)

In Canada, you are reporting a pattern of [Coercive Control](#) or [Criminal Harassment](#) (Section 264).

- **The Report:** Emphasize that the other party is using the child as an instrument to exercise control and break you down psychologically.
- **Terminology:** Use the term "Coercive Control" as it aligns with recent Canadian legislative updates designed to protect victims before physical violence occurs.

Step 4: Notification to Child Protection Services (CAS/Youth Protection)

Police will often coordinate with provincial child welfare agencies (e.g., Children's Aid Society in Ontario).

- **Interdisciplinary Approach:** File a report citing **V995.51 (Child Psychological Abuse)**. Explain that the child is trapped in a cross-generational coalition that is harmful to their development.
- **Systemic Pressure:** Demand that they investigate the child's **lack of autonomy** rather than simply accepting the child's (potentially manipulated) "wishes".

Step 5: Managing "Ambiguous Grief"

The process in Canada can be long and retraumatizing.

- **Seek Support:** Contact organizations like the [Canadian Resource Centre for Victims of Crime](#) or local [Victim Services](#).
 - **Stick to Facts:** The coalition thrives on confusion. Your strength lies in clinical documentation and the understanding of systemic family dynamics.
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Checklist: Exhibits for Reporting Coercive Control

- **Clinical Assessment** of the child (using Z62.898).
- **Chronological Log** of interference with parenting time.
- **Evidence of Triangulation** (e.g., recorded "borrowed scenarios" or adult-like accusations from the child).
- **Police Report Number** and name of the investigating officer.

Supporting Documentation: Clinical and Systemic Evidence

This checklist is designed to support clinical coding and Minuchin's systemic theories, helping police and authorities recognize the pattern of the **Cross-Generational Coalition**.

1. Clinical Profile (Your Symptoms)

- **Medical Certificate:** Documentation of adjustment disorder or trauma symptoms according to **ICD-10 F43.25**.
- **Psychological Assessment:** A description of your state of **ambiguous loss** and the impact that systematic isolation and trauma have had on your work capacity and quality of life.

2. Documentation of "Borrowed Scenarios" (BPM Markers)

- **Linguistic Analysis:** Transcripts of texts, emails, or recordings where the child uses adult, legalistic, or hateful terms they could not have formulated themselves (evidence of **triangulation**).
- **Lack of Ambivalence:** Documentation showing the child's lack of ambivalence (where the child views you as "all bad" and the coalition partner as "perfect"). In clinical terms, this is evidence of an **induced delusional state**.

3. Log of Control and Isolation

- **Chronological Overview:** A list of every instance where parenting time was cancelled, phone calls were blocked, or the child became "ill" exactly at the time of exchange.
- **Systematic Alienation:** Evidence that the child has been isolated from your side of the family (grandparents, cousins), which is a core component of a **cross-generational coalition**.

4. Official and Professional References

- **Child Protection Reports:** Copies of previous reports to provincial agencies (e.g., CAS) where you cited code **V995.51 (Child Psychological Abuse)**.
- **Professional Exhibits:** Printed articles or guides from *exposethem.eu* or references to professional profiles (such as Peter Knudsen) to provide police with a theoretical framework to understand the report.

5. Evidence of "Living Grief"

- **Personal Statement:** A brief, factual description of how the coalition's violence has altered your relationship with the child from a **healthy attachment** to the current **pathological state (Z62.82)**.
- **Note:** Present this material calmly. Let the documents speak to the debilitating grief and systemic failure you are experiencing.

Clinical Definitions: Children in Cross-Generational Coalitions

The following codes from the **DSM-5** and **ICD-10** describe a severe and complex clinical situation. This combination indicates systematic psychological distress and neglect, typically within the context of high-conflict family dynamics or parental psychopathology.

1. 309.4 (F43.25) Adjustment Disorder with Disturbance of Conduct and Emotions

The child develops significant emotional (e.g., anxiety) or behavioral reactions to an identifiable stressor. In this context, the child is reacting to the toxic and damaging environment created by the abusive parent.

2. 300.19 (F68.10) Factitious Disorder Imposed on Another (FDIA)

Formerly known as *Münchhausen by Proxy*. This is the **parent's** diagnosis. The caregiver deliberately fabricates or induces symptoms in the child (often through lies to doctors or manipulation). The child is the victim of this behavior, which is a severe form of child abuse.

3. 297.1 (F22) Delusional Disorder – Persecutory Type (Induced/Shared)

The child adopts the false beliefs (delusions) of the parent with FDIA. For example, if the

parent believes you are "dangerous" or "evil," the child begins to believe and repeat these false narratives. This is clinically known as *folie à deux*.

4. V995.51 (T74.32) Child Psychological Abuse (Victim)

A clinical code confirming the child is a victim of psychological maltreatment. This includes behaviors that damage the child's emotional development, such as terrorizing, isolating, or exploiting the child for the parent's own emotional needs.

In this context: FDIA and induced delusions are core examples of psychological abuse. This coding officially documents the maltreatment.

5. V61.20 (Z62.82) Parent-Child Relationship Problem

- **What it means:** A clinical focus on problems within the relationship between the child and a parent, which is the primary focus of clinical attention. This is a contributing factor to the child's symptoms.
- **In this context:** The relationship between the child and the parent with FDIA is deeply dysfunctional, characterized by lies, manipulation, and psychopathology. The relationship with the other parent (the target) may also be severely damaged as a result of the situation.

6. V61.29 (Z62.898) Child Affected by Parental Relationship Distress

- **What it means:** The child suffers as a direct result of severe conflict, tension, or separation between parents/caregivers.
- **In this context:** The FDIA situation, accusations, and delusions create extreme conflict (e.g., accusations of poisoning, custody litigation). The child is trapped in the middle of this chaotic and toxic environment.

Summary Interpretation:

This diagnostic profile paints a picture of a child trapped in a web of systematic psychopathology and abuse, typically orchestrated by one parent.

- The **active harm** originates from a parent with **Factitious Disorder Imposed on Another (FDIA)**, who induces or fabricates illness in the child.
- This parent's pathological beliefs (**Delusional Disorder**) "infect" the child, who begins to harbor their own delusions (**folie à deux**).
- This dynamic constitutes **Severe Child Psychological Abuse**.
- The child reacts to this harmful environment with **Anxiety/Depression (Adjustment Disorder)**.

- The driving forces are the **broken parent-child relationship** and the **destructive parental conflict** that the child is forced to endure.

Conclusion:

This is a child protection case of the highest severity. The diagnoses suggest a need for **emergency protection** (removing the child from the abusive parent), intensive psychotherapy to counteract the induced psychosis, and a complex legal/medical case regarding the disordered parent.

The Child's Testimony: When Authenticity is Compromised

It is critical that judges, psychologists, and child experts in Canada understand the underlying mechanisms of a **cross-generational coalition**—often referred to as parental alienation.

When a child is triangulated into spousal conflict through the psychological control of a narcissistic parent, a destructive alliance is formed. In this process, the child's **authenticity** is compromised. This can be understood through the clinical framework of **ICD-10: F24 (Induced Psychotic Disorder)**.

Key Clinical Points Regarding Child Testimony:

- **Induced State (F24):** The child's hostility is often not based on their own lived experience but is an induced state where they adopt the narrative of the manipulating parent.
 - **Pathological Attachment:** The narcissistic parent creates an "enmeshment" that forces the child to suppress their natural bond with the healthy parent to ensure survival within the controlling relationship.
 - **Validity of Testimony:** Experts must assess whether the child is speaking their own words or acting as a "mouthpiece" for the alienating parent's projections. Without this insight, the system risks validating psychological abuse as the child's "independent will."
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The Nature of the Pathogen (AB-PA)

A pathogen has three defense structures: **remaining hidden, seeking allies, and attacking threats of exposure with extreme intensity.**

- Unlike ADHD or Autism, only **trauma pathology** possesses a defense structure.

- The solution requires identifying the "fingerprints" of psychological control within the child's symptoms—specifically the **three diagnostic indicators of AB-PA** (Attachment-Based Parental Alienation).
 - This is not "new" science; it is based on standard clinical psychology: **attachment system, personality disorders, family systems therapy, and complex trauma.**
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Templates for Professionals

1. To the Physician (Focus: Diagnostics and Health)

Subject: Request for Assessment regarding Complex PTSD and Adjustment Disorder (ICD F43.25)

"I am contacting you because I am in an extreme life situation that has severely impacted my health. I am experiencing '**ambiguous loss**' as my child is trapped in a cross-generational coalition. This has resulted in a state of chronic, diffuse grief. I am exhibiting symptoms of **Complex PTSD** due to prolonged psychological rejection and powerlessness. I request an evaluation regarding **ICD F43.25 (Adjustment Disorder)** and support in managing the nocturnal trauma and massive systemic stress caused by this situation."

2. To the Psychologist (Focus: Therapeutic Processing and Minuchin)

Subject: Therapy focusing on Systemic Trauma and Triangulation

"I am seeking support to process the trauma of being the 'targeted parent' in a pathological cross-generational coalition. I require a therapist familiar with **Salvador Minuchin's theories of triangulation and enmeshment**. My grief is 'living' and ambiguous; while my child is physically alive, the relationship has been severed via psychological manipulation. I am working to understand the clinical 'fingerprints' of this control to maintain my own psychological stability."

. "the child's role according to **Z62.898 (Child Affected by Parental Relationship Distress)**. I require tools to navigate the complex grief and cognitive dissonance this causes."

3. To the Social Worker / Child Protection (Focus: Child's Best Interests)

Subject: Duty to Report / Concern regarding Psychological Child Abuse (V995.51 / T74.32)

"As a parent, I must formally raise a concern that my child is a victim of a cross-generational coalition, which constitutes psychological maltreatment under **ICD-10 T74.32**. The child has been triangulated into adult conflict and exhibits signs of **Z62.82 (Parent-Child Relationship Problem)**. I request that the agency (CAS/Youth Protection) assess this case using the **BPM model** (as detailed via *eksposethem.eu*), as the child's rejection of me is not autonomous but is the result of systemic pressure. It is in the child's best interest to be protected from this coalition so that a healthy, natural attachment can be restored."

4. To the Lawyer (Focus: Legal Strategy and Documentation)

Subject: Strategy for Parenting Order and Psychological Violence

"In our proceedings, I insist that we do not frame this as a 'parenting dispute' or 'high conflict,' but as a case of **psychological violence and a cross-generational coalition**. I refer to the clinical knowledge supported by international experts such as Peter Knudsen and the resources at *eksposethem.eu*. We must document the other party's behavior as contrary to the child's best interests under **Z62.898**. I wish to use the correct clinical terms and DSM-5/ICD codes to clarify to the court that this is a violation of the child's fundamental rights and an active destruction of our relationship."

To the Police: Report of Psychological Violence (Coercive Control)

Re: Systematic Psychological Abuse via Cross-Generational Coalition

I am contacting you to file a report regarding **Coercive Control and Psychological Abuse**. This report is distinct from a family law dispute; it involves systematic, degrading behavior that falls under the framework of **Criminal Harassment (Section 264 of the Criminal Code of Canada)** and the evolving legal recognition of **Coercive Control**.

Statement of Facts and Clinical Foundation:

I am the targeted parent in a case where the opposing party has established a cross-generational coalition with my child. As described in **Structural Family Therapy (Salvador Minuchin)**, the child has been triangulated and captured in an alliance designed to exclude me from the child's life. This is not a "custody battle" but a documentable form of psychological abuse against both the child and myself.

Clinical Markers for the Report:

- **Child Psychological Abuse (V995.51 / T74.32):** The child is being used as an instrument of the other party's aggression. This creates a pathological state in the child, described as **Child Affected by Parental Relationship Distress (Z62.898)**.
- **Induced Delusions (ICD-10 F24):** The child exhibits "borrowed scenarios" and hostility that is not age-appropriate or based on reality, but rather adopted from the adult member of the coalition.
- **Debilitating Grief and Trauma:** The other party's behavior has inflicted a state of **ambiguous loss** and trauma symptoms consistent with **Complex PTSD**, resulting from a systematic strategy of isolation.

Reference to Expert Knowledge:

The understanding of this type of criminal behavior is supported by international research

provided via eksposethem.eu and shared by specialists such as **Peter Knudsen**. This body of knowledge demonstrates how the systematic destruction of a child's relationship with a parent constitutes a severe violation of the child's psychological integrity.

- **Ontario**

: [Children's Aid Society \(CAS\)](#) eller [Child and Family Well-Being Agency](#).

- **British Columbia**

: [Ministry of Children and Family Development \(MCFD\)](#).

- **Alberta**

: [Children and Family Services](#).

- **Quebec**

: Direction de la protection de la jeunesse (DPJ).

- **Manitoba**

: [Child and Family Services \(CFS\)](#) (drevet af forskellige myndigheder som f.eks. Winnipeg Child and Family Services).

- **Nova Scotia**

: [Child and Family Wellbeing](#) (tidligere kendt som [Family and Children's Services](#)).

- **New Brunswick**

: Department of Social Development (Child Welfare Services).

- **Saskatchewan**

: Ministry of Social Services (Child and Family Services).

- **Newfoundland and Labrador**

: Department of Children, Seniors and Social Development.

- **Prince Edward Island**

: Child and Family Services

International Specialist

Peter Knudsen

Eksposethem.eu

Formal Notice of Motion for Section 30 Clinical Assessment

Court: Ontario Superior Court of Justice (Family Court)

Form Required: [Form 14 \(Notice of Motion\)](#) and [Form 14A \(Affidavit\)](#)

Motion Order Requested:

"The Moving Party requests an Order for a clinical assessment of the child and both parents to be conducted by a **Specialist Psychiatrist** pursuant to **Section 30 of the Children's Law Reform Act (CLRA)**."

Grounds for the Motion:

1. **Clinical Necessity (Section 30 CLRA):** Under Section 30(1), the court may appoint a person with "technical or professional skill" to assess the child's needs. It is argued that a standard Office of the Children's Lawyer (OCL) social work investigation (under Section 112 of the *Courts of Justice Act*) is insufficient for the clinical pathology present in this case.
 2. **Specific Pathologies Identified:** Evidence indicates the presence of conditions requiring medical diagnosis:
 1. **ICD-11 / DSM-5 300.19:** Factitious Disorder Imposed on Another (FDIA).
 2. **ICD-11 / DSM-5 297.1:** Delusional Disorder, Persecutory Type.
 3. **Admissibility of Expert Evidence (Rule 20.1):** Pursuant to [Rule 20.1 of the Family Law Rules](#), an expert's duty is to provide fair, objective opinion within their specific area of expertise. A non-medical assessor is not qualified to diagnose or rule out the complex psychiatric conditions cited.
 4. **Best Interests and Harm Threshold:** The Supreme Court of Canada (SCC) in *Young v. Young* established that harm is a critical element in determining the "best interests of the child". Failure to identify pathology through qualified clinical assessment directly endangers the child.
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Procedural Requirements in Ontario

- **Expert Consent:** You must name a specific psychiatrist who has consented to perform the assessment and provided a timeline.
- **The Affidavit (Form 14A):** You must attach documentary evidence as "Exhibits" (e.g., medical records, school reports showing induced symptoms) to justify why a psychiatrist—and not just a social worker—is required.

- **Inference of Refusal:** If the other parent refuses the assessment, Section 30(5) of the CLRA allows the court to draw adverse inferences regarding that parent's ability to meet the child's needs.

How this supports ExposeThem.eu

By using **Section 30 of the CLRA** to demand a psychiatric-only assessment, you are creating a legal record that the Ontario court system is being put on notice of specific ICD-11/DSM-5 pathologies. If the court denies the motion and proceeds with a non-qualified assessor, it provides direct evidence for your **class action lawsuit** regarding the state's failure to provide a competent "gatekeeper" for child safety.