



Family Violence & Family Law Brief

Sober second thoughts about
the benefits and limitations of
reunification therapy

Issue #27 | *October 2023*



ALLIANCE OF CANADIAN
RESEARCH CENTRES
ON GENDER BASED VIOLENCE

This Brief was prepared by the Centre for Research & Education on Violence Against Women & Children (CREVAWC) on behalf of the Alliance of Canadian Research Centres on Gender-Based Violence.

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Suggested Citation

Jaffe P., Scott, K., Heslop, L., & Hooda, S. (2023). *Sober second thoughts about the benefits and limitations of reunification therapy*. Family Violence & Family Law Brief, 27. London, ON: Centre for Research and Education on Violence Against Women and Children, Western University. ISBN [978-1-988412-72-6](#)

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Sober second thoughts about the benefits and limitations of reunification therapy

The separation process between two parents can be a distressing time for all family members. Finding solutions in courthouses are a last resort. Family court judges, lawyers and court-related professionals prefer to keep separating parents away from litigation and resolve conflicts through settlement meetings, mediation, or counselling. In other words, litigation rarely improves family relationships. One issue that tends to drive parents to court are circumstances where a child resists or refuses parenting time and judges are asked to repair parent-child relationships through court orders and counselling. In situations where the strain in the relationship between a child and a parent is less severe, there may be encouragement to attend family or parent-child counselling as a remedy with the consent and assent of all involved. For more serious or longer standing relationship problems, consideration is often given to ordering reunification or reintegration therapy, which are more explicit efforts to heal a child and parent relationship.

This brief is intended to raise awareness about the limitations of reintegration or reunification therapy, especially when court ordered without consent from both parents and/or children and in situations where there are allegations or findings of family violence. It is focused on reunification in the context of family court proceedings. It outlines a series of questions that should be considered prior to, and as part of, decisions about reunification interventions.

What is reunification therapy?

Reunification or reintegration therapy is an intervention intended to repair relationships between parents and children. It was initially developed within the child protection system to address extreme cases such as where the child had been physically or sexually abused and because of safety concerns were separated from their parents. The goal of therapy in these cases was to restore or establish a child's relationship with a parent after a prolonged absence (Faust, 2018). Re-introducing the child(-ren) and parent(s) to each other and working towards a safe and positive relationship, when possible, was considered an important step for children's well-being in such situations. Variations of this intervention have now been applied to children in family court proceedings when they have become estranged from a parent or exhibit signs of reluctance, resistance, or outright refusal of parenting time. Parent-child estrangement challenges one of the foundational principles in almost every family law—that being, a child needs an ongoing, positive relationship with both parents.

In this brief, we use the term “reunification” to refer to intervention aimed at addressing a child's reluctance or resistance to spending time with one of their parents. As mentioned earlier, our comments apply to reunification that is recommended or ordered by the court in the context of family violence and often against the wishes of a parent and/or child. While there are many

reasons for strain in a child's relationship with a parent (as this brief will explore), reunification is often pursued with an assumption that one parent is unintentionally or intentionally acting in ways that promote the child's rejection of the other parent.

In family court in situations where a child is resistant or refusing to spend time with one parent, and where there are concerns about alienation, judges may recommend or order reunification interventions. Judges often start by recommending or ordering counselling as a way to promote or work towards reunification. Counselling may involve parallel sessions with children and parents separately. In child sessions, focus is often on exploring relationship issues with the child. Parent sessions often emphasize parental skill building for both parents, addressing symptoms that impact the parent-child relationship (i.e., depression, anxiety, trauma), and working with the rejected parent to better understand and acknowledge their child's feelings. There is also a significant focus on managing parental contact with the child and improving the co-parenting relationship (Chester, 2022; Sullivan, 2019; Walters & Friedlander, 2016). Counsellors working with children and parents separately often work towards gradual and supervised contact between the child and rejected parent through office visits with either the child and one parent or the child and both parents. Counselling may instead, or also, include dyadic parent-child intervention or family therapy.

When a primary parent or child consistently refuses attendance at such interventions, or in situations where there are findings of moderate or severe alienation, a judge may order more intrusive forms of reunification that separate children from the preferred parent in order to promote connection with the rejected parent. Such interventions may require children to be in intervention programs for several days at a time outside of their typical home at reunification "camps". During treatment, children may be prohibited from contacting the preferred parent and are forced to have extended contact with the rejected parent (Mercer, 2019). The most extreme reunification therapy programs require temporary reversal of custody from the preferred to the rejected parent, an action which is not only highly intrusive, but runs the risk of further traumatizing the children (Drozd & Bala, 2017). Failure to comply by the child or preferred parent can be met with police enforcement, and in some more severe cases, threats of incarceration as part of a court contempt order.

Can reunification be forced on children and adults without their consent?

One concern with reunification therapy is forcing treatment on a child without their consent. The absence of a child's consent creates potential ethical and practical problems for therapists who are named in a court-ordered intervention.

Laws may vary across jurisdictions on children's rights to refuse to treatment. In Ontario (Canada) the Health Care Consent Act (HCCA) stipulates that treatment *cannot* be provided to a young person without consent. While the HCAA does not provide a minimum age of capacity to make medical

treatment decisions, a young person will be deemed capable of consenting if they can understand (1) the treatment, (2) why it is being recommended, and (3) what would happen if they accept or refuse treatment. If the health care practitioner believes the child is capable to consent, they must respect the child's decision *regardless* of the treatment being court-ordered. However, if the health care practitioner does not believe the child is capable of consenting, the HCCA provides for a parent to act as a substitute decision-maker. In this case the parent must act in the child's best interest when giving or refusing consent to treatment.

There is limited case law on this issue. In her analysis of the unique Ontario case, *A.M. v. C.H.*, Houston (2020) reported that judges are provided with the authority under the *Divorce Act* (DA) and the *Children's Law Reform Act* (CLRA) to mandate reunification therapy and enforce the order despite a child's concerns or wishes otherwise. The CLRA allows judges to assess and prioritize the child's best interests. Judges are thus empowered to make orders concerning "almost any aspect of the child's life," including therapy (Houston, 2020). In other words, in the context of family litigation, judges can overrule the decision of a capable child regarding treatment. This is concerning because not only does it undermine children's right to consent as per the HCAA, it also silences their voice in the courtroom.

Overriding children's consent creates an ethical dilemma for the mental health professional. While professionals involved may try to support the court and the family, by doing so they may be violating their professional code of conduct. If called before their professional body for discipline, they may cite the judges order, but there is no precedent to show the order overrides ethical standards.

Why might a child resist or refuse contact with a parent?

Children may have a difficult relationship with one or both parents for a host of reasons. Any intervention program requires an assessment of the issues that may underly a child's reluctance to have a relationship with a parent (Chester, 2022; Fidler & Bala, 2020). Some of these reasons may include:

- Child factors (age, cognitive capacity, temperament, and special needs)
- Parent factors (parenting style and capacity, mental health, personality, willingness to change, and beliefs and behaviours)
- Aligned parent's beliefs and behaviours
- Rejected parent's beliefs and behaviours
- Alignment with one parent arising from a loyalty conflict
- Sibling relationships
- Poor co-parenting relationship
- Prior periods of abandonment
- Difficulties with a stepparent
- Rejected parent's inability to accept the child's disability, mental illness or sexual orientation
- Parent conflict pre- and post-separation

- Exposure to domestic violence
- Child abuse

Parent-child relationship challenges have been addressed in the research over the last 20 years. As represented in Figure 1, the model developed by Kelly & Johnston (2001), separates factors into background factors and intervening factors. The outer circle, background factors, directly and indirectly impact a child’s response, while the inner circle lists intervening factors that can moderate the response.

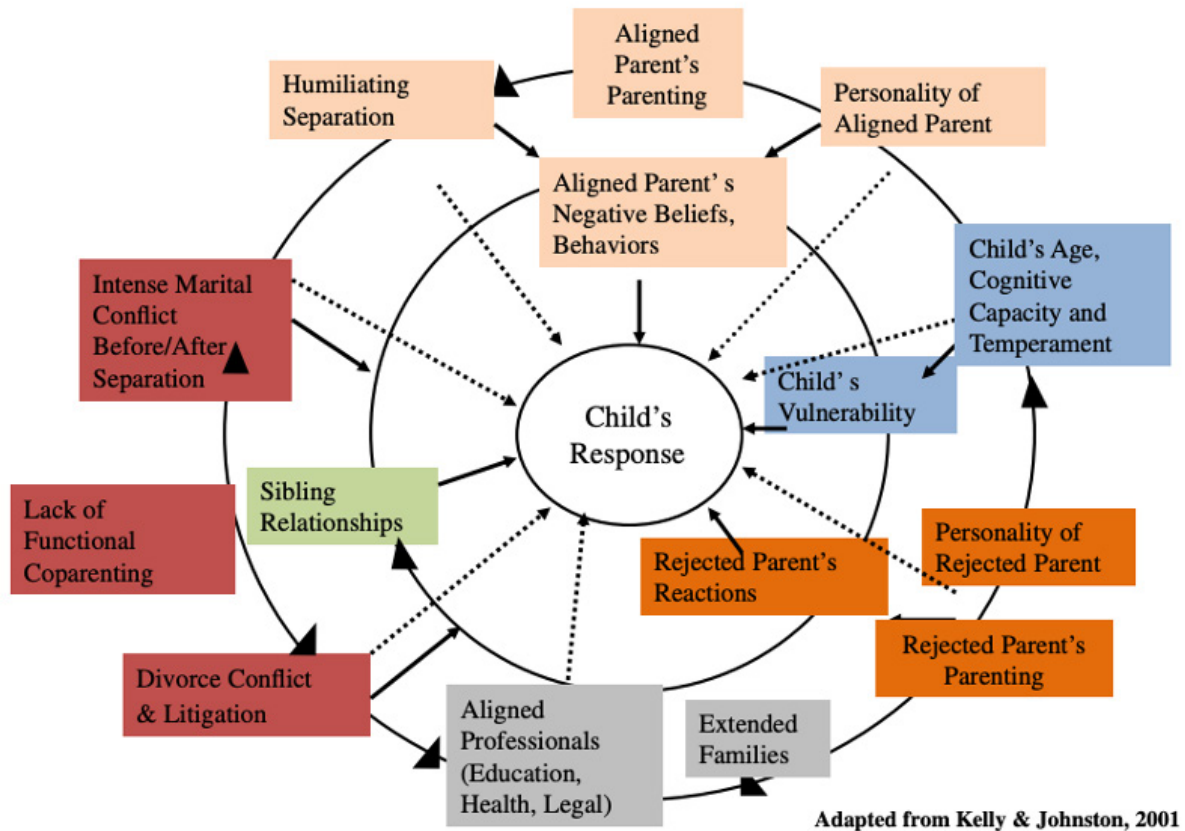


Figure 1. Child's response to parent is impacted by several co-occurring and overlapping factors.

Parent-child relationships exist on a continuum (Kelly & Johnston, 2001). Figure 2 shows that at one end of the continuum are situations where the child prefers contact with both parents and at the other end, the child rejects contact with one parent. Next to a positive relationship with both parents, is the child having an *affinity* for one parent for reasons pertaining to personality, shared interests, gender, or parenting style. These affinities can change over time as the child develops but exist in a context in which the child still desires and values contact and a relationship with both parents. Further along the continuum a child has developed an alliance with one parent and may express ambivalence toward the other parent and/or want to limit contact. The child's ambivalence may arise for a number of reasons, including being exposed to marital conflict, or the child may have been exposed to family violence. While the child may still love the other parent,

they may not like or feel safe with them, potentially because of the pain their parent has caused to the other parent. At the farthest end of the spectrum are situations where a child resists or refuses contact with one parent. Two reasons for this resistance are *realistic estrangement* and *parental alienation*. Realistic estrangement is when a child has chosen to refuse contact with one parent as a result of the rejected parent’s negative behaviour during the relationship or after separation. This could include family violence, abuse, or neglect. Parental alienation, on the other hand, occurs when one parent manipulates a child to reject the other parent without a justifiable reason.

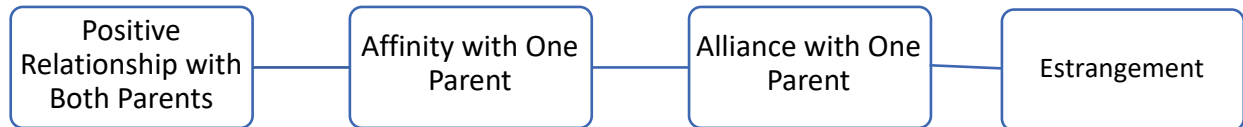


Figure 2. Parent-child relationships exist on a continuum.

The issue of whether realistic estrangement and parental alienation can co-occur is currently an area of significant debate. A recent survey of professionals which found that a majority (68%) of practitioners believe that family violence and parental alienation can co-occur (Pruett et al, 2023). However, we argue that parental alienation and realistic estrangement are different in *kind*, not degree. Accordingly, they cannot co-occur. Where there has been a history of family violence, the survivor parent’s concerns are justified (Tabibi, Jaffe & Baker, 2021). These concerns are based in a history of victimization experienced by the parent. Moreover, in this context, it is quite likely that the child’s resistance or refusal is related as much to the behaviour of the abusive parent as to any influence that the survivor parent may have.

The debate surrounding the co-occurrence of parental alienation and family violence extends beyond Canadian borders. In July 2023, the United Nations Human Rights Council released a Special Rapporteur on violence against women and girls (<https://www.ohchr.org/en/documents/thematic-reports/ahrc5336-custody-violence-against-women-and-violence-against-children>).

Building on their findings, the Special Rapporteur recommended, among other things, that (1) states legislate to prohibit the use of parental alienation or related pseudo-concepts in family law cases and the use of so-called experts in parental alienation and related pseudo-concepts; (2) family justice professionals receive mandatory training on the relationship between parental alienation and domestic violence and sexual abuse, including training to “combat gender stereotyping and ensure understanding of the legal standards on violence against women and children;” (3) prohibit the use of ‘reunification camps’ as an outcome of legal proceedings; and, (4) ensure children have independent legal representation in family litigation. Reports by Special Rapporteurs are presented and discussed at a special meeting of the UN as a way to help to raise the profile of cross-cutting human rights issues. Issues or recommendations made in special reports may become part of broader UN agreements or initiatives.

Have the reasons for a child's reluctance/resistance been properly assessed?

There is widespread agreement that the first step in addressing parent-child relationship problems involves a proper assessment to identify and understand the factors that are associated with the problems. Those factors are then used to guide interventions, including interventions that address the behaviour and parenting skills of one or both parents. Intervention that is prefaced on, and aimed at, eliminating child resistance/refusal, but does not consider and address potential contributors to, or reasons for this refusal, can be experienced as a form of professional pressure on the child, undermining the child's agency and potentially placing the child at risk of exposure to ongoing harm.

As just reviewed, there are many reasons a child might prefer, align with, or reject another parent. Assessment of the nature and underlying contributors to the strain in the child's relationship with a parent is essential. When trying to understand those reasons it is particularly important that children are given opportunities to voice their concerns. Too often this is not the case. Children report their voices and perspectives were often not heard or considered (Martinson, 2023). In fact, claims of parental alienation often discount the child's concerns as a construct of their preferred parent's manipulation and are sometimes enough for courts to rule that the child should not have a lawyer or be party to further proceedings (Martinson, 2023). These are controversial cases, especially when there are credible allegations of child abuse or family violence. For example, in *A.M. v. C.H.*, where there was a finding of alienation, the court dismissed the child's concerns and wishes as irrelevant—the child was simply parroting what the alienating parent had told them. In absence of a proper assessment—one that provides critical evidence for a judge to consider—there is a risk of an order that forces contact between the child and an abusive parent; overlooks the complexity inherent in parent-child contact problems; and misses the opportunity to address multiple other factors (Johnston & Sullivan, 2020).

Assessment is especially important in the context of family violence. Family violence cases need to be treated differently from non-violent high-conflict cases, because the concerns of a child who is rejecting a parent are basic safety issues (Jaffe et al., 2008). Reunification program may recognize this as well, and screen out family violence cases from services, though often this screening is limited. A good assessment must ensure that the child is not resisting contact because of a history of family violence, including child abuse and/or exposure to family violence. Assessments require specialized knowledge and skills to ensure that concerns about parental alienation are differentiated from child abuse and family violence issues. As mentioned above, a child's resistance to parenting time can be the result of very different or overlapping causes. For example, a parent who has been a victim of family violence may have safety concerns related to the child's parenting time with the other parent. In these cases, their hesitancy to promote parenting time is *protective*. In some cases, the survivor parent may be exhibiting worry that a child can readily identify with.

We also recognize that in some family violence cases, the abusive parent may turn the children against the victim parent. Some may label this conduct as alienation and suggest reunification therapy. In our view, these cases are best seen as coercive control and turning the children against the victim parent is part of the overall pattern of abuse and needs to be identified as such. In such cases, the court needs to hold the abuser accountable and deal directly with the coercive control.

Unfortunately, it is too often the case that reunification interventions are often recommended or ordered without a clear assessment of the reason for parent-child relationships problems, and critically, without clarifying estrangement and protectiveness from alienation, protectiveness from coercive control. Instead, a recommendation or order to attend reunification therapy often comes with the implication or assumption that one parent is intentionally manipulating the child or that a course of therapy might be helpful regardless and, even if not helpful, will not have caused harm. There are, however, significant problems with these assumptions and conflating the child's resistance/rejection of their parent with attempts by the preferred parent to deliberately alienate the child from that parent without proper assessment is fraught with problems.

Especially in cases of family violence, courts have a duty to listen to children's recounts of their experiences and prioritize their physical and emotional safety above all else. This requires that decisions regarding decision making and parenting time are well-informed and based on the behaviours of both parents and children, as well as familial, partner and individual contextual factors (Fidler & Bala, 2010). If children's views are ignored, or only partially considered, the risk of children being re-exposed to harm amplifies.

Has family violence and the impact of family violence on children been properly assessed?

In addition to assessing for the presence/absence of family violence, of critical concern in an assessment is whether the *impact* of family violence has been properly addressed. Despite the fact that many reunification interventions reportedly screen out family violence, in reality, such screening often fails to adequately assess and take into account ongoing impacts of family violence on children and survivor parents or evidence, or lack of evidence, of change in a parent who has behaved violently. As a result, in practice, reunification is too often suggested or ordered in situations where there are allegations of family violence and counter allegations of parental alienation. A central issue when considering reunification therapy in these cases is sorting parental alienation from realistic estrangement.

A child's preference for one parent and rejection of another is highly impacted by exposure to family violence. A substantial body of research shows that exposure to domestic violence can have an adverse effect on all domains of children's development (Artz et al., 2014). These findings extend beyond children who have been direct victims of abuse, to children who have witnessed violence, experienced the aftermath of the violence, or heard about the event. A child's decision to resist or refuse contact with an abusive parent is dependent on not only the frequency, duration, and intensity

of the violence, but also the many other co-occurring factors identified above (Fidler & Bala, 2020).

If domestic violence *is* acknowledged in court, many judges assume that it stops post-separation (Boyd & Lindy, 2015). This assumption is often incorrect and can be dangerous. It is well established that separation heightens the risk of violence, and that abusive parents may use court proceedings to continue to perpetrate violence against survivor parents (Chester, 2022). For example, the abusive parent may make malicious allegations about the survivor parent, or delay court proceedings. Accusing the survivor parent of parental alienation is a common tactic used to portray the survivor parent as vengeful (rather than protective) for not encouraging contact with the abusive parent. This has been a successful tactic, as attempts by the survivor parent to defend themselves or their children are used as evidence of alienation. As previously noted, this tactic may discount the perspectives of children and fail to protect them from parental abuse. Lack of legal representation for one or both of the parents and/or the children adds a further layer of complication.

Have family members been able to access and benefit from appropriate family violence interventions?

To maximize the success of healing the relationship between a parent and child, it is first necessary to consider whether all members of the family are ready for intervention aimed at reunification. Children and the survivor parent may experience trauma symptoms and concerns about their safety, all of which will impact their individual functioning and dyadic relationship (Anderson & Van Ee, 2018). A critical, yet often missing, first step is for children to be afforded the opportunity to access to their own *independent* therapy, if this is something that they wish to do. Providing children with an opportunity to process and heal from trauma also respects the child and their experience of family violence. Unfortunately, few therapy programs are available to support children. Key components of this therapy include improving children's social and emotional skills; gaining understanding of their experience; working through any associated trauma; developing and practicing coping skills; and improving the child's relationship with the survivor-parent (Anderson & Van Ee, 2018; Latzman et al., 2019). Clinic-based interventions are especially helpful as they provide the child with a safe and supportive environment to allow the child to talk freely about their experiences (Latzman et al., 2019). Ultimately, for children to be able to recover from exposure to family violence their needs and wishes need to be considered, and their physical and emotional safety assured (Bancroft & Silverman, 2002). Providing children with an opportunity to *safely* talk about their experiences and preferences during court proceedings where reunification interventions are being considered is an important step.

A survivor parent, most often mothers, also should have access to appropriate family-violence services. Survivors of family violence may develop complex health problems, such as heart disease, chronic pain, posttraumatic stress disorder, and depression (Anderson & Van Ee, 2018). Prior to reunification interventions, it is important that survivor parents are able to access treatment that is focused on the impact of abuse. Interventions have similar goals as those described for children,

with a focus on improving social and emotional skills, especially communication and problem-solving skills; addressing trauma symptoms and enhancing coping skills. Interventions could also include safety planning, parenting skills, stress management skills, and helping broaden their support network by connecting with community supports (Anderson & Van Ee, 2018). Even after having left their abuser, survivor parents can still be subjected to ongoing violence and coercive control, making access to therapy, safety planning and support critical to increasing self-efficacy and confidence in mothers (Anderson & Van Ee, 2018).

Finally, it is important to consider interventions for parents who have perpetrated family violence. Many leaders in the field have argued that before increased contact—including reunification therapy—there needs to be demonstration of accountability by the abusive parent. Part of demonstrating accountability is being able to assure child safety and cessation of any ongoing family violence, including litigation abuse (Stark et al., 2019; Steegh & Dalton, 2008). Attending family violence interventions (i.e., Men’s Behavior Change programs, Caring Dads, F4C) may be mandated to ensure the abusive parent is taking responsibility for and acknowledging the impact of their behaviour, and receiving the necessary support and education to interact with their children and family in a healthy, positive manner (Labarre et al. 2016). Ultimately, men’s intervention programs endeavour to improve child well-being by helping men understand the impact of their behaviour, which in turn encourages them to (1) change their behaviour; (2) establish a healthy relationship with their child; and (3) establish a non-hostile co-parenting relationship with the mother (Scott & Loncar, 2021). However, program completion should not be considered the *sole criteria* for evidence of change. As detailed by Bancroft & Silverman (2002), it is important that a professional, knowledgeable in family violence, assesses change by also focusing on the following pre-requisites for abusers:

- *Full disclosure of the history of the abuse.*
- *Recognize that the abusive behavior is unacceptable.*
- *Recognize that using family violence is a choice*
- *Show empathy for the effects of their actions on their partner and children.*
- *Develop respectful behaviors and attitudes.*
- *Make amends and be accountable.*

Only upon clear evidence of accountability and a true willingness to change should courts consider a change in parenting time and contact, including parent-child therapy. Contact should be contingent on the abusive parent’s ongoing commitment to change, including monitoring, to ensure the child’s safety and well-being.

Is reunification in the context of family violence an effective intervention?

Assuming that a proper assessment can be completed, is reunification therapy helpful? Is there any research to support recommending this intervention? Considering the evidence for

and against reunification therapy requires separation of family violence cases. This is because almost all published research is on reunification programs that are considered inappropriate for cases of estrangement, i.e., where a child rejects an abusive parent. Even in this context though, methodologically sound studies are scarce. In a recent review of the literature on these programs, only ten studies met inclusion criteria (i.e., peer reviewed, pertaining to a psychological or legal intervention for parental alienation and including at least one outcome) and all but one was a case series study (Templer, Matthewson, Haines & Cox, 2017). Also available are a number of reports by program providers that are justifiably critiqued on methodological grounds (Andreopoulos & Wexler, 2022; Baker et al., 2020). Program provider reports are often based on a sample of children and families who received the intervention without a comparison group (i.e. those offered an alternative treatment or no treatment). These reports also lack independent researchers, who document the drop-out and failure rates for the intervention, outline potential harms associated with the intervention, and discuss the economic burden for separating families.

Other critiques have pointed to the disconnect between the growth of reunification programs and the growth of evidence. (Andreopoulos & Wexler, 2022; Baker et al., 2020). Commentators have pointed out that, there is limited systematic knowledge available with regards to an established set of guidelines or best practices for conduct (Baker et al., 2020; Kleinman, 2017) and expressed concern that clinicians lack the training and expertise required to tailor their treatment to the unique family dynamics that are at play in cases of family violence (Baker et al., 2020). Regrettably, intervention is typically conducted by therapists who lack expertise in trauma and do not have specialized training in family violence, divorce issues, alienation, or estrangement (Kleinman, 2017; Walters & Friedlander, 2016). There is limited literature regarding reunification with families involving racial diversity, socioeconomic status, religiosity, and other socio-cultural aspects. Without an understanding of cultural or social background, it is unlikely that the intervention will be meaningful to the family. Individual differences will impact treatment outcome, and this should be taken into consideration when forcing parental contact in the context of reunification therapy.

How does reunification impact the child?

There are very serious concerns that reunification efforts further traumatize children and have been shown to do more harm than good, especially when there are also concerns about family violence (Dallam & Silberg, 2016; Jaffe, Ashbourne & Mamo, 2010; Mercer, 2019). In fact, it has been suggested that enforced treatment is counterproductive as it not only reinforces the child's hatred for the rejected parent, but it also adds unnecessary emotional stress and trauma (Jaffe, Ashbourne, & Mamo, 2010; Kleinman, 2017). Ignoring a child's fears not only minimizes and silences the voice of the child, but it can cause additional distress on top of the already challenging process of litigation. By undermining and dismissing children's concerns, reunification risks significant psychological harm to children (Lubit, 2019).

Reunification interventions are contraindicated where there are ongoing risks to the child or survivor parent's safety as the intervention can heighten risk (Freeman et al., 2004). Where safety

concerns are identified, safeguards should be implemented. Therapists have an ethical obligation to develop a safety plan with the family if they are deemed at-risk but given that many reunification therapists do not have expertise in abuse, it is unlikely that they are properly equipped to engage in safety planning exercises. In programs where custody reversals are required, the safety risks to the child are amplified because contact is unsupervised.

When reunification is forced upon children, in spite of allegations of family violence and abuse, it raises several concerns related to child safety. First, the potential for harm is amplified when practitioners and legal professionals discount children's reports of abuse and force contact with the rejected parent. Second, children's symptoms such as anxiety, irritability, depression, PTSD, sleep problems, and suicidality as a result of their experience of family violence (Dallam & Silberg, 2016; Mercer, 2019) risk being discounted or untreated. Following court orders that mandate contact with the abusive parent and/or prohibit contact with the survivor parent, these trauma symptoms may intensify and result in the child's deteriorating mental and physical condition (Dallam & Silberg, 2016). Third, some children run away in an attempt to escape the abusive parent, thus increasing the risk of homelessness and further violence at the hands of predators (Dallam & Silberg, 2016). Finally, reunification interventions in cases of family violence raise significant developmental concerns around children's mental health, attachment to a protective parent, and to their ongoing development of trust in relationships.

Summary

This brief raises concerns about the use of reunification interventions without the consent of a both parents and the involved children. Notably, concerns are raised about the effectiveness of these interventions in the context of family violence and whether they are being used in circumstances that could cause greater harm than good for children. There is an immediate need for independent research to be conducted with comparison groups to develop alternative, evidence-based, and trauma-informed programs with established standards and guidelines that truly focus on the best interest of children. In addition, it is important to inform family court professionals (i.e., judges, lawyers, advocates) of the potential harm reunification interventions can cause when it is mandated without a fulsome consideration of the root causes of estrangement. This is especially so in cases where there has been family violence and abuse. It is suggested that reunification is contraindicated under these circumstances unless the abusive parent has taken responsibility for and acknowledged the impact of their behaviour, is receiving the necessary support and education, and is able to demonstrate their ability to interact with their children and family in a healthy, positive manner. Even then, children's voices and informed consent cannot be ignored.

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