# REPORT OF SUSPECTED CHILD ABUSE OR NEGLECT

DCF-136
05/2015 (Rev.)

**Careline**
**1-800-842-2288**

**Within forty-eight hours of making an oral report, a mandated reporter shall submit this form (DCF-136) to the relevant Area Office listed below**
See the reverse side of this form for a summary of Connecticut law concerning the protection of children.

*Please Print or Type*

| Child's Name | | Age Or DOB | Race: | |
|---|---|---|---|---|
| Sawyer Ambrose | ■ M ☐ F | 7/6/10 | ☐ American Indian or Alaskan Native<br>☐ Asian/Pacific Islander<br>☐ Black/African American (not of Hispanic Origin) | ☐ Hispanic<br>■ White (not of Hispanic origin)<br>☐ Unknown<br>☐ Other _____ |

Child's Address
381 Horsepond Rd, Madison, CT 06443

| Name Of Parents Or Other Person Responsible For Child's Care | Address | Phone Number |
|---|---|---|
| Christopher Ambrose | 381 Horsepond Rd, Madison, CT 06443 | |

| Name Of Careline Worker To Whom Oral Report Was Made | Date Of Oral Report | Date And Time Of Suspected Abuse/Neglect |
|---|---|---|
| Sandra Jarmon-Burgess | 5/24/23 | Ongoing |

| Name Of Suspected Perpetrator, If Known | Address And Phone Number, If Known | Relationship To Child |
|---|---|---|
| Christopher Ambrose | 381 Horsepond Rd, Madison, CT 06443 | Father |

Nature And Extent Of Injury(ies), Maltreatment Or Neglect

Sexual, psychological, emotional, verbal, and physical abuse, coercive control, and neglect, worsened from multiple years of impunity. Three years ago, he abducted and separated the children from their mother through litigation abuse. Interview of victims, reliable reports, voice recordings, video recordings, and perpetrator's prolific documentation of his threats, psychological manipulation, and coercive control indicate a DANGEROUS PERSONALITY DISORDER.

Describe The Circumstances Under Which The Injury(ies), Maltreatment Or Neglect Came To Be Known

I was hired to do a psychiatric evaluation of the mother, Karen Riordan, on 4/23/23, and learned that her 16-year-old daughter had just run away from the father's home on 4/22/23 to be with her. She and her mother exhibited exceptionally tight bonds, despite having been apart from each other for three years. The remaining two sons, however, were experiencing an escalation of abuse and verbal threats from the father. Then, on 5/23/23, I learned that the 16-year-old son ran away on 5/22/23. Now, the 12-year-old son remains, afraid for his safety. All three children have tried to report their abuse to authorities for multiple years, but they say, "We were only punished," as the father controlled the Courts – Family Court corruption is an international crisis – and threatened and penalized the children behind the scenes. The mother was not been able to see her children for three years, despite having a clean background and having successfully raised the children before the father's intervention. All the children are adopted, and the two older children are Hispanic, subject to the father's racial slurs. I have reviewed copious video, audio, and photographic documentation of Mr. Ambrose's abuse: inappropriately touching all children in sexual ways, penetrating or threatening to penetrate them, bringing in adult men to sleep in their bedrooms without clothes, having adult men have intercourse with underage girls in their bedrooms, permitting drugs and alcohol in their rooms, yelling and screaming at them, threatening and demeaning them, stalking and terrorizing them, and forcing the 12-year-old to drive.

It is remarkable how Mr. Ambrose managed to weaponize the Court system, which is why his very overt patterns of having a serious and dangerous personality disorder must be examined. I had enough information to perform the widely-used and highly-respected Hare Psychopathy Checklist-Revised (PCL-R) on him, based on collateral information and his own written communications, I found that he met criteria for psychopathy - which is a contraindication to parenting. Indeed, under his "care", Matthew is said to have missed numerous days of school, abused substances, and been suicidal and injuring himself. Mr. Ambrose has been preoccupied with accusing the mother of being mentally unwell (common with psychopathic individuals trying to deny their own illness), but the mother is healthy and psychologically well-developed.

Describe the Reasons Such Persons(s) Are Suspected of Causing Such Injuries, Maltreatment of Neglect

I am an internationally-recognized specialist in the treatment and management of dangerous personality disorders. I coauthored the United Nations Secretary-General's chapter on "Violence against Children." I have evaluated approximately one thousand individuals who have committed violence, including child abuse. There is an international crisis of the Family Courts, which are authorized and yet ill-equipped to deal with dangerous personality disorders as Mr. Ambrose exhibits. Individuals showing signs of these disorders disguise themselves and manipulate the legal system to further their abuse and to reverse victim and offender in a way that acutely endangers especially women and children. Consistent with this abuse, all three children have been depressed, engaging in self-injurious behavior, and Matthew had been suicidal. This is why I performed the PCL-R, on which Mr. Ambrose scored 32/40 (30 is cutoff for psychopathy) – this is a score indicating EXTREME POTENTIAL DANGER for the children and the mother, and almost all decisions by the Family Court need to be reexamined, as well as his diagnosis confirmed by a forensic psychiatrist or forensic psychologist with requisite experience and training to perform the PCL-R – all others are too vulnerable to being manipulated into making opposite conclusions. That Mr. Ambrose has had custody of these children for so long is alarming – and the extreme signs of abuse and deterioration under him MUST BE RESPONDED TO. That the mother, who singlehandedly raised these children before their abduction, has been denied access to

Information Concerning Any Previous Injury(ies), Maltreatment Or Neglect Of The Child Or His/Her Siblings

All indications are that Sawyer, Matthew, and Mia were happy and thriving u

Information Concerning Any Prior Cases(s) In Which The Person(s) Have Been Suspected Of Causing An Injury(ies), Maltreatment Or Neglect Of A Child

Mr. Ambrose appears to have had a pattern of abuse, neglect, and coercive control of the children all their lives, whic

List Names And Ages Of Siblings, If Known

Mia Ambrose (1/27/07) and Matthew Ambrose (2/20/07)

What Action, If Any, Has Been Taken To Treat, Provide Shelter Or Otherwise Assist The Child?

The mother was directed to make a police report regarding Mr. Ambrose dis

***REPORTER SECTION***

Reporter's Name: Bandy Lee, M.D.
Agency Name: Forensic Psychiatrist
Phone Number: (917) 328-2492
Agency Address: 1918 First Avenue, #516, New York, NY 10029
City:

Reporter's Race
☐ American Indian or Alaskan Native
■ Asian/Pacific Islander
☐ Black/African American (not of Hispanic Origin)
☐ Hispanic (any race)
☐ White (not of Hispanic origin)
☐ Prefer Not to Answer
☐ Other _____

| Reporter's Signature | Position | Date |
|---|---|---|
| Bandy Lee | Forensic Psychiatrist | 5/24/23 |

***WHITE COPY: TO DCF AREA OFFICE (see below)*** ***IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH MORE DOCUMENTATION***

| | | | | |
|---|---|---|---|---|
| **Bridgeport**<br>100 Fairfield Avenue<br>Bridgeport, CT 06604<br>203-384-5300<br>TDD: 203-384-5399<br>Fax: 203-384-5306 | **Danbury**<br>131 West Street<br>Danbury, CT 06810<br>203-207-5100<br>TDD: 203-748-8325<br>Fax: 203-207-5169 | **Hartford**<br>250 Hamilton Street<br>Hartford, CT 06106<br>860-418-8000<br>TDD: 800-315-4082<br>Fax: 860-418-8325 | **Manchester**<br>364 West Middle Turnpike<br>Manchester, CT 06040<br>860-533-3600<br>TDD: 800-315-4415<br>Fax: 860-533-3734 | **Norwalk**<br>761 Main Avenue, I-Park Complex<br>Norwalk, CT 06851<br>203-899-1400<br>TDD: 203-899-1491<br>Fax: 203-899-1463, 203-899-1464 |
| **Meriden**<br>One West Main Street<br>Meriden CT 06451<br>203-238-8400<br>TDD: 203-238-8517<br>Fax: 203-238-6425 | **Middletown**<br>2081 South Main Street<br>Middletown, CT 06457<br>860-638-2100<br>TDD: 860-638-2195<br>Fax: 860-346-0098 | **Milford**<br>38 Wellington Road<br>Milford, CT 06461<br>203-306-5300<br>TDD: 203-306-5604<br>Fax: 203-306-5606 | **New Britain**<br>One Grove Street, 4th Floor<br>New Britain, CT 06053<br>860-832-5200<br>TDD: 860-832-5370<br>Fax: 860-832-5491 | **New Haven**<br>One Long Wharf Drive<br>New Haven, CT 06511<br>203-786-0500<br>TDD: 203-786-2599<br>Fax: 203-786-0660 |
| **Norwich**<br>Two Courthouse Square<br>Norwich, CT 06360<br>860-886-2641<br>TDD: 860-885-2438<br>Fax: 860-887- 3683 | **Torrington**<br>62 Commercial Blvd<br>Torrington, CT 06790<br>860-496-5700<br>TDD: 860-496-5798<br>Fax: 860-496-5834 | **Waterbury**<br>395 West Main Street<br>Waterbury, CT 06702<br>203-759-7000<br>TDD: 203-465-7329<br>Fax: 203-759-7295 | **Willimantic**<br>322 Main Street<br>Willimantic, CT 06226<br>860-450-2000<br>TDD: 860-456-6603<br>Fax: 860-450-1051 | **Special Investigations Unit**<br>505 Hudson Street, 7th Floor<br>Hartford, CT 06106<br>860-550-6696<br>FAX: 860-723-7237 |

SUMMARY OF LEGAL REQUIREMENTS CONCERNING CHILD ABUSE/ NEGLECT

PUBLIC POLICY OF THE STATE OF CONNECTICUT (C.G.S. §17a-101)

To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse or neglect, investigation of such reports by a social agency, and provision of services, where needed, to such child and family.

WHO IS MANDATED TO REPORT CHILD ABUSE/NEGLECT?

Child Advocate and OCA Employees
Chiropractors
Coaches and Directors of a Private Youth Sports, Organization or Team
Coaches and Athletic Directors of Youth Athletics
Dental Hygienists
Dentists
Department of Children and Families Employees
Domestic Violence Counselors
Office of Early Childhood Employees and Department of Public health Employees who are Responsible for Licensing Day Cares and Camps
Family Relations Counselors (Judicial Dept.)
Family Rel. Counselor Trainees (Judicial Dept.)
Family Services Supervisors (Judicial Dept.)
Licensed Foster Parents
Licensed Marital and Family Therapists
Licensed or Unlicensed Interns at Any Hospital
Licensed or Unlicensed Resident Physicians
Licensed Physicians
Licensed Practical Nurses
Licensed Professional Counselors
Licensed Surgeons
Licensed/Certified Alcohol and Drug Counselors
Licensed/Certified Emergency Medical Services Providers
Medical Examiners
Members of the Clergy
Mental Health Professionals
Optometrists
Persons Paid to Care for Children
Persons who Provide Services to and have Regular Contact with Students
Pharmacists
Physical Therapists
Physician Assistants
Podiatrists
Police Officers
Probation Officers (Juvenile or Adult)
Psychologists
Public or Private Institution of Higher Education Administrators, Faculty, Staff, Athletic Directors, Athletic Coaches and Athletic Trainers
Registered Nurses
School Administrators
School Coaches
School Guidance Counselors
School Paraprofessionals
School Superintendents
School Teachers
Sexual Assault Counselors
Social Workers
Substitute Teachers

DO THOSE MANDATED TO REPORT INCUR LIABILITY?

No. Any person, institution or agency which, in good faith, makes or does not make a report, shall be immune from any civil or criminal liability provided such person did not perpetrate or cause such abuse or neglect.

IS THERE A PENALTY FOR NOT REPORTING?

Yes. Any person required to report who fails to do so may be prosecuted for a Class A misdemeanor and may be required to participate in an educational and training program. Any person who intentionally and unreasonably interferes with or prevents a report may be prosecuted for a Class D felony.

IS THERE A PENALTY FOR MAKING A FALSE REPORT?

Yes. Any person who knowingly makes a false report of child abuse or neglect may be fined not more than $2,000 or imprisoned for not more than one year or both. The identity of such person shall be disclosed to the appropriate law enforcement agency and to the alleged perpetrator of the abuse.

WHAT ARE THE REPORTING REQUIREMENTS?

- An oral report shall be made by a mandated reporter by telephone or in person to the DCF Careline or to a law enforcement agency as soon as practicable, but not later than 12 hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm. If a law enforcement agency receives an oral report, it shall immediately notify Careline. Oral reports to the Careline shall be recorded.

- Within 48 hours of making an oral report, a mandated reporter shall submit a written report to the DCF Careline on the DCF-136, "Report of Suspected Child Abuse or Neglect."

- When a mandated reporter is a member of the staff of a public or private institution or facility that provides care for children or a public or private school, the reporter shall also submit a copy of the written report to the person in charge of such institution, school or facility or the person's designee.

DCF CHILD ABUSE AND NEGLECT CARELINE: 1-800-842-2288

STATUTORY REFERENCES: C.G.S.17a-28, §17a-101 *et seq.;* §46b-120

DEFINITIONS OF ABUSE AND NEGLECT

Abused Child: Any child who has a non-accidental physical injury, or injuries which are at variance with the history given of such injuries, or is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

Neglected Child: Any child who has been abandoned or is being denied proper care and attention, physically, educationally, emotionally, or morally or is being permitted to live under conditions, circumstances or associations injurious to his or her well-being.

Exception: The treatment of any child by an accredited Christian Science practitioner shall not by itself constitute neglect or maltreatment.

CHILD UNDER AGE 13 WITH VENEREAL DISEASE: A physician or facility must report to Careline upon the consultation, examination or treatment for venereal disease of any child who has not reached his or her 13th birthday.

DO PRIVATE CITIZENS HAVE A RESPONSIBILITY FOR REPORTING?

Yes. Any person having reasonable cause to suspect or believe that any child under the age of 18 is in danger of being abused or has been abused or neglected may cause a written or oral report to be made to the Careline or a law enforcement agency. Any person making the report in good faith is immune from any liability, civil or criminal. However, the person is subject to the penalty for making a false claim.

WHAT IS THE AUTHORITY AND RESPONSIBILITY OF THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF)?

All child protective services in Connecticut are the responsibility of the Department of Children and Families.

Upon the receipt of a report of child abuse or neglect, the Careline shall cause the report to be classified, evaluated immediately and forwarded to the appropriate Area Office for the commencement of an investigation or for the provision of services within timelines specified by statute and policy.

If an investigation produces evidence of child abuse or neglect, DCF shall take such measures as it deems necessary to protect the child, and any other children similarly situated, including, but not limited to, immediate notification to the appropriate law enforcement agency, and the removal of the child from his or her home with or without the parents' consent consistent with state law.

If DCF has probable cause to believe that the child or any other child in the household is at imminent risk of physical harm from the surroundings, and that immediate removal from such surroundings is necessary to ensure the child's safety, the Commissioner or designee shall authorize any employee of DCF or any law enforcement officer to remove the child and any other child similarly situated from such surroundings without the consent of the child's parent or guardian. The removal of a child shall not exceed 96 hours. If the child is not returned home within such 96-hour period, with or without protective services, DCF shall file a motion for temporary custody with the Superior Court for Juvenile Matters.

WHAT MEANS ARE AVAILABLE FOR REMOVING A CHILD FROM HIS OR HER HOME?

- 96-Hour hold by the Commissioner of DCF or designee (see above).

- 96-Hour hold by a physician – Any physician examining a child with respect to whom abuse or neglect is suspected shall have the right to keep such child in the custody of a hospital for no longer than 96 hours in order to perform diagnostic tests and procedures necessary to the detection of child abuse or neglect and to provide necessary medical care with or without the consent of such child's parents or guardian or other person responsible for the child's care, provided the physician has made reasonable attempts to (1) advise such child's parents or guardian or other person responsible for the child's care that the physician suspects the child has been abused or neglected, and (2) obtain consent of such child's parents or guardian or other person responsible for the child's care. In addition, such physician may take or cause to be taken photographs of the area of trauma visible on a child who is the subject of such report without the consent of such child's parent's or guardian or other person responsible for the child's care. All such photographs or copies thereof shall be sent to the local police department and the Department of Children and Families.

- Bench order of temporary custody – Whenever any person is arrested and charged with an offense under Section 53-20 or 53-21 or under Part V, VI, or VII of Chapter 952, as amended, the victim of which offense was a minor residing with the defendant, any judge of the Superior Court may, if it appears that the child's condition or circumstances surrounding the case so require, issue an order to the Commissioner of the Department of Children and Families to assume immediate custody of such child and, if the circumstances so require, any other children residing with the defendant and to proceed thereon as in other cases.

WHAT IS THE CENTRAL REGISTRY OF PERPETRATORS OF ABUSE OR NEGLECT?

The Department of Children and Families maintains a registry of persons who have been substantiated as responsible for child abuse or neglect and pose a risk to the health safety or well-being of children. The Central Registry is available on a 24-hour daily basis to prevent or discover child abuse of children.

Bandy Lee, MD, MDiv
Forensic Psychiatrist and Violence Expert
NPI 1922140326

May 3, 2023

Dear Ms. Karen Riordan:

This letter, along with the accompanying chart, will document the material we discussed this afternoon, after five hours of interview with you and four hours of reviewing your ex-husband's, Mr. Christopher Ambrose's, own communications with you and other relevant documents. On April 23, 2023, while interviewing you at your home, I came to witness the interaction between you and your sixteen-year-old daughter, who had just run away from Mr. Ambrose's house, where she felt unsafe and under emotional and physical assault, in order to return to your care. It was the first time you had seen her in three years, but your words for each other and physical embrace were full of warmth and affection.

My duty as a mandated reporter interrupted my psychiatric evaluation of you, which you requested, and the material you shared with me, which included Mr. Ambrose's own written statements, led me to recommend an evaluation of your ex-husband. I believe I have enough information to make a preliminary assessment of your ex-husband's personality configuration—with an emphasis on the extent to which he may manifest characteristics of psychopathic personality. The most highly-regarded and widely-used instrument for making such a determination is the Psychopathy Checklist as devised by Dr. Robert Hare and his colleagues (R. D. Hare, *The Hare Psychopathy Checklist*. Toronto: Multi-Health Systems, 1991; revised in 2003).

Such an assessment can be made by a psychologist or a psychiatrist with a forensic background, such as myself, who has additional training and clinical experience specific to administering the Psychopathy Checklist–Revised (PCL-R). The evaluator may carry out a personal interview with the evaluee, but often evaluees with psychopathic features refuse this step. Therefore, evaluators may choose to record the refusal and proceed in the absence of an interview (the standard requirement is to make a "reasonable attempt" at interview, since research indicates that not only do those afflicted with psychopathy often refuse, their interviews are highly unreliable and can be detrimental to the accuracy of the evaluation, as they are prone to lying, deceiving, and beguiling whoever is in their presence).

Instead, an assessment of psychopathy relies more heavily on records of actual patterns of behavior, victim reports, and the interview of relatives, friends, neighbors, co-workers, business associates, or other people who have been taken advantage of or "conned" by the person in question—since it is a common characteristic of psychopathic individuals to mislead, cheat, or otherwise violate the rights of other people. They, through a superficially-charming presentation, are often capable of eliciting exceptional levels of sympathy from others as an effective means of escaping accountability for their violence—for example, they may recruit others as "patrons" or "pawns" to help them turn the narrative around to incriminating their victims instead).

Therefore, there must be a balance between protecting a person from an erroneous psychopathic diagnosis and warning against their dangerousness, as they can be very destructive to society and to human beings they come in close contact with, such as family members. Separating growing children from their mother and primary caregiver is one of the worst forms of abuse, which can have lifelong ramifications as well as decades of loss of life for each child—and can be a sign of this dangerous personality disorder.

It is for these reasons that I interrupted your own evaluation and took the opportunity to explore the standard twenty aspects of the PCL-R, which, as expected, yielded results that make it highly likely and reasonably reliable that your ex-husband suffers from psychopathy.

It is considered as a valid indicator of psychopathy if the PCL-R score amounts to 30 or higher (out of a maximum score of 40). Psychopathy occurs on a spectrum, and therefore persons scoring in the slightly lower range of 25 to 29 are still considered at risk of being, if not already, dangerous. A "full" diagnosis of psychopathy—a score above 30—raises many alarms and could be a contraindication to parenting.

I have also affixed my score of the twenty items of the PCL-R, along with the final score (which can be prorated in the case of non-incarcerated persons). Mr. Ambrose's score adds up to 32. This is strongly suggestive that a diagnosis of psychopathy is present and justified—or, at the very least, that disturbing levels of psychopathic features are present.

To develop greater certainty about his diagnosis, there should be an attempt to interview Mr. Ambrose, as well as additional collateral interviews. An arrangement through criminal, domestic violence, or juvenile court to this end would best help protect you as well as the evaluator. Although I have the necessary qualifications through my twenty-five years of practice of forensic psychiatry, requisite training in the administration of the PCL-R, as well as specialization in dangerous personality disorders, a local forensic psychiatrist or forensic psychologist may more effectively be engaged in making a definitive diagnosis of your ex-husband.

Whatever you decide, this potential for Mr. Ambrose's dangerousness, especially where children are involved, should not be overlooked.

Sincerely,

Bandy Lee, M.D., M.Div.

# Hare Psychopathy Checklist Revised (PCL-R)

| | | 0 (definitely not present) | 1 (somewhat present) | 2 (definitely present) |
|---|---|---|---|---|
| 1 | Glibness/superficial charm | | | X |
| 2 | Egocentricity/grandiose sense of self-worth | | | X |
| 3 | Proneness to boredom/low frustration tolerance | | | X |
| 4 | Pathological lying and deception | | | X |
| 5 | Conning/lack of sincerity | | | X |
| 6 | Lack of remorse or guilt | | | X |
| 7 | Lack of affect and emotional depth | | | X |
| 8 | Callous/lack of empathy | | | X |
| 9 | Parasitic lifestyle | | | X |
| 10 | Short-tempered/poor behavioral controls | | | X |
| 11 | History of promiscuous sexual relations | | X | |
| 12 | History of early behavior problems | X | | |
| 13 | Lack of realistic, long-term plans | | | X |
| 14 | Impulsivity | | | X |
| 15 | Irresponsible behavior | | | X |
| 16 | Frequent marital relationships | X | | |
| 17 | History of juvenile delinquency | X | | |
| 18 | Revocation of conditional release | X | | |
| 19 | Failure to accept responsibility for own actions | | | X |
| 20 | Many types of offense | | | X |
| *Total number of points* | | 32 (prorated from 31) / 40 | | |

The Psychopathy Checklist–Revised (PCL-R), was performed on Mr. C. A. (DOB: 5/15/62), on May 3, 2023, based on critical evidence of potential danger to children pointing to the need for a diagnostic evaluation.

Psychopathy is a disorder characterized in part by lack of empathy or conscience, cruelty, deceitfulness, and an increased likelihood for antisocial behavior. Those with psychopathy have a manipulative and predatory relational style that typically has a broad, destructive impact on the people they encounter, but eventually also on themselves. They are 2.5 times more likely to evade the criminal justice system than those without the diagnosis, even though their crimes are typically more serious and more likely to repeat. The family court system or child protection services are often ill-equipped to deal with "successful" psychopaths, such that their litigation abuse has amounted to an international crisis, as declared by the United Nations, as a form of violence against women and children.

A score of 30/40 indicates full-blown psychopathy. Mr. A. had a raw score of 31 and pro-rated score of 32/40. Since the PCL-R was originally designed for individuals in a correctional setting, one item (revocation of conditional release) can be omitted and the remaining items be prorated for non-inmates, which is how Mr. A.'s final score became 32/40.

**Evaluator Qualifications**

I, Bandy Lee, M.D., M.Div., am a physician, psychiatrist, and violence expert with over two decades of experience evaluating, treating, and designing programs for violent offenders. My education was at Yale School of Medicine and Yale Divinity School, with internship in internal medicine at Bellevue Hospital (1996), residency in psychiatry at Massachusetts General Hospital (1999), and a joint fellowship in medical anthropology at the Harvard Medical School Department of Social Medicine and at the National Institute of Mental Health (2002). My experience in correctional psychiatry includes providing clinical services at a number of maximum-security prisons, serving as an expert witness for the criminal courts, developing research-based models for prison reform, and helping to design community violence reduction programs. In 2013, I played a key role in initiating reforms at Rikers Island Correctional Facility when I wrote an expert report for the New York City Board of Corrections that helped launch a federal investigation. Since then, I have been consulting with five different states on prison reform, including in Alabama, California, Connecticut, Massachusetts, and New York, as well as internationally, in Ireland and France. As Director of Research for Harvard's Center for the Study of Violence, I evaluated a violence prevention project in San Francisco that won the Ash Institute Award (the "Oscar" of government programs), was replicated in the U.K., Poland, New Zealand, Singapore, and Mexico, and is now being adopted as an alternative to solitary confinement around the U.S.

In 2002, I was among two American psychiatrists invited to consult with the Violence and Injury Prevention Department of the World Health Organization (WHO) to help launch the landmark *World Report on Violence and Health*, which began a new era of responding to violence through scholarship and prevention. In 2007, I helped coauthor the United Nations (UN) Secretary General's chapter on "Violence Against Children." In 2011, I became a project leader for the WHO Violence Prevention Alliance (VPA), participating with the United Nations Office on Drugs and Crime (UNODC) and the United Nations Development Programme (UNDP) in the launch of the 2014 *Global Status Report on Violence Prevention*, which documented the laws, programs, police reforms, and widespread services that 133 countries implemented to bring about a reduction in global homicides by 16 percent in 12 years.

From 2003 to 2020, I was a faculty member of the Yale School of Medicine's Law and Psychiatry Division, and the courses I taught at Yale Law School include "Immigration Legal Services," "Prison Clinic," "Criminal Justice Clinic," and "Veterans Legal Services." I also taught Yale College courses such as, "Causes and Cures of Violence" and "Violent States and Creative States," and the Yale School of Public Health course, "Global Violence and Public Health." Recently, I have taught, "Rethinking Violence: The Role of Religion, Spirituality, and Creativity" at Union Theological Seminary. I supervised law students in clinical interviewing, and forensic psychiatry fellows in developing expert reports for the courts. Psychopathy, severe personality disorders, posttraumatic stress disorder, and specific cultural manifestations of depression and anxiety are my areas of specialty. I have written over 100 peer-reviewed articles and chapters, edited 17 scholarly books and journal special issues, and authored the textbook, *Violence: An Interdisciplinary Approach to Causes, Consequences, and Cures*. Since 2021, my academic affiliations have changed to Harvard Medical School and Columbia University, upon an invitation to cofound a Violence Prevention Institute at Union Theological Seminary with other luminaries in the field.

## Instrument Used

The Hare Psychopathy Checklist–Revised (PCL-R) is a well-researched diagnostic tool for psychopathy or antisocial tendencies developed in the 1990's (Hare, 1993). Answers range from 0 to 2 on a 20-item symptom construct, and a person who scores 30 or more meets a diagnosis of psychopathy. To put scores in context, an individual with no criminal background will generally score at around 5, and many non-psychopathic criminals around the 22 range. Even if one does not meet the cutoff of 30, a high score is still very concerning. Since psychopaths are prone to lies and deceitfulness, the PCL-R does not rely heavily on personal interviews—which can sometimes be omitted for greater precision (Kelsey et al., 2015)—but requires collateral interviews with close contacts/victims or record reviews.

The PCL-R has high reliability and validity, and is one of the most highly-regarded instruments in psychology and psychiatry (internal consistency = .87; interrater reliability = .94; test-retest reliability = .89) (Hare et al., 2000). Additionally, the predictive validity of the PCL-R, in terms of predicting antisocial and violent behavior, is very high (Grann et al., 1999).

Because of the implications of this dangerous diagnosis, it is imperative that the PCL-R be applied only by professionals who have been specifically trained in its use; usually, this requires doctorate-level forensic psychiatry or forensic psychology training and special certification (Freedman, 2001). Conversely, once the disorder has reliably been diagnosed using the PCL-R, the serious condition should not be ignored or ruled out without commensurate training, because of its high correlation with the harm of human beings. A rigorous and valid assessment is essential for this disorder, as it carries a "mask of sanity" but nevertheless is the cause of more damage and destruction than all other psychiatric conditions combined (Cleckley, 1941).

## References


Cleckley, H. M. (1941). *The Mask of Sanity: An Attempt to Reinterpret the So-Called Psychopathic Personality*. St. Louis, MO: Mosby.

Freedman, M. D. (2001). False prediction of future dangerousness: Error rates and Psychopathy Checklist-Revised. *Journal of the American Academy of Psychiatry and Law,* 29(1), 89-95.

Grann, M., Langström, N., Tengström, A., and Kullgren, G. (1999). Psychopathy (PCL-R) predicts violent recidivism among criminal offenders with personality disorders in Sweden. *Law and Human Behaviour,* 23(2), 205-217.

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## What the Literature Says about Psychopathy and Parenting

Although psychopathic individuals are almost universally harmful to children as well as to adults, they possess a confusing external repertoire of loving and hurtful behaviors. It is important to note that their "loving behaviors" are as instrumental as their aggression, arising not from loving emotion but from predatory goals (Johnson et al., 2012).

When a psychopathic individual says, "I love you," the true meaning is, "I enjoy you when you do what I want." Engaging in loving behaviors (physical affection, verbal statements, and provision of physical and emotional needs) reflects manipulation and dominance motives. When this control is threatened, they may use an ingratiating strategy, become violently enraged—psychopathy, being at the extreme end of narcissism, is susceptible to "narcissistic rage"—or engage in litigation abuse through family court (Leedom et al., 2013b). They can transform very quickly from "Dr. Jekyll" to "Mr. Hyde" when their manipulations are exposed.

Open-ended interviews have revealed that psychopathic men commonly use children as pawns to victimize their mothers ("tangential spouse abuse"). A National Institute of Justice study (https://www.ncjrs.gov/pdffiles1/nij/grants/238891.pdf) found family courts to be ill-equipped to detect or to deal with psychopathy, resulting in the transfer of abused children to the abusive parent in the vast majority of contested custody cases (http://leadershipcouncil.org/). Tragically, family court decisions are responsible for at least 1 in 5 murders of children by parents nationwide (https://centerforjudicialexcellence.org/).

Psychopathy is more common than schizophrenia in men (1.2%), but it goes mostly unrecognized (https://www.sciencedirect.com/topics/neuroscience/psychopathy). The havoc it wreaks is as harmful as it is hidden: psychopathy leads to coercive parenting, maladjustment in children (DeGarmo, 2010), and future problem behaviors such as violence and suicide (Hannah and Goldstein, 2016). Mounting studies confirm critical impairments to normal child development when there is psychopathy in a parent (Dotterer et al., 2021).

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**Summary Table of Findings Regarding Parenting by Psychopathic Parents and the Responses of Children to this Parenting**

| Parenting behaviors of psychopathic parents |
|---|
| 1. Contrary to prevailing ideas, psychopathic parents are not universally "cold" and isolative but evidence a mix of loving and abusive parental behaviors. |
| 2. Parents who most closely resemble the "prototype psychopath" use affection and ingratiation to gain and maintain control over children and partners. In this context, expressed "love" does not reflect caring motives but reflects power motives. |
| 3. Psychopathic parents may desire to have a relationship with their children and even fight to gain custody, but the motives are not prosocial ones. |
| 4. Although physical abuse is not always salient to children or perpetrated by psychopathic parents, emotional and psychological abuse and all forms of neglect are common. |
| 5. Pathological lying is an important symptom of psychopathy that is manifest in the behavior of psychopathic parents toward their children. Pathological lying underlies severe emotional and psychological abuse. |
| 6. Psychopathic parents may select both favorites and targets for abuse from among the children of the family. |
| 7. Psychopathic parents may enjoy inducing fear in their children. |
| 8. Psychopathic parents may maintain poor sexual boundaries. |
| 9. Psychopathic parents expose children to their own antisocial behavior and to other psychopathic adults. |
| 10. Psychopathic parents maintain family ties and may manipulate family members into covering for them. |
| **Children's Responses to Parenting by Psychopathic Parents** |
| 1. Children may be confused by the behavior of the psychopathic parent and so focus their attention on only the "loving" aspect of the relationship. Children may dissociate and manifest amnesia for traumatic experiences. |
| 2. Children may experience and express love and loyalty toward a psychopathic parent, especially if they have a paucity of healthy adult role models. |
| 3. Children may have difficulty with identity formation if aspects of their identities are fabricated or withheld from them. |
| 4. Older children and teens desire "the truth" about their parents and themselves as they seek to make meaning of their experiences. |
| 5. Growing up with a psychopathic parent is associated with mood and anxiety disorders, substance use disorders, and antisocial disorders. |

*Adapted from: Leedom, L. J., Geislin, E., and Hartoonian Almas, L. (2013). 'Did he ever love me?' A qualitative study of life with a psychopathic husband. *Family and Intimate Partner Violence Quarterly*, 5(2), 103-135.