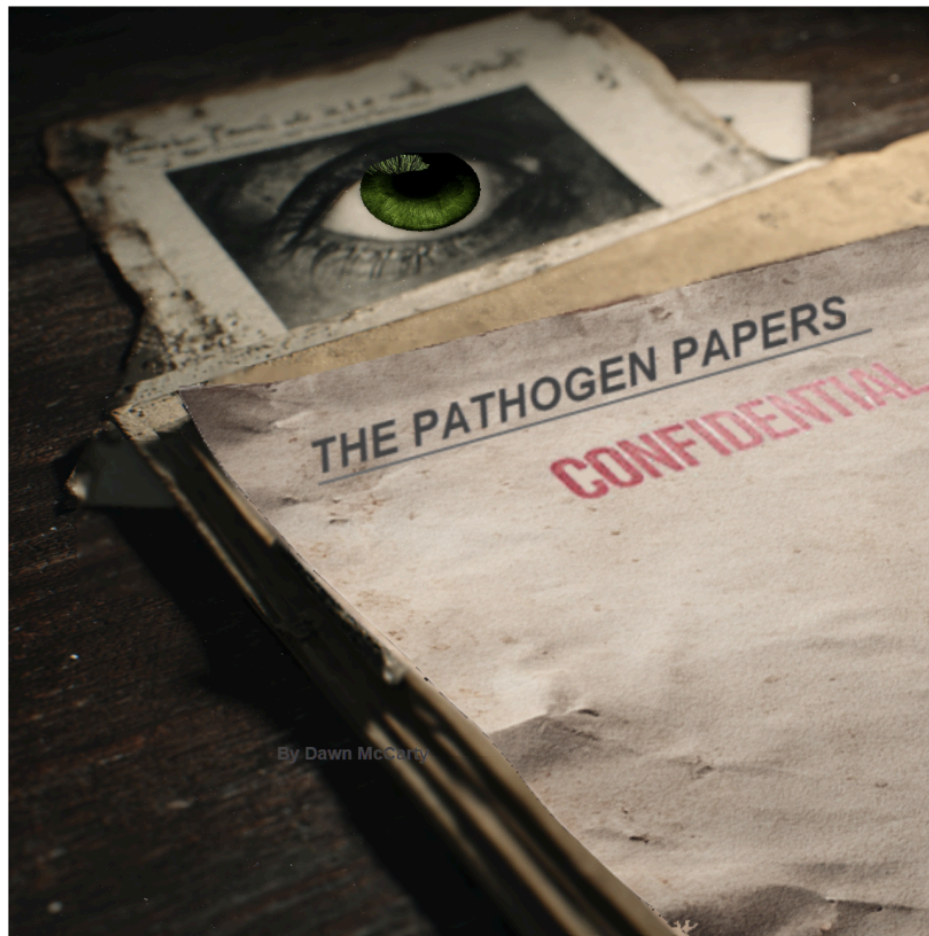


# THE PATHOGEN PAPERS

A FORENSIC REPORT ON CHILD PSYCHOLOGICAL ABUSE



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## Executive Summary

**Report Title:** The Pathogen Papers: A Forensic Report on Child Psychological Abuse

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### Purpose

This report provides a forensic analysis of a severe, misunderstood form of child psychological abuse related to parental alienation and abduction in which a pathogenic parent induces a false belief system in a child, often resulting in the child's rejection of a normal-range parent. It deconstructs the flawed and unscientific narrative of "Parental Alienation Syndrome" (PAS) and presents a clinically sound, evidence-based model that correctly identifies the source of the pathology: the abusive parent (Childress, n.d.).

### Methodology

The analysis is conducted through a unique multidisciplinary lens, combining over 25 years of expertise in cybersecurity and threat analysis with a background in criminal justice, victimology, and the author's own lived experience as a survivor of abduction and a flawed family court process. The report utilizes established clinical frameworks, including Dr. Steven Hassan's BITE Model of Authoritarian Control and the concept of Coercive Control, to dissect the tactics of pathogenic parents (Hassan, 2015). The findings are supported by the work of leading clinical psychologists and researchers in the field (Price-Tobler, 2023a).

### Key Findings

1. **"Parental Alienation Syndrome" (PAS) is a Debunked Theory, Not a Diagnosis.** The report confirms that PAS is a junk-science theory that is not recognized as a valid clinical diagnosis in the DSM-5 (Price-Tobler, 2023a). Its language and concepts serve as a convenient alibi for abusers and enable a flawed analysis by the family court system.
2. **The Pathology Originates in the Parent, Not the Child.** The child's behaviors are not a "syndrome" but are predictable trauma responses and adaptations (Price-Tobler, 2023a, p. 223). The true pathology lies with the "pathogenic parent," often manifesting as recognized clinical conditions including Delusional Disorder or Factitious Disorder Imposed on Another (FDIA) (Childress, n.d., pp. 1, 4). The parent gradually imposes their delusional system on the child, creating a shared (induced) delusion (Childress, n.d., p. 3).
3. **The System is a Co-Conspirator.** The family court system often enables this abuse by ousting qualified clinical psychologists. Research and survivor testimony indicate that mental health professionals (MHPs) often lack the specialized knowledge required to address this trauma (Price-Tobler, 2023a, p. 106). The system's abdication of

responsibility—often advising parents to "wait 'til 18"—ignores the severe and lasting identity damage inflicted on the child (Price-Tobler, 2023a, p. 129).

4. **Survivor Communities Can Be Re-traumatizing.** Many online support communities for "targeted parents" are themselves toxic, re-traumatizing environments ("Piranha Pools") that attack adult survivors and demand ideological purity, leaving children with no safe harbor.

## Recommendations

Based on these findings, this report issues four key demands for systemic reform:

- **Rule "Parental Alienation Syndrome" Inadmissible:** Formally recognize PAS as inadmissible junk science and require courts to use established, DSM/ICD-recognized pathologies (Childress, n.d., p. 5).
- **Reinstate Clinical Expertise:** Mandate that court-involved evaluators be qualified clinical psychologists with specialized training in attachment, delusional disorders, child abuse, and FDIA (Childress, n.d., pp. 1, 4).
- **Mandate Trauma-Informed Training:** Require rigorous, ongoing training for all court professionals to address the documented lack of knowledge in the field (Price-Tobler, 2023a, p. 31).
- **Center the Child's Right to Safety:** Prioritize the child's fundamental right to be safe from psychological abuse over any parent's perceived "right" to a relationship.

## Conclusion

The Pathogen Papers concludes that ensuring child safety requires a systemic shift: from blaming the child's reaction to diagnosing the parent's pathology, and from relying on junk science to embracing established clinical expertise. The well-being of a generation of children depends on it.



## Statement of Expertise

The following report, *The Pathogen Papers*, is a forensic analysis of a complex and severe form of child psychological abuse. The investigation is conducted from a unique, multidisciplinary perspective. My standing to conduct this analysis and present these findings is based on the following integrated domains of expertise:

1. **Lived Experience (Primary Source Testimony)** I approach this subject first and foremost as a primary source. As a survivor of childhood abduction, an illegal adoption, and pathogenic parenting within a high-control family system, I provide direct testimony on the long-term effects of this trauma. Throughout this report, my experience is referenced as that of "Exhibit A" and the "Hostage Child," grounding the clinical and forensic analysis in the irrefutable reality of a survivor's life.
2. **Criminal Justice & Victimology (The Forensic Framework)** My academic background includes a Master of Science in Crime Scene and Evidence Management and a Bachelor of Science with a focus on the Psychology of Victimology. This training provides the formal framework for this report, which treats the child's psychological state as a "crime scene" and analyzes the patterns of abuse as evidence. This lens ensures a rigorous, evidence-based approach focused on the victim's experience and the perpetrator's actions.
3. **Cybersecurity & Threat Analysis (The Predator Profiling Model)** With over 25 years of professional experience in cybersecurity, supported by a Bachelor of Science in Computer Science and an MBA in Cybersecurity, I bring the principles of threat analysis to this human crisis. The methodologies used to identify, profile, and mitigate digital predators and malicious threats, analyzing systems for vulnerabilities, identifying patterns of coercive control, and understanding the tactics of bad actors, are directly applicable to profiling the pathogenic parent. This cybersecurity lens allows for a unique analysis of the tactics of manipulation and control detailed in this report.

The synthesis of these three domains—survivor testimony, forensic science, and cybersecurity threat analysis—provides the comprehensive, 360-degree perspective necessary to deconstruct the complex pathology of pathogenic parenting and the systemic failures that enable it.

## Scope of Report

This report presents a forensic framework for analyzing a specific form of severe child abuse, which this report will refer to as **Child Psychological Abuse related to Parental Alienation and Abduction (CPA-PA) (Price-Tobler, 2023a)**. The acronym, "(CPA-PA)", first coined by the author, is used throughout this report and is based on the foundational research of Dr. Alyse Price-Tobler, who has extensively documented these interconnected traumas.

This term is used to properly label the dangerous behaviors of pathogenic parenting as a diagnosable form of child abuse (e.g., DSM-5 V995.51 Child Psychological Abuse), shifting the focus away from the debunked theory of "Parental Alienation Syndrome (Childress, n.d.)."

This analysis critiques the ecosystem that allows this abuse to flourish: a cohort of "PAS supporters" who push a debunked theory onto vulnerable parents, and a family court system that is overwhelmed and ill-equipped to identify and counter the pathology at its core.

Specifically, this report examines how the system's shift away from qualified clinical practitioners toward forensic experts has left it unable to accurately diagnose and address the actions of a "pathogen" parent. This report does not diagnose any specific individuals. Its purpose is to provide an evidence-based model for understanding this pathology and to advocate for systemic reforms, namely, the reinstatement of clinical expertise and mandatory trauma-informed training, to better serve children and families.

## Part 1: The Abuser's Alibi: Debunking the Lie of "Parental Alienation Syndrome"



### Finding:

"Parental Alienation Syndrome" (PAS) is a debunked, non-clinical theory conceived by a controversial figure. It has been rejected by mainstream professional organizations and serves as a scientifically invalid alibi for abusers in the family court system.

### Analysis:

In medicine, a syndrome is a collection of symptoms searching for a cause. In family court, a "syndrome" is often an abuser searching for an alibi. It serves as a convenient exculpatory tool for abusers, presented with a veneer of clinical legitimacy that requires critical deconstruction.. The so-called "Parental Alienation Syndrome" (PAS) was never a diagnosis; it's a deception. And it was designed to protect the guilty.

To understand the danger of this lie, you have to look at where it came from.

## Profiling Predators

As a predator profiler, my job is to identify threats and the systems that protect them. Richard Gardner's work and his bizarre, documented views don't just discredit his theory; they reveal his character. Any theory built on a foundation that excuses or normalizes predatory behavior must be scrutinized. Gardner himself, in works such as *Psychotherapy with Sex-Abuse Victims*, published controversial views that critics argue normalized some forms of pedophilia (Gardner, 1996, p. 213). In my line of work, I expose predators and their allies. Let's begin.

The entire theory of PAS, with its checklist of eight primary manifestations (Gardner, 1987, p. 76), was conceived from this worldview. You cannot separate a theory from the toxicity of its creator. This isn't an incidental footnote; it is the problematic foundation upon which the theory was built.

It is no surprise, then, that the theory lacks a substantive basis. This isn't just my opinion; it's a professional consensus. PAS is not in the DSM-5—the literal bible of psychiatry. The theory has been heavily criticized for a lack of scientific validity, and its use is not supported by the American Psychological Association or the American Medical Association (Meier et al., 2019). Given the broad professional consensus questioning its validity, you have to ask who benefits from keeping the fraud alive.

The answer is simple: the abuser. PAS serves as an effective mechanism for psychological manipulation, or 'gaslighting'. It takes a child's perfectly rational survival instincts, fear of an abuser, anger over betrayal, loyalty to a protective parent, and pathologizes them. It tells the child, "Your fear isn't real. Your memories are fake. *You* are the one who is sick." It flips the script so the abuser can play the victim, a tactic now utilized in legal proceedings.

Now, let's be crystal clear. Are "parental alienating behaviors" real? Absolutely. Coercive psychological control, pathogenic parenting, and brainwashing a child against a good parent is a real and horrific form of child psychological abuse (Childress, 2015, pp. 21-40; Childress, 2018; Stark, 2007, p. 4). Esteemed researchers like Dr. Alyse Price-Tobler have dedicated their work to understanding the deep trauma this abuse causes. But the act of abuse is not a *syndrome* in the child. Blaming the child's mind for breaking under the weight of abuse is like blaming a POW for having PTSD (Herman, 2015, p. 93). It's a shameful misdirection.

## **Exhibit A**

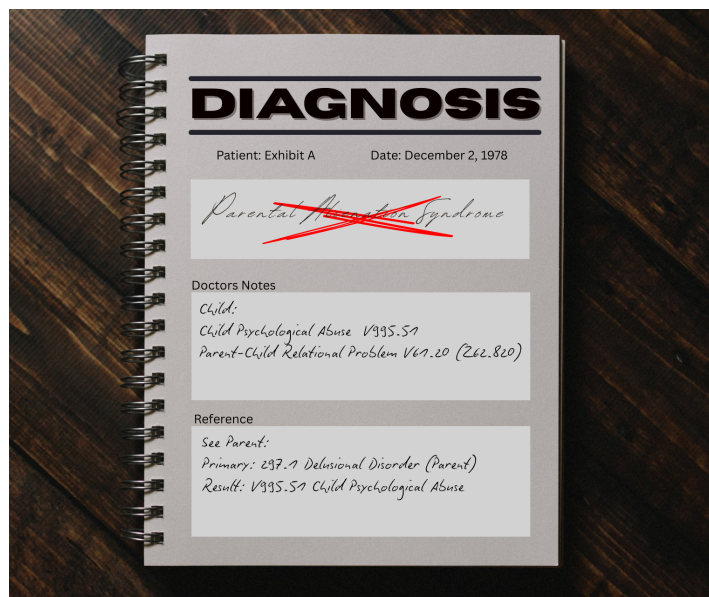
This isn't just a theoretical debate for me.

I became Exhibit A in a case where the real crime was ignored. For years, the narrative was that my rejection of my abductor was an "unjustified" symptom of a flawed family dynamic. It was easier to put my childhood reactions on trial and label them as "disordered" than to admit the adults in charge had sanctioned an abduction and an illegal adoption. They didn't just steal my father; they tried to steal my identity by calling my survival a sickness.

## **Conclusion:**

Therefore, this dynamic should not be viewed as a 'syndrome,' but as a situation requiring forensic analysis. The first step in such an analysis is to critically evaluate the perpetrator's narrative. PAS was never meant to heal children; it was designed to silence them. This series will provide an accurate framework for understanding the survivor's experience by deconstructing the flawed theory.

## Part 2: I Am Not the Pathogen: Recasting "Symptoms" as Survival Skills



### Finding:

The so-called "symptoms" of Parental Alienation Syndrome are not a disorder in the child but are predictable, adaptive survival skills. A psychological autopsy of these behaviors reveals that the pathology is not a flaw in the child, but a direct result of the pathogenic parent's actions.

### Analysis:

A bad investigator focuses only on the victim's reaction and ignores the perpetrator's actions. Proponents of "Parental Alienation Syndrome" follow this flawed protocol perfectly. They are fixated on a checklist of a child's so-called 'symptoms' (Gardner, 1987, p. 76), and while the full list contains eight items, they are mostly variations on three core themes of psychological survival. They show a stunning lack of curiosity about the parental behavior that created them. Let's correct that professional malpractice.

## The Check List

Proponents of 'Parental Alienation Syndrome' rely on a checklist of so-called 'symptoms' in the child (Gardner, 1998, p. 76), meticulously documenting every reaction. But in their analysis, they fail to investigate the action that caused it. Let's break down each symptom with the cause.

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contains eight items, they are mostly variations on three core themes of psychological survival. They show a stunning lack of curiosity about the parental behavior that created them.

Let's conduct a psychological autopsy to find the true cause of these "symptoms." This will show you that the pathology is not a flaw in the child, but a direct result of the parent's actions.

The psychological autopsy reveals the true cause of the symptoms. And when the evidence shows a parent systematically fabricating or inducing a false victim narrative in their child, the trail often leads to a severe and specific form of child psychological abuse: Factitious Disorder Imposed on Another, a pathology detailed by experts like Dr. Craig A. Childress and Dr. Alyse Price-Tobler.

### **Their "Symptom": Black-and-White Thinking**

They claim the child irrationally vilifies one parent while idealizing the other. This is a rather simplistic view of a complex survival state. In a healthy family, a child can afford the nuance of loving two imperfect parents. In an abusive one, ambiguity is a threat. A child *must* simplify their world into "Safe" and "Unsafe" to stay psychologically intact. What they call "black-and-white thinking" is actually a trauma-adapted brain drawing a life-saving boundary (Herman, 2015, p. 93; Van der Kolk, 2015, p. 163). It is not a disorder; it is a defense.

### **Their "Symptom": Lack of Guilt or Ambivalence**

They point to a child's lack of remorse for their hatred as evidence of manipulation. But guilt is a luxury you can't afford in a psychological war zone. To survive under the coercive control of a pathogenic parent, a child must fully align with that parent's reality. To feel guilt or ambivalence would create cognitive dissonance so severe it would shatter their fragile sense of safety. What they call a "lack of guilt" is actually a desperate mind protecting itself from a truth it is not yet safe enough to acknowledge (Festinger, 1957, p. 3).

### **Their "Symptom": Borrowed Scenarios**

They argue the child's complaints are not their own, that they are simply "parroting" the parent they favor. In any high-control environment—from a cult to a pathogenic home—the victim must learn to speak the language of the controller to survive. This isn't "parroting"; it's a hostage learning what to say to appease their captor, a direct result of Thought and Information Control (Hassan, 2015, p. 38). The "borrowed scenarios" are not evidence of the child's manipulation; they are damning evidence of the parent's coercive control (Stark, 2007, p. 4). It's the language of survival in a cult of two.

### **Exhibit A:**

This isn't an academic exercise for me. I lived this. The absolute certainty I was taught to have, the phrases that weren't my own, the lack of guilt... I was told what to feel. I now understand this was my armor. They were the tools a child used to survive an impossible situation. They were the symptoms not of my disorder, but of my resilience.

**Conclusion:**

Stop looking for the pathology in the child. The child's reactions are not the illness; they are the footprints left behind by the pathogen. The evidence was never a flaw in my character; it was the echo of a crime.

And in our next installment, we're going to put that pathogen under the microscope.

**Part 3: The Parent as Predator: A Forensic Analysis of Pathogenic Parenting****Finding:**

A forensic analysis reveals that a pathogenic parent operates not with random anger, but with the calculated, systematic tactics of a predator guarding its prey. These behaviors, which can be dissected using clinical models for coercive and authoritarian control, are the functional expression of a severe underlying pathology like Delusional Disorder or Factitious Disorder Imposed on Another.

**Analysis:**

A predator's work isn't over after the hunt; it has to guard the kill. It wards off rivals with threats and aggression, protecting what it now considers its property. The pathogenic parent operates with this same primal instinct. For them, the hunt for the child is long over; the child is now the prey. Their daily predatory behavior is focused on one thing: warding off the other parent to ensure they never lose control of their prize. This isn't a custody dispute. It's a territorial battle for a human soul.

To understand how this battle is waged, we need to move beyond standard parenting models and apply a more specialized forensic toolkit, one designed to analyze high-control, coercive environments. Two of the most effective instruments for this analysis are the model of Coercive Control and the BITE Model of Authoritarian Control.

## **The Environment: Coercive Control (Undue Influence)**

Before we analyze the specific tactics, we must first understand the environment the predator creates. The concept of coercive control is not about a single incident, but a deliberate system of oppression designed to create dependency and fear. It is a micro-dictatorship where the pathogenic parent acts as the sole authority on reality, systematically dismantling the child's autonomy and psychological freedom (Stark, 2007, p. 4).

### **The Tactics: The BITE Model**

The tactics used within this coercive environment can be dissected using Dr. Steven Hassan's BITE Model, which was developed to identify the key components of authoritarian control used by cults (Hassan, 2015, p. 38). The model provides a devastatingly accurate schematic for the tactics of a pathogenic parent.

- **Behavior Control:** The parent systematically controls the child's ability to engage with the targeted parent and the outside world. This includes monitoring calls and texts, restricting visits, and dictating which activities, friends, and family members are "safe" or "approved."
- **Information Control:** The parent acts as a meticulous and dishonest curator of history. They systematically edit the past by withholding positive memories of the targeted parent, fabricating stories of persecution, and presenting lies as unassailable facts. An "us-versus-the-world" narrative is created where all outside information is deemed dangerous or untrustworthy.
- **Thought Control:** The parent demands the child adopt their black-and-white thinking, where the targeted parent is all bad and they are all good. They punish critical questions or independent thoughts that challenge their narrative. Over time, the child is conditioned to believe their own mind is an unreliable narrator and must defer to the parent's "truth."
- **Emotional Control:** The parent makes love and affection conditional on absolute loyalty. They use guilt, fear, and praise as precision tools to manage the child's emotional state. The child is taught to fear the targeted parent, to feel guilty for any positive feelings toward them, and to see compliance with the pathogenic parent as the only path to emotional safety.

### **The "Clinical Synthesis"**

When these patterns of behavior, information, thought, and emotional control are present, they are not just 'bad parenting.' They are the functional expression of a severe underlying pathology in the parent. The systematic induction of a false reality in a child, as detailed by the BITE



model, is the primary evidence trail that leads a clinical investigator toward a correct diagnosis like Delusional Disorder or Factitious Disorder Imposed on Another (Childress, n.d., pp. 1, 4; Price-Tobler, 2023a, p. 142).

### **Exhibit A:**

Looking back through this forensic lens is chilling. The constant monitoring (Behavior Control), the fabricated stories I was told about my father (Information Control), the demand for absolute loyalty or who I called “Daddy” (Thought Control), and the fear that kept me compliant (Emotional Control) were not the random acts of a troubled parent. They were the calculated tactics of a predator securing a hostage. It was a textbook operation.

### **Conclusion:**

When you apply these forensic tools, the picture becomes terrifyingly clear. This isn't a parent protecting a child; it's a predator conditioning its captive. The result is a psychological prison with only two inhabitants. In the next part, we will explore the architecture of that prison: **The Cult of Two.**

## **Part 4: The Cult of Two: Anatomy of a Shared Delusion**



### **Finding:**

The high-control dynamic between a pathogenic parent and child can be clinically defined as a "Cult of Two." This psychological prison is built upon a shared, persecutory delusion that originates from the parent's own pathology and is systematically imposed on the child through

abusive actions that meet the diagnostic criteria for Factitious Disorder Imposed on Another (FDIA).

### **Analysis:**

When we hear the word "cult," we picture communes, charismatic leaders, and brainwashed followers. We never picture a quiet suburban home. But the most powerful cults don't need walls or a congregation. The most potent and destructive cults have a membership of only two.

## **Defining the Cultic Relationship**

A cult is not defined by its size, but by its structure of authoritarian control and a shared belief system that deviates from reality (Hassan, 2015, p. 38). The parent-child relationship, with its inherent power imbalance, is uniquely vulnerable to this pathology. In this dynamic, the pathogenic parent becomes the charismatic leader and the sole arbiter of truth. Their pathology—often involving narcissistic or borderline traits—drives the narrative. The child, in turn, becomes the lone follower, completely isolated from corrective viewpoints and dependent on the leader for safety, love, and information.

### **The Doctrine: Anatomy of a Shared Delusion**

The core of this "Cult of Two" is its doctrine: a shared delusional belief system. Dr. Craig Childress's attachment-based model explains that the pathology originates in the parent, often taking the form of a persecutory delusion (Childress, 2015, pp. 21-40). Under the stress of a divorce or separation, a vulnerable parent's personality pathology can decompensate. As one foundational text on personality disorders describes:

*"Under conditions of unrelieved adversity and failure, narcissists may decompensate into paranoid disorders... Unwilling to accept constraints on their independence and unable to accept the viewpoints of others, narcissists may isolate themselves from the corrective effects of shared thinking. Alone, they may ruminate and weave their beliefs into a network of fanciful and totally invalid suspicions... Here we may see the rapid unfolding of persecutory delusions..." (Millon, 2011, as cited in Childress, n.d., p. 2).*

This delusion is then systematically imposed on the child. This is a recognized clinical phenomenon. The American Psychiatric Association notes that a Shared Psychotic Disorder can occur "especially in family situations in which the parent is the primary case and the children, sometimes to varying degrees, adopt the parent's delusional beliefs" (as cited in Childress, n.d., p. 3). The child may eventually come to share the parent's fixed, false belief and regard it as their own (Walters & Friedlander, 2016, as cited in Childress, n.d., p. 3).

This is the "a-ha moment"—the connection between the parent's delusion and the action of abuse. The persecutory delusion is the why; Factitious Disorder Imposed on Another (FDIA) is the how. FDIA is characterized by a parent feigning, falsifying, or inducing psychological symptoms in a child and presenting them as ill or injured (Childress, n.d., pp. 1, 4). By

systematically imposing their persecutory delusion onto the child, the parent is engaging in a textbook case of FDIA. A diagnosis of FDIA in the parent warrants the additional V-code diagnosis of V995.51 Child Psychological Abuse (Childress, n.d., p. 5; Price-Tobler, 2023a, p. 142).

### **Exhibit A:**

This wasn't just my mother's pathology; it was the shared reality we inhabited. The *Doctrine of One* was her truth, and in our *Cult of Two*, it became mine to believe. Every choice I made, every thought I had, was filtered through the lens of that shared delusion. To question it would have been to risk not just punishment, but the annihilation of my entire world.

### **Conclusion:**

A child in a cult of two doesn't always know they are a hostage. They may believe they are a willing participant in a righteous cause. Escaping is not just about leaving a person; it's about deprogramming an entire reality. But what happens when a survivor finally breaks free and seeks support from the very community that should understand them? Often, they find themselves in another kind of war zone.

In Part 5, we'll explore that treacherous landscape: **The Piranha Pool.**

## **Part 5: The Piranha Pool: When the "Safe Harbor" Isn't Safe**



### **Finding:**

Many online support communities for "targeted parents," which should be a safe harbor for survivors, are in fact toxic "piranha pools." This dynamic is driven by the unhealed trauma of some members, which manifests as aggressive, controlling behavior that re-traumatizes adult

survivors and raises critical questions about whether some "targets" are perpetrators performing the role of the victim.

### **Analysis:**

When you escape a psychological prison, you instinctively search for a safe harbor. You look for people who understand—fellow survivors, and especially, the community of parents who claim to have lost their own children to the same dynamic. You expect empathy. You expect safety. What you often find instead is a piranha pool.

## **The Gas Mask Problem**

Let's begin with a necessary dose of clinical empathy. The parents in these online communities are almost universally victims of profound loss and unresolved trauma. Their pain is real. Their grief is valid. What I am talking about is the unhealed, complex trauma, which can metastasize. It can manifest as obsessive rage, hypervigilance, and a perpetual need for validation that, ironically, can mirror the all-or-nothing pathology of the very person they are fighting (Herman, 1997, p. 121). This is not an excuse for their behavior; it is a clinical explanation for it.

### **The Purity Test and the Proxy War**

When an adult survivor enters these online spaces, they are often subjected to a purity test. Their experience is only welcome if it perfectly aligns with the group's rigid narrative of pure victimhood and pure evil. Any nuance is seen as a betrayal. As an adult survivor, you quickly realize you are not seen as a person; you are a proxy for their estranged child. They are not attacking you; they are pre-emptively attacking their own child for any future thoughtcrime, any potential disloyalty.

### **The Great Unmasking**

This pattern of behavior forces a difficult and necessary question: How many parents in these groups are truly "targeted," and how many are the pathogenic parents themselves, simply performing the role of the victim? When you see a "targeted" parent exhibiting the same black-and-white thinking, intolerance for dissent, and vicious personal attacks as a clinically defined pathogen, a professional profiler has to analyze the data. The behaviors are often indistinguishable.

### **Exhibit A:**

I have experienced this firsthand. The 'piranha pool' dynamic is on full display in the online attacks directed at survivors. As seen in *Appendix C, Exhibit C-3*, a commenter who claims to be a victim of FDV exposes her own pathogenic behavior. She displays classic black-and-white thinking, stating that the *only* possible logic is her own (Appendix C, Exhibits 1-8). This is a textbook example of the purity tests and toxic behavior that adult survivors face in these communities.

A stark example of this dynamic is documented in *Appendix C, Exhibit 8*. After publicly agreeing with a single, reasonable post about children's rights, I was met with a vitriolic attack. The commenter referred to me as "it" and accused me of profiting from harming families simply for breaking from perceived ideological lines. This is the moment an adult survivor realizes they are not seen as a person, but as a proxy for the attacker's estranged child. The attack is not about the present disagreement; it is a pre-emptive strike against their own child for any future thoughtcrime or potential disloyalty.

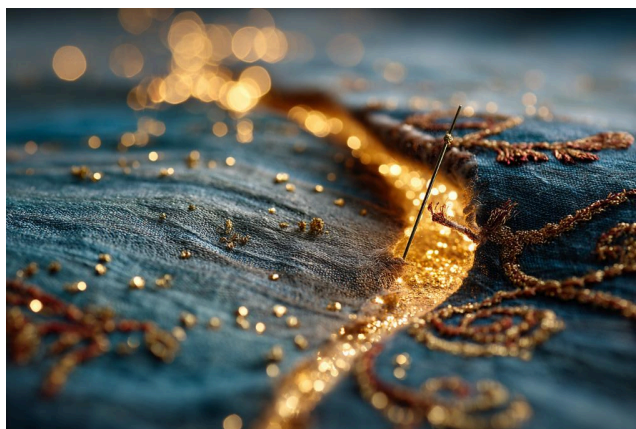
They are rehearsing the very behavior that guarantees their child will never feel safe returning. This is not a conscious act. Driven by unhealed trauma, their rage is so blinding that they cannot see the adult survivor in front of them. Instead, they see a stand-in for their own child and are 'acting out' on this proxy, practicing the very rejection and conditional love they would show if their own child ever dared to step out of line. It is a live-fire drill for a future confrontation, and the survivor is the target practice. This is the tragic irony: in their desperate fight for their child, their behavior becomes a fortified wall that ensures the child can never come home.

### **Conclusion:**

The ultimate tragedy of the piranha pool is that it inadvertently helps the pathogenic parent. It creates a desolate world where a child has no safe place to land. But it doesn't have to be this way. It is possible to be a victim without becoming a vector for more trauma.

In Part 6, we will lay out the blueprint for how to drain the pool and build a true safe harbor: **How Not to Be a Piranha**.

## **Part 6: How Not to Be a Piranha: Building a True Safe Harbor**



## Finding:

To counteract the toxic dynamics of a "piranha pool," a targeted parent must consciously build a "safe harbor" for their child. This is achieved not by fighting an external war, but by doing the internal work of healing. This involves adopting four key pillars: being a stoic and accountable parent, lifting the emotional weight from the child, mastering guilt-free communication, and managing realistic expectations for a new relationship.

## Analysis:

After navigating the treacherous waters of the piranha pool, one question remains: how do we drain it? The answer begins with a fundamental truth every targeted parent must hold onto: **your child still loves you.** They are not gone; they are a hostage playing a role that requires loyalty for their psychological survival. Understanding this is the first step. The next is to ensure that when they are ready to escape, they have a true safe harbor to come home to—not another war zone.

This is not a guide on how to win a war. This is a guide on how to become a medic. It is a philosophy of parenting a traumatized child, built on four pillars of strength, accountability, and unconditional love.

### Pillar #1: Be the Stoic Parent (The Unflinching Safe Harbor)

A stoic parent is patient and strong. They never, ever bash the other parent in front of the child. They take accountability for their own role in the past, framing it as, "we were both so young and stupid." They process their own immense anger and grief privately, away from the child. A teenager, already navigating a world of social and hormonal chaos, desperately needs an anchor of calm, not another source of drama. What the child receives is unconditional love, a space free of agendas.

### Pillar #2: Lift the Weight (Take Back the Responsibility)

A child who has been a hostage has been forced to carry the emotional weight of their abuser for years. They absolutely cannot be asked to then carry the targeted parent's pain as well. The parent's primary job is to **take the weight off their child.** This means doing the hard, personal work of healing your own trauma so you don't inadvertently ask your child to manage it for you (Herman, 2015, p. 133). For a teen trying to form their own identity, this is crucial. A parent's healing gives their child the permission and freedom to finally be a kid.

### Pillar #3: Communicate Without Guilt (Master the Language of Safety)

The language of a safe harbor is a gift, not a demand. You must remove all guilt-triggering phrases from your vocabulary, as a child or teen's developing brain cannot regulate an adult's complex emotions.

- **Don't say:** "I miss you so much," or "Today was amazing, but it would have been perfect if you were here." (This is a burden.)
- **Do say:** "I saw a puppy today that reminded me of you, and it made me smile. Just wanted to share." (This is a gift, with no expectation of return.) Your communication should be a warm, inviting light, not a bill to be paid.

## **Pillar #4: Manage Expectations (Respect Their Reality)**

A targeted parent must accept a difficult truth: the old relationship is gone, and you are not getting your "little child" back. If your child is an adult, you are meeting a stranger who doesn't know how to be your son or daughter. If they are a teen, you are meeting a person struggling with their own identity while still living within the belief system they were raised in. The connection must be rebuilt from zero, with immense patience. This fragile new bridge cannot withstand the weight of a parent's unresolved anger. The parent who makes snide comments at a graduation or gets angry about not being invited to a wedding is actively proving they are still not a safe space, and they will sabotage any chance of a real relationship.

### **Exhibit A:**

As a child who was a hostage, I didn't need another general demanding my allegiance. I needed a medic. I needed a place of quiet, unconditional acceptance where I could begin to process the trauma without being forced to choose a side in a war I never started. A safe harbor has no agenda other than the well-being of the person seeking refuge.

### **Conclusion:**

Building a safe harbor is the hardest work a targeted parent will ever do, because it requires them to turn the focus away from the enemy and onto themselves. It is a slow and delicate process, like mending a priceless tapestry one thread at a time. But it is the only work that matters. And even with a perfect safe harbor, the family is often fighting a battle against a system that enables the abuse.

In our next part, we will turn our investigation toward those institutions: **The System as Co-Conspirator.**

## **Part 7: The System as Co-Conspirator: How Family Courts Empower Predators**





### **Finding:**

The family court system often acts as a co-conspirator in child psychological abuse. This is not due to malice, but to a core structural flaw: the ousting of qualified clinical psychologists who can diagnose pathology. This has created a vacuum filled by junk science, leading to a systemic abdication of responsibility where the court misunderstands and enables the long-term trauma it is supposed to prevent.

### **Analysis:**

A predator can only thrive in an ecosystem that allows it to hunt. For the pathogenic parent, that ecosystem is the family court system—a world where the wolves are running the asylum and the judges don't even know it. Manipulated by skilled predators and enabled by a crippled system, the courts have become a place where children's safety is secondary to legal maneuvering, and the very people tasked with protecting them have become unknowing accomplices to their psychological abuse.

## **The Indictment**

### **Charge #1: The Ousting of Clinical Expertise**

The system made a fatal error when it began to favor forensic psychologists over court-involved *clinical* psychologists. Forensic psychologists are not qualified to diagnose or treat the complex pathologies at play (Price-Tobler, 2023a). The court requires specialized clinical expertise in domains like attachment pathology, delusional thought disorders, and Factitious Disorder Imposed on Another (FDIA) to see the full picture (Childress, n.d., p. 1). This issue is compounded by a general lack of specialized knowledge among many mental health professionals (MHPs), a key finding in recent survivor-based research that reveals negative experiences and a lack of knowledge regarding Severe Parental Alienation (SPA) (Price-Tobler, 2023a, p. 106). By removing the diagnosticians, the system crippled its own ability to see the pathology, leaving judges, who are experts in law but not psychology, to make life-altering decisions based on which attorney fought better, not on the clinical reality of the family.

This lack of clinical expertise in the courtroom creates a therapeutic dead-end for survivors. As research by Dr. Alyse Price-Tobler highlights, adult survivors consistently report being unable to find adequate mental health care. They are forced into the untenable position of having to "train their therapist" on the dynamics of their own abuse. Because child psychological abuse has been improperly framed by concepts like PAS, many therapists are ignorant of the actual pathology. In her further research, Dr. Price-Tobler found that clinicians who are unprepared for the depth of this abuse often experience profound vicarious trauma themselves (Price-Tobler, 2023b, p. 45).



Overwhelmed, they turn survivors away, leading to the devastating moment where a patient, after months of regurgitating their trauma, is told, "I can't help you." Or worse, they are dismissed by practitioners influenced by the PAS narrative that adult survivors are "too broken" to be helped. Survivors are not too broken; they were abused. They do not need to be labeled with a fraudulent syndrome, they need proper diagnosis and trauma-informed treatment. This systemic failure creates a vicious cycle, ensuring that today's children in the system will likely suffer the same fate, left without a community of professionals equipped to help them heal.

## **Charge #2: The Junk Science Vacuum**

With true clinical expertise removed from the courtroom, a dangerous vacuum was created. Nature abhors a vacuum, and in the family courts, this void was eagerly filled by the simplistic, non-clinical junk science of "Parental Alienation Syndrome." This theory persists not because it is valid, but because it is useful to a crippled system.

- **The Allure of Simplicity:** Complex family trauma involving personality disorders, coercive control, and attachment pathology is messy and difficult to diagnose. Junk science like PAS offers a dangerously simple, black-and-white narrative: one "good" parent, one "evil" alienator, and one "brainwashed" child. This appeals to an overloaded court system looking for a quick and easy explanation that doesn't require deep clinical understanding.
- **The Performance of Science:** This junk science mimics the appearance of a real diagnosis by using pseudo-clinical language and subjective checklists, such as Gardner's "eight primary manifestations" of the syndrome. These criteria have never undergone the rigorous scientific validation required for inclusion in the DSM-5, yet they are presented as a legitimate diagnostic tool.
- **Providing Cover for Abusers:** The most devastating consequence of this vacuum is that it provides the perfect cover for the true pathogen. The simplistic PAS narrative allows a genuinely abusive parent to reframe their campaign of coercive control as the actions of a "loving" parent trying to "protect" their child. It allows them to point to the child's fear and rejection—rational responses to abuse—and label them as "symptoms" manufactured by the other parent. This dynamic allows violent alienating parents to masquerade as fragile victims, a key finding in survivor-based research.

This junk science took hold *because* the clinicians who could debunk it were sidelined. In turn, its prevalence further pushes out real clinical expertise, creating a self-perpetuating cycle of ignorance that leaves children unprotected.

This creates a vicious cycle in the courtroom where one parent claims Family and Domestic Violence (FDV), and the other counter-claims "Parental Alienation." The court, lacking the clinical tools to differentiate between genuine abuse and a perpetrator's

performance, becomes paralyzed. This does nothing but cause continued harm to the child caught in the middle, while the true pathogen continues to run the circus.

### **Charge #3: The Abdication of Responsibility (The "Wait 'Til 18" Fallacy)**

A fallacy is a belief that appears logical on the surface but is built on a foundation of flawed reasoning. In family court, perhaps no fallacy is more cruel than the one offered by judges who, faced with the devastating outcomes of their own rulings, tell a left-behind parent, "Wait until they are 18, they'll figure it out."

This judicial myth is built on a dangerous ignorance of three core psychological realities:

- **The Reality of Perceived Abandonment:** The switch never flips. A child who is systematically cut off from a parent does not magically seek them out on their 18th birthday. Instead, the court's ruling becomes the final "proof" that reinforces the pathogenic parent's narrative. The child's reality becomes one of abandonment (Price-Tobler, 2023a, p. 22). When court orders prevent the parent from attending school functions or sporting events, the child doesn't see a parent abiding by the law; they see a parent who has vanished. That confusion curdles into rage directed at the parent who has seemingly abandoned them.
- **The Reality of Attachment Damage:** A child rejecting a parent is a severe attachment pathology—a deep wound in the brain's love-and-bonding system. It is not a temporary phase but a profound "emotional cutoff" in a primary family bond. To expect a child to simply "figure out" how to reverse a "directional change in a primary motivational system" on their own is like expecting them to set their own broken bone (Childress, n.d., pp. 1, 6).
- **The Reality of Identity Damage:** The judge's advice completely ignores the severe and lasting identity damage inflicted upon the child. The trauma and the false narrative become fused with their sense of self. They don't just "figure it out"; they must deconstruct and rebuild their entire identity, a struggle often linked in research to suicidality (Price-Tobler, 2023a, p. 129).

The family court system doesn't produce normal; it manufactures complex, long-term trauma and then walks away, leaving survivors to deal with the consequences for a lifetime.

### **The Path to Reform: Reinstate the Clinicians**

The fight to keep "parental alienation syndrome" out of the DSM is a fight to stop labeling abused children with a disease. The solution is not to create a new false diagnosis, but for the court to use the expertise it has abandoned. The system must reinstate court-involved clinical psychologists and psychotherapists, who possess the specialized knowledge to help judges address the real issue: the pathogen. Only clinicians trained in attachment, personality

disorders, and child abuse can give the court the tools it needs to spot the predator and protect the child (Childress, n.d., p. 6).

I am living proof of this system's failure. My own abduction and illegal adoption were not just the actions of one predator. They were the actions of an entire system that bought into the predator's narrative, sanctioning and legitimizing those actions through a court that failed to perform its most basic duty of due diligence. The system didn't just fail to protect me; it became an active co-conspirator in the erasure of my identity.

When the courts unknowingly empower predators and silence the experts, the system stops being a protector and becomes a co-conspirator. It is in breach of its most sacred contract. So what is to be done?

In our final installment, we will stop analyzing and start advocating. We will lay out the verdict and the sentence: **Dropping the Gavel.**

## **Part 8: Dropping the Gavel: A Manifesto for Family Court Reform**



### **The Verdict**

For seven articles, we have conducted a forensic investigation. We exposed the lie of a fraudulent syndrome, performed a psychological autopsy on the evidence, and profiled the predator and the toxic systems that enable them. We have moved from the crime scene to the diagnosis to the indictment. Now comes the verdict. This is not just a conclusion; it is a manifesto for change, a series of non-negotiable demands to protect children and restore integrity to the family court system. It is time to drop the gavel.

## The Manifesto for Reform

1. **The Verdict on the 'Syndrome': Inadmissible** The concepts and language of "Parental Alienation Syndrome" must be formally recognized as inadmissible junk science. It is not a recognized diagnosis in the DSM-5. Courts must be required to base their understanding of these dynamics on established, DSM/ICD-recognized pathologies. The clinical reality is accurately described by a constellation of existing diagnoses, including Child Psychological Abuse (DSM-5 V995.51), a shared (induced) persecutory delusion, and Factitious Disorder Imposed on Another (FDIA) (Childress, n.d., pp. 1, 4).
2. **Reinstate Clinical Expertise in the Courtroom** The system must reinstate court-involved clinical psychologists who possess the specialized knowledge required to accurately diagnose the complex pathologies at play. The court requires expertise in six specific domains: attachment pathology, delusional thought disorders, child abuse and complex trauma, Factitious Disorder Imposed on Another (FDIA), family systems pathology, and court-involved custody conflict. Without qualified diagnosticians, the court is left blind, vulnerable to the manipulations of skilled predators (Childress, n.d., pp. 1, 4).
3. **Mandate Trauma-Informed Training** All family court professionals—judges, attorneys, and evaluators—must be required to undergo rigorous, ongoing training in complex trauma and coercive control. Research consistently shows that mental health professionals (MHPs) often lack the specialized knowledge required to effectively treat Severe Parental Alienation (SPA), and survivors frequently report negative experiences with an uninformed system. Ignorance can no longer be an excuse for enabling abuse (Price-Tobler, 2023a, p. 106).
4. **Center the Child's Right to Safety Above All Else** The debate over parental "rights" has for too long eclipsed the child's fundamental human right to be safe from psychological abuse. A parent's right to a relationship with their child is not absolute; it is contingent on their capacity to provide a safe and nurturing environment. The court's primary, non-negotiable duty is the protection of the child. All decisions must flow from this principle.

## Closing Remarks from the Bench

A fallacy is a belief that appears logical on the surface but is built on a foundation of flawed reasoning. Throughout this investigation, we have proven that "Parental Alienation Syndrome" is a dangerous and persistent logical fallacy that has enabled abuse and destroyed families for decades.

The flawed reasoning of this fallacy is its deliberate misattribution of cause. It assigns pathology to the child—the victim—for their rational, adaptive responses to an abusive environment. It meticulously documents the "symptom" while refusing to investigate the "pathogen": a parent's diagnosable and destructive pathology.

This fallacy has persisted because it is useful. It offers a simple, convenient alibi for abusers and provides a dangerously simplistic exit ramp for an overloaded and under-qualified court system to abdicate its responsibility to protect children. But the evidence is now undeniable. The testimony of survivors is clear.

The verdict is in. 'Parental Alienation Syndrome' is a clinically inadequate and scientifically invalid framework.

*Court is adjourned.*

## Recommendations

Based on the evidence and analysis presented in *The Pathogen Papers*, this report issues the following five recommendations for immediate and systemic reform.

### 1. Regarding Junk Science in the Courtroom

- **Finding:** The family court system is often influenced by the non-clinical, debunked theory of "Parental Alienation Syndrome."
- **Recommendation:** Rule "Parental Alienation Syndrome" (PAS) and its associated concepts as inadmissible junk science in all family court proceedings.
- **Evidentiary Rationale:** As demonstrated in this report, PAS is not a recognized clinical diagnosis in the DSM-5. The clinical reality is accurately described by existing, valid pathologies in the abusive parent, such as Delusional Disorder and Factitious Disorder Imposed on Another.

### 2. Regarding Professional Expertise

- **Finding:** The court system's reliance on non-diagnosing forensic experts paralyzes it when faced with competing claims of abuse, allowing pathogenic parents to manipulate the proceedings.
- **Recommendation:** Reinstate qualified clinical psychologists in family court and create a "clinical pause" protocol. In cases with competing claims of abuse (e.g., FDV vs. PA), the case must be referred for immediate clinical assessment before custody is addressed.
- **Evidentiary Rationale:** As this report and the work of experts like Dr. Childress demonstrate, only a qualified, court-involved clinical psychologist has the expertise to identify the underlying pathology and assist the judge. Removing the family for treatment before a custody ruling makes the court stronger, protects the child, and allows for the possibility of the child maintaining a bond with two now-healthy parents.

### 3. Regarding Professional Training

- **Finding:** Many court professionals and mental health practitioners lack the necessary training to understand the dynamics of complex trauma and coercive control.
- **Recommendation:** Mandate rigorous, ongoing trauma-informed training for all family court professionals.

- **Evidentiary Rationale:** As supported by survivor-based research, this knowledge gap is a significant barrier to justice and healing, with survivors often reporting negative experiences with an uninformed system.

#### 4. Regarding the Core Priority of the Court

- **Finding:** Legal debates over parental "rights" often overshadow the child's fundamental human right to be safe from psychological abuse.
- **Recommendation:** Center the child's right to safety above all else.
- **Evidentiary Rationale:** As argued throughout this report, the primary focus must be on creating a safe environment for the child. A parent's access is contingent on their ability to provide safety, not an absolute right.

#### 5. Regarding the Gravity of Psychological Abuse

- **Finding:** The court system often treats claims of psychological abuse as less severe or less provable than physical abuse, leading to dangerous custody outcomes.
- **Recommendation:** Mandate that credible claims of severe child psychological abuse be given the same procedural weight as physical domestic violence, requiring a full clinical assessment of the family before final custody is determined.
- **Evidentiary Rationale:** As this report demonstrates, severe psychological abuse, including pathogenic parenting, causes profound, long-term trauma to a child's attachment system and identity. A system that minimizes this abuse is failing in its primary duty to protect the child.

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## Appendix A:

### About the Author



**Dawn McCarty** is a #1 international best-selling author and award-winning cybersecurity expert who applies the rigorous principles of threat detection and risk management to the complex landscape of childhood trauma. An abduction survivor turned global advocate, her work in promoting systemic reform earned her the Catalyst for Change Award for advancing SDG #10 – Reduced Inequalities.

Dawn's personal story—marked by abduction, grooming, and the weaponization of the Mormon religion within a dynamic of pathogenic parenting, is the driving force behind her life's work. This lived experience, combined with over 25 years in cybersecurity and a background in cyberpsychology, gives her a rare, 360-degree understanding of both technological and human threats. She uniquely compares the breach of a child's safety to a critical security breach in a system, providing innovative strategies for threat detection, risk mitigation, and building resilience.

This synthesis of survivor insight and expert analysis is the foundation of her upcoming ***Unsealed Trilogy***. The series begins with her gripping memoir, [\*Sealed to My Abductor\*](#); continues with the analytical framework, ***Doctrine of One: The Cult of Two***; and culminates in the groundbreaking clinical dissection, ***Anatomy of a Mind-F\*ck***. She is also the creator of the ***Digital Defense series***, which equips families against cyber and AI-related threats.

Her multidisciplinary expertise is grounded in extensive academic training, with degrees in Criminal Justice (B.S. in Psychology of Victimology, M.S. in Crime Scene and Evidence Management), B.S. in Computer Science, and an MBA in Cybersecurity. As the founder of the

[Thrivers Speak®](#) and [Securing Everything](#), and co-founder of the *Nothing About Us, Without Us (NAUWOU™) conference*, Dawn leads the charge to protect children from online predators and toxic family dynamics, particularly those involving severe **Child Psychological Abuse (CPA)** linked to undue influence, child predators, pathogenic parenting, alienation, and abduction.

Through her writing, speaking, and advocacy, Dawn provides a roadmap for deconstructing trauma and creating safe, informed environments for the next generation.

Read more at the [Unsealed Press](#)

Learn more at [Sealed To My Abductor](#)

Connect with Dawn on [Facebook](#), [LinkedIn](#), [Twitter](#), [TikTok](#), or [YouTube](#).

## **Appendix B:**

### **My Story, My Mission**

I am a survivor of a 44-year crime. In 1973, at four years old, I was abducted by my mother and systematically alienated from my father. This act of pathogenic parenting culminated in a fraudulent 1976 adoption that illegally severed my father's rights and a 1977 Mormon temple ceremony that "sealed" me to my abductor.

I spent my childhood in a "cult of two," experiencing rejection, psychological abuse, and a complete erasure of my identity. This is not just a family dispute; the U.S. Department of Justice defines family abduction as a serious crime, yet it remains a silent epidemic.

My story is not just about what was done to me; it's about how I fought back with the only tools I had: truth, tenacity, and a forensic mindset. My mission is to unseal the truth of my past by reversing my adoption and to use my unique expertise to protect children from the same hidden abuse I endured.

### **A Unique Forensic Perspective**

A childhood spent in survival mode develops a certain hyper-vigilance. This instinct, born from trauma, became a professional asset over my 25-year career in cybersecurity, vulnerability management, and Enterprise Security Governance. My formal forensic training—in areas like digital imaging, document examination, and with organizations like SANS (GIAC)—gave me the methodology. Together, this dual lens of survivor and analyst trained me to see what others miss: how to identify threats, profile predators, analyze patterns of deception, and dismantle systems of control.

I apply the principles of threat detection to decode the tactics of deception and undue influence. I use frameworks like Dr. Steven Hassan's BITE model to dissect how high-demand groups, from cults to toxic families, and even predators manipulate and isolate their victims. My work is not based on feeling alone; it is a rigorous, analytical examination of the mechanics of psychological abuse, informed by decades of professional experience. When I began to heal, I turned that forensic lens on what the U.S. Department of Justice confirms is a crime, not a private family dispute. My mission became applying all of my expertise to unseal and patch a childhood that had been left vulnerable for decades.

## **The Forensic Toolkit: My Credentials & Expertise**

### **Professional Credentials & Experience**

- Award-Winning Cyber and Online security expert with over 25 years of experience
- #1 International Best-Selling Publishing and Contributing Author

- Founder of Thrivers Speak® and the Safe At Home Foundation
- CEO Securing Everything LLC
- Forensic Documentation Expert\*
- Forensic Handwriting Expert and Trainer\*

### **Academic Credentials:**

- MBA in Cybersecurity (MBA Cy)
- M.S. in Crime Scene and Evidence Management
- B.S. in Criminal Justice, Psychology and Victimology
- B.S. in Computer Science

### **Professional Training:**

- SANS GIAC: GCFA® (Forensic Analyst)
- SANS GIAC: GNFA® (Network Forensic Analyst)
- ISC2: CISSP® (Certified Information Systems Security Professional)
- ISACA: CISM (Certified Information Security Manager)
- Miami-Dade Metropolitan Police Institute: Forensic Digital Imaging & Fingerprint Enhancement
- Forensic Document Examination: Kathy Koppenhaver, NADE, Self-study

### **Awards:**

- Catalyst for Change Award for contributions to SDG #10 (2025)
- Visionary Security Awareness Program Leadership Award (2023)
- Cybersecurity Woman of the Year (2021)

## **My Work in Action: The Unsealed Ecosystem**

- The Unsealed Trilogy: A three-part series beginning with my memoir, Sealed to My Abductor, that documents my journey and provides a framework for understanding complex abuse.
- Unsealed (Podcast) NEW!: Where I use the BITE model to analyze cult-like behaviors in real-time, from toxic family systems and social media trends to the tactics of abusers in the special "Unsealed: Predator Watch" series.
- Unsealed Press (Blog): My primary platform for publishing articles and in-depth analysis on the intersection of trauma, forensics, and the ongoing fight for justice.
- The Digital Defense Series: My ongoing work to equip families with the tools to protect themselves from online threats and manipulation.
- Thrivers Speak®: Founder of the platform dedicated to amplifying the voices of survivors and helping them tell their stories.

## Connect, Collaborate, & Explore

### Connect with Dawn

For all speaking engagements, media appearances, and conference inquiries, please contact my exclusive agent: **Jean Marie Russo** [@Speaking Success Secrets](#)

Connect with Dawn on Social Media at [Linktr.ee/dawnmccarty](https://linktr.ee/dawnmccarty)

### Collaborative Initiatives

In partnership with [Dr. Alyse Price-Tobler](#), I co-founded the Nothing About Us Without Us (NAUWOU™) initiative and a Thrivers Speak®. Our work is dedicated to ensuring survivor voices are at the center of all academic, legal, and therapeutic conversations about trauma and recovery. This includes our annual conference and our podcast, NAUWOU™, where if it is Humanly Possible, we may be talking about it. This is where we conduct deep dives into Child Psychological Abuse (CPA-PA) and feature powerful interviews with fellow survivors.

As a global child safety advocate and forensic expert, I am passionate about sharing my story and expertise to educate and empower audiences. I speak on topics including parental abduction, coercive control, deculting trauma, and the forensic analysis of psychological abuse.

### Explore My Work

Ready to dive deeper? Here is where you can find my primary projects and platforms dedicated to unsealing the truth and protecting children.

[The Unsealed Trilogy](#): Learn more about my upcoming three-part book series that documents my story and provides a framework for understanding complex abuse.

[Unsealed](#) (Podcast): Listen and subscribe for deep dives into cult-like behaviors, predator tactics, and survivor stories.

[Unsealed Press](#) (Blog): Read my latest articles and in-depth analysis on the intersection of trauma, forensics, and the fight for justice.

Collaborative Initiatives: Learn more about my work with [Dr. Alyse Price-Tobler](#), including the NAUWOU™ conference and [Thrivers Speak®](#), and the [Humanly Possible](#) on Facebook.

## Appendix C:

### Case Exhibits of the 'Piranha Pool' Dynamic

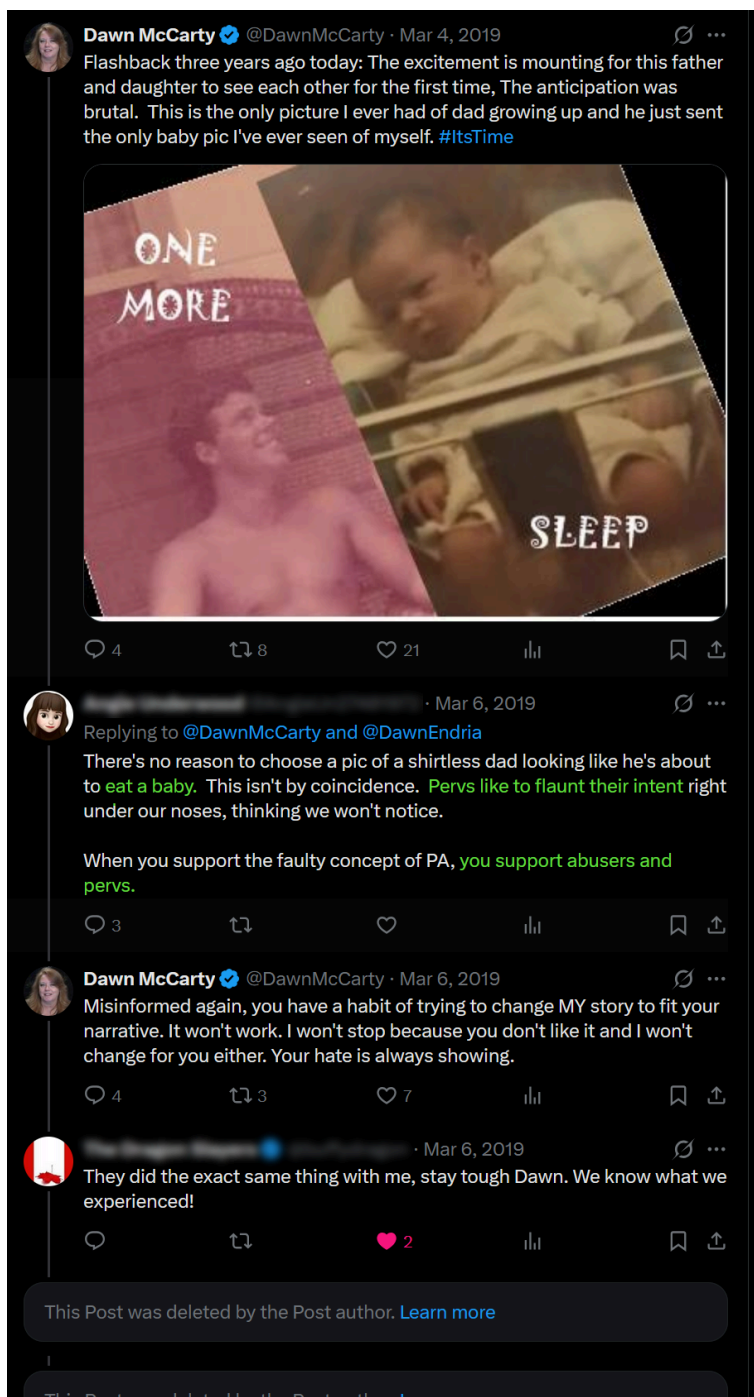


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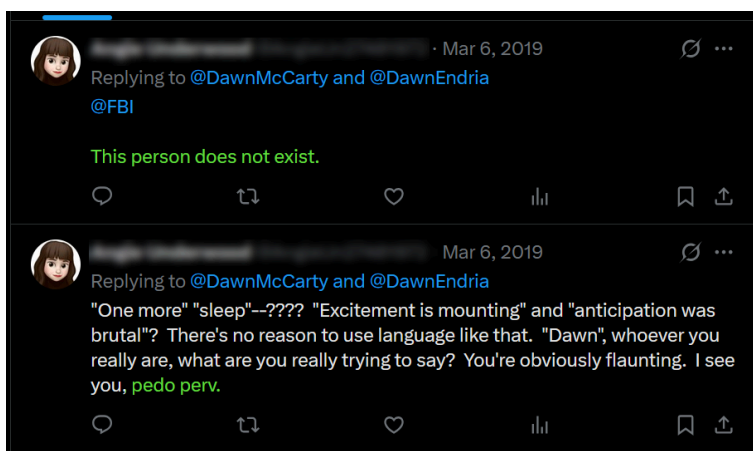


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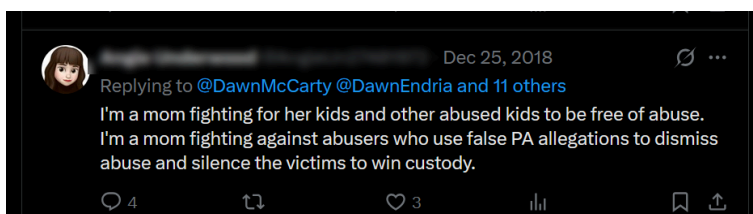


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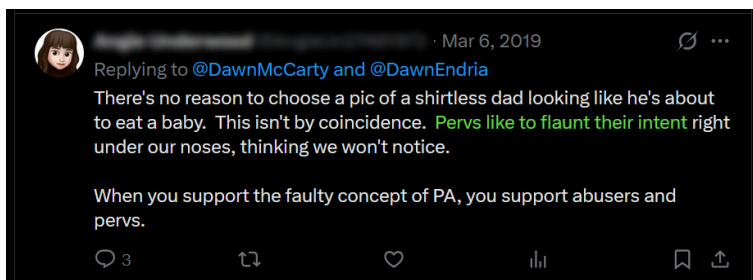


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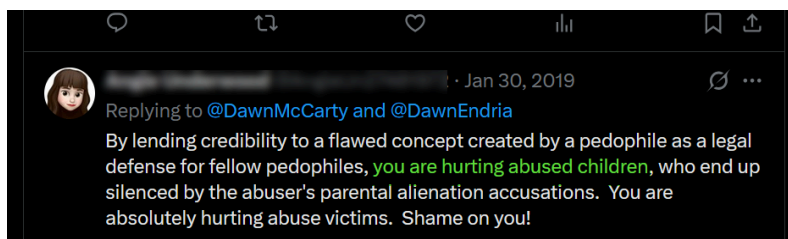


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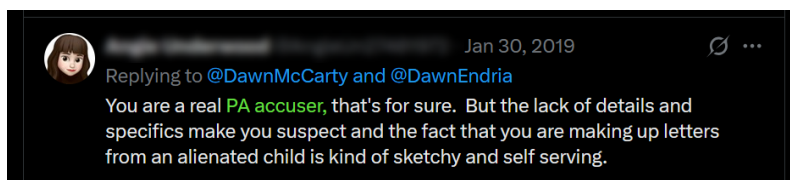


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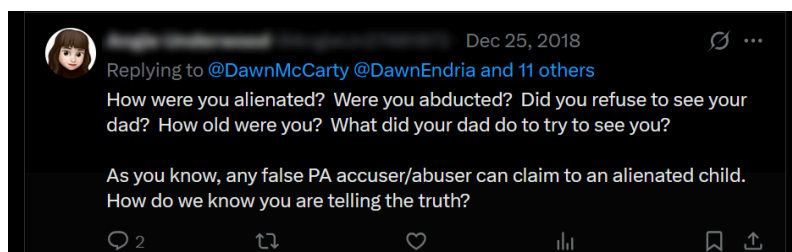


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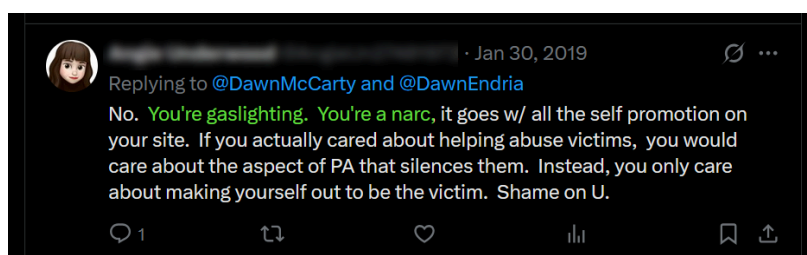


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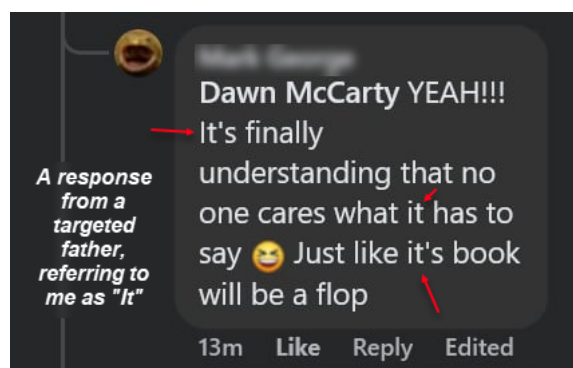


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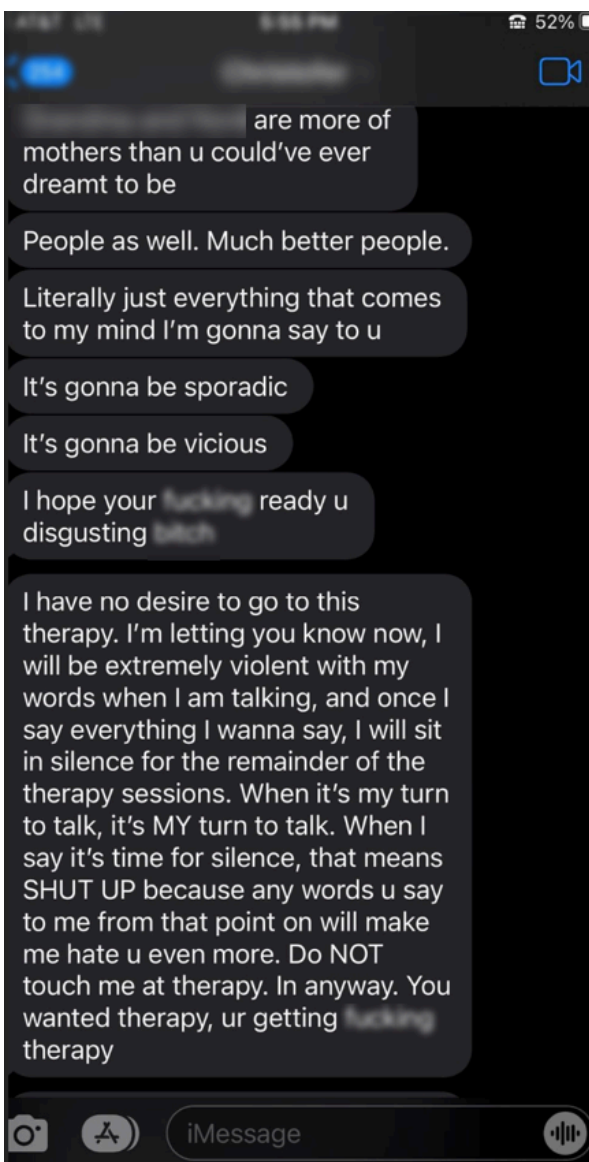


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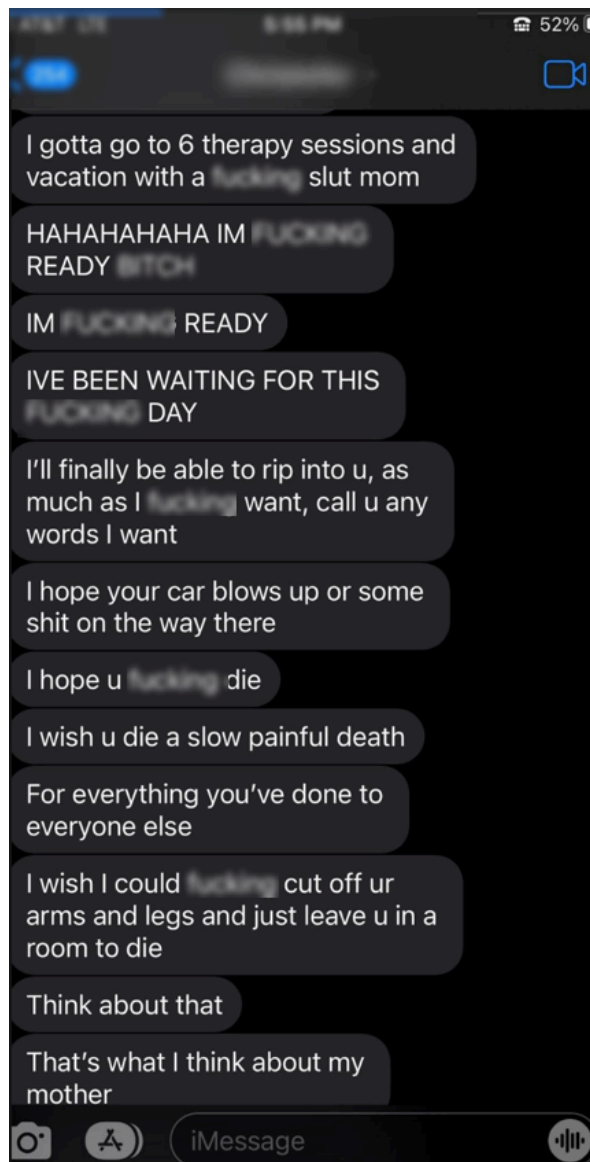


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