

Chapter 11

PAS IN COMPULSORY PUBLIC CUSTODY CONFLICTS

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INTRODUCTION

Programming of children by parent substitutes in public custody disputes can cause Parental Alienation Syndrome. Such programming involving public authority is designed to strengthen the position of the programming parent substitute in courts of law. The purpose of this article is to describe the alienation process in five Swedish cases where children have developed PAS after having been influenced to reject their mothers by local social welfare agencies. It is concluded that children and their parents are best served if PAS can be recognised, and efforts made to educate professionals about how harmful it can be.

As described by Richard Gardner and according to his widely accepted definition of PAS four main points can be stressed:¹

1. A child-parent relationship is transformed to rejection of a formerly loved parent.
2. The transformation is due to programming by the other parent or, as in the following cases, by a parent substitute.
3. The child contributes in the campaign of denigration of the alienated parent seemingly out of his or her own will.²
4. The child develops a cluster of symptoms related to a twofold cause: continuous negative influence about the targeted parent from the parent or parent substitute on whom the child is dependent and who is fighting to obtain or keep custody, and from the child him/herself, who has incorporated a negative picture of the formerly loved parent whom the child is kept separated from.

The incorporation of a negative picture is due to what is said about the targeted parent and, perhaps more important, what is done. The children in an ongoing custody conflict are vulnerable. In particular, small children are totally dependent on the parent or parent substitute for their daily care. It is impossible for them not to notice and be influenced by the rejection of the parent they are separated from.

If a child has been abused, severely neglected, or maltreated by a parent and therefore rejects that parent, then, of course, the child's rejection is justified, as are the local authorities' endeavors to protect the child. It is beneficial to have laws to safeguard children under such conditions. If the child's rejection of a parent is due to severe maltreatment, mental illness, drug problems, or abuse, PAS is not applicable.

PAS can be identified in custody conflicts when the parent substitute programs a child to denigrate a parent without justification, and acts to alienate the child from the parent, resulting in the child's own denigration of a formerly loved parent. The five cases presented here all involve rejection of the mother.³

When children's well-being and rights are at stake, even those whose mothers or fathers are severe criminals need to have contact with their parents.⁴ All children have human rights to be with their family.⁵ These rights are violated for many children who are taken into public care. Although some social workers and child psychiatrists claim that a foster family is as much a family as the child's biological family.⁶ This disregards the fact that the foster parents are being paid to take care of someone else's child, with one to three months notice of withdrawal. In November, 2001, 10,200 Swedish children were in foster homes, two-thirds on a voluntary or semi-voluntary basis and one-third in accordance with the Act containing Special

Provisions on the Care of Young Persons (LVU-Law 1980:621). This law gives the social authorities power to take children from their parents when an official believes that a young person's health or development is at risk.⁷

In Sweden, nearly every second marriage ends with divorce and about 70 percent of the "common law" relations end with separation. In comparison with the many cases of divorces or separations where children can become involved in custody conflicts between two parents, the compulsory public custody conflict cases can be seen as a minor problem. However, for the children involved, who without justification are programmed to perceive their mothers or fathers as negatively as the officials, the parent substitutes from the social welfare agencies, in these cases do, it is not a minor problem.

The purpose of this chapter is to contribute to our understanding of the unjustified alienating processes resulting in PAS when the identified alienator is a parent substitute in compulsory public custody conflicts and the mother is the alienated parent. The targeted mothers described here, whose cases I have investigated thoroughly as an investigative psychologist, have given their permission for me to write about their cases. All names are fictitious, but all the details and excerpts from documents and other quotations are authentic⁸ (translation from Swedish to English by myself).

As has been pointed out, unanimously⁹ breaking off the relationship, and contact between a child and a parent, subsequent to a separation, is traumatic for both the child and the parent.

In the case studies presented here this is evident. The cases are as follows:

- *Case one.* Emma was separated from her mother when she was one-year old.
- *Case two.* Erika was two-and-a-half years old when her mother was said to be no good for her.
- *Case three.* Jenny was separated from her mother as a newborn, her one-year-old younger sister was separated when she came back with her mother from eight years of exile.
- *Case four.* Four children were separated from their mother, the youngest was later allowed to go home.
- *Case five.* Dan was separated from his mother just before age 12 and died when he was almost 15.

After a presentation of the cases I discuss some issues: Are there any common traits in the way the alienator acts? Do the alienated mothers have something in common? How severely have the children

been harmed? What can be said about intervention and nonintervention by the authority officials, who are obligated to make decisions in the best interest of the child?

CASE ONE: EMMA

Baby Emma, a British citizen, was separated from her mother, Susan, when she was one year old. She is a teenager now, and lives in her second foster home, where she was placed when she was one-and-a-half years old.

Susan came from Britain to Sweden and married a Swede. After ten years, the marriage broke up and Susan was upset and began to occasionally drink too much. She was treated for this, but was not diagnosed as an alcoholic by any medical doctor. Five years later when Susan had been in a stable relationship for some time, she and her boyfriend longed for children. It turned out to be impossible for Susan's boyfriend to make her pregnant, they decided that Susan would try to become pregnant by a man who agreed to donate sperm. Susan and her boyfriend welcomed the baby girl and named her Emma. (According to Swedish law, Emma is a British citizen because her mother was unwed. Emma's British citizenship was confirmed before she was six months old.)

From all contemporary witnesses it is documented that there was a loving, close mother-child relation, and nothing to worry about concerning Emma's well-being in her mother's care. For example, in a report from the pediatrician who had investigated Emma it is written: "In summary Emma is judged to be a healthy, normally developed and in every aspect a functioning 9 months old girl."

The social agency had been informed from a social counselor at the hospital that perhaps this was a mother in need of some help, as she had five years earlier had some drinking problems in reaction to a stressful situation. A social worker came to the birth clinic and said that she wanted to arrange professional help for the mother in her home, something the mother rejected. When, in spite of Susan's refusal, the same social worker some weeks later came to her home with a therapist, Susan felt that her integrity had been violated, and expressed that frankly. In the journals kept by the social agency, it is documented that this rejection was taken personally. A later statement from the social workers said that they remembered unpacked boxes and an untidy apartment, and pointed out that this reflected Susan's "inner chaos." According to them, it proved that she was mentally ill.

Several months later, Susan was visited by an old pupil (from a time when she taught English courses). At the time of the visiting Susan did not feel well because of a stomachache and an infection, and she had not tidied up her apartment. This woman thought Susan needed some help and contacted the social agency. This information, and information from Susan's former mother-in-law plus comments from another person stating that Susan had been drunk gave reason for the same social worker to make a second home visit. She was again criticized by Susan, who had had some alcohol, but was not so drunk that she could not take care of her baby.

The social worker had the local social council decide about immediate compulsory public custody, called the police and took Emma to a children's home. Susan was desperate; she cried for her child and was aggressive towards the officials. According to the social agency, Susan's behavior towards the officials from the social agency justified their opinion about Susan being unfit to take care of her child. They argued that Susan was mentally ill and would again start drinking. Their opinion could not be altered although professionals argued strongly against a separation of mother and child.

At first, Susan was allowed to come and visit Emma and occasionally to breastfeed her as she had done as long as Emma lived with her. When Susan was allowed to stay in an institution with Emma, she tried to hide with Emma from the social agency. She was caught by the police, who took Emma from her at the request of the social agency. After that incident the social agency decided to not tell Susan where her daughter was. The social record stated that: "the mother has 'kidnapped' the daughter several times."

The social agency decided for the second time to take Emma into forced custody. Emma, then eleven months old, had been moved between three different institutions. She was placed in a temporary foster home while the social agency looked for a more permanent foster home. Emma became attached to the temporary foster mother with whom she was placed for as long as six months. Emma was kept at a secret address away from her mother. The reason for this was explained by the social agency: "Susan has not known the address because she has been very emotionally unstable and unpredictable."

In the social record, it is written after a meeting between the temporary foster mother and two social workers: "We speak generally about Emma's needs and the responsible social worker doesn't think it will be difficult to find a suitable home for the child. On

the other hand it is important that the family home¹⁰ can tackle Susan."

After six months the social agency had found a home that could, in their opinion, "tackle Susan," who was then not allowed to see her daughter at all. Emma was to be accomplished adjustment to her new foster mother, with the help of the temporary foster mother, according to a plan made up by the social agency.

Susan had been cut off from her daughter by the social agency. The parent substitute demonstrated by their actions, which were impossible for Susan to stop, that they did not think that she, as Emma's mother, was an important or necessary person for Emma to have in her life.

During the past 15 years, Emma has never been allowed to see her mother at the foster home. The address of Emma's new home was also kept secret from Susan, whom the social agency described as an alcoholic and mentally disturbed. This was, in spite of the fact, according to all the medical expertise that Susan had been in contact with, she was not regarded as an alcoholic. The officials from the social welfare agency later labeled Susan psychotic. However, this is not a diagnosis from any medical or psychiatric report, which have repeatedly diagnosed Susan's drinking and loss of control as a reaction to the forced loss of her child and the continuous lack of normal contact with her child.

The social agency had decided that Emma should be rooted in the foster home. The goal was that Emma should perceive the foster parents and the other children placed in the same foster home as her family. Nevertheless, Emma's foster home is a "family home" on duty, with a contract, according to which it can give notice of termination of a child it gets paid to take care of¹¹ three months in advance, after which the home is obliged to take another child.

The social agency had regular contact and supervision of the foster home. Every contact is documented in a social record. The following notes were made by a social worker when Emma had been placed for about six months: "The foster mother says that her head gets empty – Susan unceasingly speaks her stuff, ('is harping on the same string')." Six months later, when Emma had been in the foster home for one year, still without any normal contact with her mother Susan, the following notes were written: "Susan has been worse than ever – she calls often – keeps talking about all the old stuff, ('like a record-player')."

The fact that Susan cannot think or talk about anything else than the loss of her child is used against her. She is, in the opinion of the social agency, "nagging."

This is a word Emma picks up and also uses against her mother, as an explanation for not wanting to see her.

Susan was not allowed to phone Emma at the foster home until Emma was three years old. At that time, the social agency suggested for the first time a transfer also of the legal guardianship from Susan to the foster parents with a continued payment from the social agency. This issue is not yet settled.

Susan kept sending cards to Emma, sometimes nearly every day. In the social journal we can read: "The family sorts the cards – and prevents contacts between Emma and Susan." And from another day: "The family chooses when Emma can have a card."

Emma was allowed by the social agency to meet her mother once a month outside the foster home under supervision of her foster parents. Emma called her mother mummy during the first years, then by her first name as the social agency has always done. Emma's mother wanted Emma to learn her own language, English, but this was not supported by the social agency or the foster home. Emma has been told that her mother is ill and unable to take care of herself or Emma, neither of which is a proven fact.

Emma has never during her years in public custody been allowed to meet with her mother in an everyday situation, or without supervision. All meetings took place – and still take place – under the supervision of the foster parents, outside the foster home.

When Emma was six years old the social agency reported that Emma did not want to see her mother any more. Before a meeting they claimed that Emma had said about her mother: "If she insults and yells, I want to go home."

This is a borrowed adult expression. Year by year, as Emma grows older, she has gradually taken more and more part in the denigration campaign of her mother. She has expressed a hatred of English and a total rejection of Susan. The social agency, responsible for the programming, argues that this proves that Emma doesn't *want* to see her mother, and that their decision to transfer the legal guardianship to the foster parents is the right thing to do.

The powerlessness Susan experiences because of the removal of her daughter by the social agency has made her do desperate things. She has set fire to papers from the social agency and has twice been sentenced to forced psychiatric care with special court review. The professor who made the forensic psychiatric evaluation on Susan wrote in 1996, and then again in 2001: "The most crime-preventive measure is more contact between mother and daughter." A British psychiatrist who examined Susan stated: "To

make fires gives her a useful tool of communication and expresses her frustration, resentment and despair."

The social agency has suggested a transfer of the legal guardianship of the British citizen Emma to the Swedish foster parents a total of nine times. One expert, who was requested by the social agency to give an opinion, wrote:

Emma seems to be an easy-going, merry and confident girl. She lives and has her life with mum and dad, her family home parents. She is well aware that she has a biological mother, Susan, but she doesn't feel anything particular for her, or has thoughts about what a life with her would be like. Emma seems to live a good life in her family home and ought not to be worried through a constant tug-of-war between those she regards as her family and Susan. My suggestion is that the custody is transferred to the family home parents.

In another statement from the social agency, it was concluded that "For Emma to be able to maintain a realistic picture and not to lose contact with her biological mother we suggest that the existing contact is reduced to let's say two occasions a year."

In 2002, when Emma was 12 years old and had been in the same foster home since she was one-and-a-half, the social agency had asked another agency to investigate Emma. That investigator met Emma with the foster mother in the foster home. The requested investigator found that:

1. "Emma has not one positive thing to say about Susan."
2. "Emma doesn't think it is amusing, it is boring and not exciting to see Susan."
3. "To the question if she would like and dare to say to Susan that she is always nagging Emma answers – Yes, but I don't anyway, but I can tell the foster mother."
4. "Emma doesn't feel any kinship or connection with Susan."
5. "Susan has sometimes been sad and has argued with the foster parents. Emma doesn't listen then."
6. "During our talk Emma clearly demonstrates irritation about Susan. She cannot describe Susan for me, she says she doesn't remember what she looks like."
7. "She thinks she is always nagging and that she asks Emma a lot of questions. She compares the situation with the one when I, in my capacity as investigator, come and ask her questions."

If we add that Emma has rejected any contact with her mother's family in England, we have an illustration of all eight criteria described by Richard Gardner

for diagnosing the child's behavior as a result of alienation with an identified alienator: PAS.

In the Administrative Court of Appeal, Susan had appealed the social board's decision not to grant her and Emma at the time 13 years old, more extensive visiting rights. In my capacity as a private expert witness, I argued that Emma had developed PAS and that she was unable to express her own will because of the heavy programming she has been exposed to since she was a baby.

In the verdict from April, 2003 PAS was mentioned twice, when my statement was referred as the court had understood it¹²:

When Emma was to attach to the family home mother the social welfare board decided about restrictions for Susan so that she was not allowed to see her child. The social welfare board thus acted as an alienator between mother and child. Emma's contact with her mother is today seriously damaged as a consequence of all restrictions decided about their access. Such damage is called PAS – Parental Alienation Syndrome – and can be read off in a child's behavior. The only way of breaking the PAS condition is to remove Emma from the family home. It can take longer or shorter time for Emma to attach to her mother.

The court decided, in spite of PAS as the cause for Emma not wanting to see her mother, not to judge otherwise than according to what had been recommended by the social agency and formally by the social welfare board.

Susan's attorney has made three applications to the European court without success.¹³ The total number of trials about Susan and her right to be with her child, in the courts over the years is according to her attorney 158.¹⁴

CASE TWO: ERIKA

Erika was three-and-a-half years old when her mother Ann was said to be no good for her. Ann and Åke were married and longing for children. When Ann at last got pregnant marital problems arose. When their daughter Erika was born she had colic for three months, something Åke could not stand. When Erika screamed, he would start screaming. This was something Ann said she wanted to protect Erika from. Åke moved out. After their separation, Ann wanted Erika to meet with her father but in Ann's presence. The problems grew. Åke phoned during the nights and had problems accepting that he could not come whenever he wanted. The parents started to fight

about custody and contact. Ann and Erika moved. When Erika was two-and-a-half years old, Ann, who was tired from calls and visits at night from Åke – and from her fibromyalgia – asked the social authorities for some help. She requested that Erika could stay with another family for one weekend per month so she could have some rest. This is a social service called "having a contact family" that can be approved by the social agency for single parents who need some personal time or assistance.

Ann did not get that help. Instead, her ability as a mother was questioned. At the same time it was to be decided in court where Erika should live, with her mother as she did, or with her father. The social authorities decided that Ann, Erika, and Åke should all be observed together in a child psychiatric clinic, where they had to stay day and night for four weeks. This was a difficult situation for all of them, but especially for Ann, who did not have the sympathy from the staff in the clinic or from anyone in the social agency, as Åke had. Ann's behavior was questioned by Åke and by the staff.

The observations in the clinic clearly demonstrated that Erika, then two years and seven months old, was attached to her mother. No disturbances other than those that could be attributed to the unnatural situation of being in a clinic were reported in the journals. Here is one example: "Erika is often worried and goes crying to stand close to Ann. When Ann at last leaves, Erika's worry and crying grow and she runs around looking for her mother. Once she went to a corner thumb-sucking."

The report includes observations from diaper changes where it was said that the mother didn't realize that these were like "abuse" for Erika. However, Erika had a reason for not liking diaper changes; she had had several severe constipations and one month before the intake for psychiatric observations had been operated on (extirpation of two anal polyps). These natural explanations for Erika's pains in her private parts were not considered by the staff in the clinic or by the social agency. They thought that Ann was somehow sexually abusing Erika. This was something Ann had thought that Åke might have done, after having been questioned by the doctor who operated on Erika if she had any such suspicions.

When the observations after the four-week stay at the psychiatric clinic ended, Erika was described by the psychiatrist in charge as having a disturbed behavior. Ann was found to be an unfit mother. Evaluators said she denied her problems and did not seek help enough. Here is what the psychiatrist wrote:

Ann has, although she cares very much for the girl, no empathy in function for the girl's autonomous needs, and she seems to experience herself and the girl as a mental unit. Ann has a manifest consciousness about the girl's behavior disturbances, but shows no need to accept help from her surroundings. Ann always has rationalized explanations to her own and the girl's behavior.

On the other hand, the psychiatrist wrote that Åke had not "demonstrated any signs of unfitness as a parent." The observations regarding the girl and the father, according to the psychiatrist cooperating with the social agency "show adequate quality and we have in this context seen nothing of the behavior described by Ann."

The father was not discussed in terms of any mental disturbance (according to Ann he had medicine for being psychotic, a reason for early retirement later). On the other hand the mother was seen as mentally disturbed by the staff. They had observed her at the clinic with Åke, from whom she had escaped, and who slandered her as an unfit mother for their child. One doctor wrote in a daily note in the record: "Still perceive this mother as evidently mentally disturbed which all here in the hospital have. But cannot see that I in any way can report her of neglect of the child. There are no signs of trauma or damage on the child."

The social agency some weeks later decided, although there was no proof of neglect in Ann's care, that Erika, then three years old ought to be moved to a "qualified family home" for a "longer stay." Erika, three-and-a-half years old, was taken by force from her mother. The preconditions for Erika to be allowed to return home to Ann were formulated by the social agency:

- that* Erika has reached a stability, maturity and trust to her surroundings and that it is judged to be lasting,
- that* Ann has reached a lasting stability and maturity and insight about Erika's needs,
- that* Ann lastingly has gained insight and learnt to control situations where she easily gets into mental insufficiency,
- that* Ann has gained lasting stability and maturity in her relationship with other people.

The social agency has the power to decide when these preconditions, which it had formulated, are met.

Erika was placed by the social agency in a foster home. She was allowed to see her mother shortly once in January, once in February, once in May and once in August. In September, Erika was suddenly allowed to see her mother a whole day – under supervision of a psychologist, a psychiatrist and the social workers in yet another clinic. This was part of the second child psychiatry investigation, requested by the

social agency. The mother was this time observed to have "used words that are abstract and doesn't show any ability to empathy with Erika, she is not sensitive for the wishes and the needs of the child. The mother also violates Erika's integrity in the play but however we cannot observe any physical violations. Some warmth between mother and daughter can be observed."

The father was also observed with Erika in the clinic. He was praised for his ability to meet the child's needs and for his opinion shared by the social agency and the expertise, that the mother was unfit as a mother for Erika: "The father also expresses his relief that Erika has been placed in a family home as he has been very worried about her situation due to the mother's lacking ability as a parent."

The experts recommended placement during the years Erika was growing up, this was something they called "placement during childhood and adolescence," a concept not mentioned in the Swedish law. The following is a quotation from the conclusions written by the chief physician, the psychologist and the social workers:

Erika has been greatly damaged concerning the development of her personality. She has now in a safe and stable setting developed in a positive direction but we judge that she has a fragile and easily damaged personality at great risk for future mental problems and also for a negative development of her personality.

We judge it as totally out of question that her biological parents would be able to take the parental responsibility. We therefore recommend a placement during childhood and adolescence and also a transfer of custody to the family home parents.

We judge that the contact with the biological mother is so trying for Erika that it must be restricted more than before to let's say one hour per occasion at most once a month.

It was also said that it would be best to let Erika meet her mother outside the foster home, in a "neutral setting," and under strict supervision: "The mother and Erika must not under any conditions be left alone which is why a third person must be present the whole time." Erika's contact with her mother was restricted to only a few short supervised contacts and a few telephone calls during the next year.

The social agency then for the third time requested that Erika and her parents be investigated by a child psychiatry team. Erika, then five years old, was moved to a clinic where she had to stay for four weeks. One of these weeks the mother was demanded to come, and another week the father. Six new experts were now judging Erika and her parents, after a separation

of two-and-a-half years, again in a totally unnatural setting.¹⁵ The following is an excerpt from the summary after four weeks in the clinic:

The biological mother's relation to Erika is obviously destructive. The biomother is not capable to protect Erika against dangers. What is worse, the biomother has a theoretical idea of her own that Erika is not to be protected, that Erika is worse off when protected. The biomother lacks ability to see Erika as an individual of her own. She sees herself and Erika as one unit, describes 'not visible bonds' between them.

Ann, when asked, told me about the reason for the accusations of no protection. In company with several observers, she had been allowed to go for a walk with her daughter. She had then encouraged Erika to balance where she judged no danger existed for Erika if she fell. She had also told the observers that she thought it important for a child to learn by doing and to try things. Here is another quotation from the summary after the third child psychiatry investigation:

The family home must be given the authority to totally keep up Erika's boundaries. It is necessary that the family home are psychological parents also in reality. The biomother must be stopped from psychologically invading the family home. One example of such invasion was that she did not approve of the shoes bought for Erika by the family home. The biomother's telephone calls with Erika must end totally. Since every such telephone call means a trespass on Erika's boundaries, where she has to protect herself against her mother's trespassing.

The substitute parents, that is, the social agency, the experts they asked to investigate, and the foster parents they had chosen all said that it was no good for Erika to be with her mother, or her father. The opinion expressed by the foster mother was quoted in the third investigation made: "She has a hope that Erika with time will have an inner ability to keep her personal boundaries. She thinks that the visits by the parents have disturbed Erika's development in that respect."

The social agency and the politicians responsible decided, on the recommendation from the child psychiatry team, that Erika should be allowed to meet her mother twice a year under supervision of a staff member outside the family home, and that the mother and Erika should not be allowed to speak on the phone.

Ann appealed and argued that she wanted to see her daughter at least three hours every fourth week and to be allowed to phone her daughter once a week. She argued that the restrictions were against the intentions of the law related to forced custody and against the European Union convention on human

rights and against the United Nation convention on children's rights. The court argued against her appeal: "The restrictions in contact, according to the appealed decision, is in accordance with the latest child psychiatric statement. What the mother has argued in support for her appeal and what has emerged otherwise do not constitute reasons enough to abandon that thus by child psychiatric expertise has been judged to be necessary for the best of Erika."

Erika was six then. The contact with her mother was totally broken for one year, because the social agency reported Ann to have crossed sexual boundaries with Erika, under supervised access. This report was found to be not substantiated by the police. Gradually, the social agency has allowed Erika to see her mother more often than twice a year – at most once a month for three hours under supervision of a social worker. The time amount was after five years altered to five hours a month. Ann then asked the social agency if she could be allowed to see her daughter without supervision. She was supported in her request by the foster parents.

Erika had rejected Ann. For a long time Erika did not even know that Ann was her mother. When Erika was 12 years old she started calling Ann mother. Ann says she had to adjust to the violations of her child's and her own human rights to family life. She states "The violations turn pale, now when it has changed to the better."

CASE THREE: JENNY AND JESSICA

Jenny was separated from her mother Jean when she was a newborn. Her sister Jessica, one year younger than Jenny, was separated from her mother when she came back with her mother from their eight years' exile in her father's home country, at the time she was eight years old.

Jenny's parents had longed for a child. The delivery was traumatic and involved the use of the vacuum extractor and fundal pressure. Jenny had frequent regurgitations and could not properly use her right arm. (The cause was damage to the brachial plexus, and a small degree of injury to the brain could not be excluded.) The parents took Jenny to the baby clinic weekly, where she was weighed naked and treated by a physiotherapist for her damaged arm. No reports of fractures or bruises surfaced. When Jenny was two months old her parents took her to the hospital to be examined after they had discovered that her damaged right arm was swollen. The admitting doctor in the

course of his examination did not find any bruises on the arm. He also did not see any evidence of injury on the legs, according to the medical record. Swelling of the lower part of the left thigh was not seen by anyone until the afternoon of the same day the parents had brought Jenny to the hospital. Some bruises were discovered later during that same day in hospital. After x-ray examination three fractures also were found. This caused the chief physician to report the parents to the social agency for child abuse. Two days later, the social agency decided to take Jenny into public care.

The chief physician did not consider brittle bone disease, as did another physician from Scotland, who has been concerned with research and patient care in the field of bone disease since 1964. In 1991, this physician investigated Jenny on Jenny's parents' request. He wrote a thorough report after the examination of Jenny, her medical records, her radiographs, family history of diseases and the clinical information. He stated: "While there can be little doubt that some form of brittle bone disease played a significant part in the causation of Jenny's fractures, it is not clear which form is most likely to be present."

Jenny had at that point already been taken into forced custody, and had not been allowed to see her parents. Jean became pregnant when the parents had good reason to hope to have Jenny back. The background for their belief was the statement about brittle bone disease, and the report by a psychologist, who had found nothing in support of child abuse or anything that made Jenny's parents unfit.

The parent's good hope turned to despair. They did not get Jenny back. The social agency decided to take the awaited child into forced custody as well – to protect her – as they, in their view, had protected Jenny from her parents. The parents fled to Jenny's father's home country in Central Europe.

For two years, Jean and her husband wrote to all the authorities they could, and fought every day to have Jenny back. After this, Jean says, that the children's father has no energy left to fight against the social agency. He studies a lot, his parents are fighting for their grandchildren.

Their second daughter Jessica was born. While in Central Europe Jessica learned the language from her father and his parents, who were very close. She also, of course, learned Swedish from her mother. Jessica knew she had a sister, but she never went to visit Jenny in Sweden. The parents called Jenny in her foster home, wrote cards and visited her once. At that time the police ordered visitation of their home. The police came with two officials from the social agency.

The marriage broke up. Jean went back to Sweden, her mother had died and she had to have an operation. Jessica stayed with her father and her grandparents. Jean resumed the fight to get Jenny back. This was not easy as the social agency had told Jenny that her parents had abused her and broken her bones when she was a baby. Jenny did not want to see or talk to her mother. She had been moved from her first foster home to another one, and the social agency considered that couple as Jenny's parents.

The children's father – who found it very hard to stand the humiliation of not being able to get Jenny back – wanted to get away by working on a ship. Jean therefore took Jessica with her to Sweden. Jessica was then seven years old and was supposed to start school in the autumn. Jean thought it a good idea for Jessica to meet future classmates and practice Swedish by attending the church's preschool. Jessica was appreciated by the teachers and the other children there, and later at school. She was, according to her teacher, curious to learn, and did well.

Suddenly Jessica was taken from school! Two policemen and two social workers came and took Jessica from school to a secret address. Why? The day before, the same social workers had come to see Jessica and her mother. They said that they had begun an investigation after having received a report from the social agency where Jessica's sister Jenny lived. That agency had gotten a report from the father's home country saying that Jenny's and Jessica's father had been reported to the police for suspected abuse. When the social workers had visited they said they were coming back the next week. However, as mentioned, they came back the next day – with the police. They claimed that the mother had not protected Jessica and now they had decided to protect Jessica by taking her into forced custody.

Jessica was placed 100 kilometers from home in an institution with many other children who came from broken and problematic homes. Jessica, who really had enjoyed school and liked her teacher, was cut off from school and her friends, as well as from her mother and her grandparents. One female on the staff, Sheila, in close collaboration with the social agency, acted as a substitute mother. After one month of total isolation from her former network Jessica was reported to have sexual contacts with the boys in the institution. Sheila talked to Jessica and asked her questions about sexual details. After one more week of questioning and talking, Sheila reported to the social agency that Jessica had told her that she had been sexually abused by the man her mother had lived with after the return to Sweden.

The focus was not on the disconcerting conditions for Jessica in the institution, but on Jessica's mother. She really was a bad person not capable of protecting her child, stated the social agency.

However, Sheila was a good person, according to the social agency. She was close to Jessica and could comfort her, it was argued. This, in fact, was to help in the intensified denigration of Jessica's mother.

Sheila was the one reporting to the social agency about Jessica's behavior in the institution. After three months' stay, when the ban on visitation by the mother had been lifted, it was reported: "Jean visited Jessica in the institution twice a week accompanied by the staff, to prevent a negative influence on Jessica. The time of access was prolonged from one to two hours per occasion."

After nine months in the institution, when Jessica had stopped talking her native language and learnt a lot of things a little girl ought not to know about sexuality, stealing and so forth, she was placed in a second foster home. (The first one the social agency took her to was not considered qualified enough.) This foster home was situated 300 kilometers away from Jessica's mother. The social agency allowed Sheila to visit Jessica whenever she wished, but Jessica's mother was not allowed to visit at all.

When Jessica had been transferred her mother wrote to the local politicians responsible:

My daughter needs peace and quiet, after having been placed in a children's home for nine months and after what she has endured during her time in forced custody. Now it has come to my knowledge that her foster home is also a foster home on call. I wonder if it has been considered what is best for Jessica. I only want what is best for my daughter, and am persistent if something is wrong, and am then considered to be a troublesome person. But the social agency only stresses negative things about me in order to win.

The father's parents, who had been very important in Jessica's first seven years of life, were not allowed to visit or call her. When they wrote to the social agency and complained that Jessica had been placed with strangers, and criticized the fact that Sheila was allowed to visit Jessica in the foster home, they got a letter saying: "That Sheila visits Jessica is due to her having become an important person for Jessica, a person Jessica herself wants to meet. The family home has our full confidence, they are kind and caring towards Jessica, which is their task."

After six months in the "family home," Jessica was taken by the social agency to a psychologist specializing in sexual trauma. She evaluated Jessica and

recommended therapy (by herself) for at least one year – twice a week the first half year. This expert conducted her investigation and her therapy at the request of the social agency, who also informed her, as it had informed the family where they had placed Jessica.

The psychologist had thus been informed that Jessica had not been protected by her mother when Jessica had been traumatized by her father's physical abuse and by sexual abuse perpetrated by the man living with Jessica's mother. These were two alleged crimes but no decision to prosecute was taken. The alleged crimes were taken for granted as the foundation for the therapy given to Jessica. A child who is not a victim of sexual abuse but is treated as if she is can be severely damaged by such treatment. Of course, it serves as a powerful tool in alienating the mother and everything connected to her.

The social agency wrote in their report about Jessica's rejection of the mother and the grandparents as if it was the child's own will, not realizing that it was a foreseen result of their alienation:

In the end of October Jean phoned Jessica and said /my remark: how can the social agency know what the mother said on the phone before they had started bugging? that if she didn't talk to her grandparents they would come and fetch her. Jessica had then answered her mother that if she kept threatening her, Jessica would report her mother to the police. The mother had answered that the father, she herself and the grandparents would come for her. Jessica went out to the family home father so that he could hear the mother's threats. Jean denied that she had threatened her daughter. Jessica commented that the mother lies very much. To her instructor from the social agency Jessica said that she wanted the phone calls to be bugged, as was done in the institution she lived before, that was much better.

In November, 2000 the instructor from the social agency (a person Jessica's mother had tried to have replaced via a letter) instructed Jean:

Hello!

The foster mother informed me this morning that Jessica refuses to talk to you until the calls can be bugged.

Kind regards,
Social Secretary.

After this Jessica called her mother once, and then did not want to phone her mother any more, reports the social agency. The programming proved to have been efficient. When Jessica had said she did not want to speak to her grandparents, the social agency reported: "The son in the family repeated that the grandparents had to respect Jessica's will, or otherwise it must be seen as molestation and be reported to the

police. After this the telephone calls ended for a while."

When the grandfather called again after some months the social agency wrote:

The grandfather argued that he had a right to his grandchild. He wanted to speak to Jessica. The family home mother then asked Jessica to tell her grandfather what she wanted. Jessica looked afraid, but came to the phone and said that she didn't want to speak with them. The grand father doubted this. He also said that he would come and see for himself and hung up. Jessica said afterwards 'Imagine if they come and fetch me.'

That Jessica could have been afraid (it must have been the foster mother who had reported to the social agency that Jessica looked afraid) because she knew that she must reject her grandfather in the presence of the foster mother, is not something that came into the mind of anyone in the social agency.

The grandparents called again, and the foster home changed its phone number. The social agency in their report stated:

On a political social agency meeting, in which Jean chose not to participate, prohibition of access for Jean was decided, and it was decided that she would only be allowed to speak to Jessica every second week and that the calls should be bugged.

The same social secretary wrote another letter to Jean a month after the last one:

Hello!

Now the family home has a new phone number you can call, /the number/. It will be installed /date/. We decided that they shall have the line open every second Sunday 19.30-20.00 starting now Sunday. Sundays, because we think it suits you as this is the only day you are free during the week and in the evening so that the family home is free to do other things during the day. Jessica doesn't want you to give this number to her grandfather or grandmother.

The social agency reported constantly that Jessica did not want to see her mother and that Jessica did not want to talk to her grandparents. They were satisfied that Jessica was afraid and preferred them, they wrote in the report cited earlier:¹⁶

The mother phoned on Christmas Eve, the first possible time for her to phone, after the family home had opened a special phone for the mother's calls. She told Jessica that it is illegal to bug and that she has presents at home that Jessica can have when they meet. She also said that she didn't intend to call more, which she hasn't. Jessica has said that was a relief. When the instructor from the social agency talked to Jessica about seeing her mother during the spring, Jessica could agree to see her mother

in /name of the town/ together with the family home father and the social agency.

The social agency then wrote to Jessica's mother and told her that she could see Jessica on the railway station in the town chosen (200 kilometers from Jean) for one hour under the supervision of them and the foster father.

The mother refused to see her daughter under these humiliating circumstances, she argued contact between them would be impossible.

The trauma Jessica, eight years old, suffered when she was cut off from her mother from one day to another, was not investigated or even considered by the social agency or the psychologist contracted by the social agency. The continued traumatization caused by the cutting off not only of Jessica's mother, but of her whole family, her native language, school and network with neighbors and friends was not considered either.

All actions have been motivated by the social agency using the argument that they are responsible for the protection of Jessica. The feedback that they have harmed Jessica, instead of helped her, never comes through, as Jessica is kept isolated from her mother, seemingly of her own will preferring to stay in her "family home."

Jessica's mother wrote to the social agency:

I request that the forced custody of my daughter Jessica Svensson ends. Your care of her is destructive and harmful. As you know, and according to witnesses Jessica was a very caring girl until you took her in September /year/. The latest reports about her are very worrying and I know my daughter better than anyone of you. As the contact between me and Jessica has been minimal because of you I see a very dangerous development in her. First you place her in the institution where abuse takes place. Then in a foster home where the foster mother is not cooperative and is about to break down my daughter mentally.

Kind regards,
Jean Svensson

The social agency claimed that the problems, arising while in forced custody, were caused by the mother's neglect. After Jessica had spent six months in the foster home which was instructed by the therapy institution specialized in sexual abuse, where Jessica's psychologist works, the social agency stated in their report: "According to the therapy institution specialized in sexual abuse where the psychologist works it is important that Jessica is made as safe as possible and that contacts with relatives who make her worry are minimized so that Jessica can profit from the therapy given."

The social agency, ignorant of how it had abused Jessica, reported:

In a telephone call with Jessica /date/ she said that she had listed some things she wanted to read aloud:

'She /Jessica's mother/ doesn't need to send me anything. I manage without.'

'I do not want to see her, because she does foolish things.'

'I do not like her when she lies.'

'I do not want to talk to her.'

Jessica was thus reported to have totally rejected her mother of her own free will, with absurd explanations and borrowed adult expressions and words.

At the end of the report the social agency listed all the attempts made by the mother and the grandparents to report them to supervising authorities. The social agency was content to have won in every instance.

The conclusive judgment from the social agency presented in the report to the court was:

The investigation implies that Jean still has no insight into her daughter's need for care and that she cannot see her own participation in the traumas Jessica has endured. Jean lacks ability to understand that the different symptoms Jessica now presents emanate from Jean's lack of caring skills. In contrast, Jean claims that Jessica has been mentally damaged while in forced custody. There is a considerable risk that Jessica's health and development will be damaged and that she will suffer more traumatic experiences if the mother's wish that forced custody should be ended is met.

The wish expressed by the social agency to keep Jessica in their care was met by the court. Jessica has no contact at all with her mother.

Jessica's elder sister Jenny has some contact with her mother. Jean thinks Jenny was abused in her first foster home. The official explanation given by the social agency for moving Jenny to a new foster home in 1994 was economic. (The foster mother had requested a very high monthly payment to care for Jenny.) The social agency has long wanted to transfer the legal guardianship to the new foster home, but the foster parents do not think that is the right thing to do. The mother, who has a good relationship with Jenny's new foster parents, agreed to Jenny staying with them, but on a voluntary basis. This agreement included regular monthly visits between Jenny and her mother. The social agency decided to transfer the legal guardianship to an elderly woman, a lawyer who has only met Jenny twice. The court has decided according to this.

When I talked to Jean on the phone she told about a meeting with the social agency and the psychologist,

at that time still giving Jessica therapy for the abuse that was found unsubstantiated by the police. Jean had asked critical questions. The instructor from the social agency had pointed out to Jean that she was an official. This is a fact. The mother, who has full-time work as an assistant nurse within psychiatry said regarding her 15-year fight to have her children back: I know that they are in power and that our children never will be allowed to come home. But I "want to help others if I can, and prevent others from the suffering we have had and have."

CASE FOUR: EVE, EILEEN, ELLEN AND OLLE

This is about four children who were separated from their mother Eliza. Eve and Eileen born in the eighties, and Ellen born in the middle of the nineties, were taken into compulsory public custody in December, 1996. After a court decision in October, 1997 that all three were to live with their mother, the two oldest were allowed to return, but not Ellen. Eve and Eileen were placed in the same foster home again in March 1999. Eliza's youngest child, Olle, born in 2001, was separated from her as a newborn, but was allowed to go home when he was one-and-a-half years old.

Eliza moved from the north of Sweden to have a less physically demanding job than the one she had had in a slaughterhouse. She had had an accident: the corpse of a cow had fallen on her back, giving her bad back pains. She met Paul in the bakery where she found work. They got married and had two daughters. The eldest, Eve, had difficulty in getting to sleep and learning to talk, and they sought help. In the following years she was diagnosed by three doctors as having developmental damage with autistic traits. She was given special education. The next daughter, Eileen, had allergic and asthmatic problems. The parents decided to move to the country to have better living conditions for the children. The father kept his work in the city and was not often home. Eliza had two halftime jobs that could be combined with her taking part in Eve's special education. It was a difficult situation, and the marriage broke down after ten years. The girls stayed with their mother, who moved to a flat in Paul's neighborhood so that the girls could go and see their father.

Eliza longed for another child and when she got pregnant by a friend of her former husband she decided to marry for the second time. Towards the end of this pregnancy, the man started threatening and

beating her. (He was not sentenced for these crimes until three years later, when Eliza was safe with another man in her third marriage.)

Eliza had early contractions and had to spend four weeks in hospital before her third daughter, Ellen, was born. During that period the abusive man was, for the first time, alone with Eve and Eileen in the apartment. Eliza was worried about them. She was very disturbed by the man's behaviors towards them and towards her. The staff at the hospital found Eliza's behaviors and statements odd. The medical records suggest that they did not understand her and that they disliked her. When she complained that her right knee was hurting and asked for an examination she was not taken seriously. (The knee was operated on four months later.) When she said she had bad pains in her back, and that she threw up, they thought she was making this up, or she was said to exaggerate her medical problems. (Oesophagitis was diagnosed shortly after Ellen's birth, and a year later Eliza was twice operated on for a slipped disc.) The doctor at the child clinic reported the staff's concern to the social agency in the community where Eliza lived. He also suggested that Eliza could have been suffering from Munchausen syndrome, and might also have been inventing illnesses for her two elder daughters i.e., he indicated that Eliza was a suspected Munchausen syndrome by proxy case.

Ellen, a healthy child of 4000 grams, was kept against Eliza's will for ten days at the maternity clinic. When they got home, two social workers arrived and told Ellen's parents to come to their office the next day. They were then given a choice: If they did not agree to live in an institution where the whole family could be investigated, Ellen would be taken into forced custody for protective reasons.

The man who threatened and abused Eliza, Ellen's father, had a sister who had the same boss as the social worker in charge. He was ordered to protect Ellen from Eliza. At the institution Eliza was able to move around in the wheelchair she needed when her back and knee pains were too bad, so that she could take care of her daughters. The staff at this first institution had no complaints regarding the parenting. They reported a healthy normal contact between mother and child. Nevertheless, the social agency decided to move the family to another institution, which they said employed an expert on Munchausen syndrome by proxy. No protests from the two older girls, from the person in charge of the first institution, or from Eliza helped. At the new institution it was impossible for Eliza to move in her wheelchair because of many staircases.

The older girls were at that point not allowed to go to their ordinary schools. The social agency decided to take all three children into forced custody, after just a few days in the new institution. After four weeks at this new institution with new staff the social agency suddenly one day decided that Ellen, then two months old, must be moved to a temporary foster mother 140 kilometers away. They decided this would protect her from her mother's dangerous influence. Breastfeeding and daily physical contact were ended. Ellen was allowed to see her mother once a week under supervision by the social agency. The older girls and their mother were kept in this second institution against their will for three more months.

Ellen's father started work when Ellen had been moved to the temporary foster home. His mother, Ellen's grandmother, regularly reported negative statements about Eliza to the social agency. According to her, Eliza was unfit to be a mother, all the daughters would be better off in foster homes. A psychologist came to the institution to test and to observe the girls and to talk about the girls with the staff, at the request of the social agency. The psychologist concluded that Eve was not developmentally damaged with autistic traits, as she had been repeatedly diagnosed by medical doctors. The psychologist talked about disturbed emotional relations between Eliza and her daughters, and concluded that Eliza was unfit to take proper care of her children. The older girls were moved to a free religious foster home 2000 kilometers away. Ellen was placed in another foster home, also far away. The protests formulated by the temporary foster mother that this was not in the best interest of the child, did not help. The temporary foster mother, who had gradually become acquainted with Eliza, and thought of her as a good and caring mother, could not understand why Ellen was not allowed to stay with Eliza. In a written statement given to Eliza's lawyer, she also wrote about the picture of Eliza that had been painted: "From the staff at /the second institution/ I was informed that Eliza was mentally ill and dangerous to her child and in general. When I went to the foster mother together with a social worker she said that the child was to stay there forever. 'Here Ellen is to grow up.'"

The transfer of Ellen from the temporary foster home to the foster home when Ellen was six months old was made by the social agency before the court had decided if Ellen and her sisters should be in forced custody. When Ellen was ten months old, the court decided that all three girls should come home and stay with their mother. The older two were brought home and resumed schools, and former activities. Ellen was

not allowed to go home, because the social agency decided to forbid the move. They said that it was not good for small children to be moved.

When it was obvious that the social agency acted against the law, they decided that Ellen should be taken to an institution for three weeks. She was to meet her parents while the foster mother stayed there. But the foster mother left after two days. Eliza, more so than Ellen's father, took care of Ellen, who, now 13 months old, started calling her "Mummy," and according to a psychologist's report became very attached to her mother. After three weeks, Eliza brought Ellen to a house in the countryside to have some peace and quiet. The social worker in charge and the police came and took Ellen by force from her mother. It was winter and Ellen got pneumonia. In the social worker's and the third institution's opinion, Ellen had not gotten attached to her mother and had to be taken into forced custody and be brought back to the foster home.

The social agency decided that Eliza should not be allowed to see Ellen, so as not to disturb Ellen when she was to accept her foster mother. The contact was broken.

The mother appealed every decision possible to appeal. Once more a court decided that Ellen was to be brought home immediately. The social agency considered the mother's appeals and protests as proof of Munchausen syndrome by proxy. They asked a child psychiatrist, considered to be an expert in Munchausen syndrome by proxy, to make a statement. He never met Eliza or any of her children, but he diagnosed Eliza with Munchausen syndrome and stated that she abused her children, a Munchausen syndrome by proxy case (MSBP). Since then the courts have decided against the return of Ellen to her mother.

In the social records it is documented that Ellen had been traumatized by the loss of her mother when she had suddenly been separated from her for the second time in her short life, after three weeks of intense contact and rebonding. Notes in the social records, based on phone calls with the foster mother, indicate that Ellen cannot sleep, is depressed, is aggressive towards her foster mother, has nightmares, and at times cries constantly. The social agency chose to consider the problems they describe to have been caused by Ellen's contact with her mother. They decided to protect Ellen from her mother more than before. The child psychiatrist who had diagnosed Eliza as a Munchausen syndrome by proxy case was phoned and asked for advice after a description of Ellen's behavior, following this second separation from her mother. Here is the social agency's comment on the matter:

The behavior Ellen is described to have is a destructive behavior independent of what the cause is, says the child psychiatrist. It is more than Ellen can take and the signal is to protect her from this strain. The situation is too difficult for Ellen. Ellen's state can be compared to a brain-damaged child, although Ellen has no injury. The child psychiatrist says that it is important to be observant of the signals from Ellen during contact. He suggests for example that the contacts become more rare, that the contacts become shorter, and that a photo of the parents is put in the family home for Ellen to keep an image of them. Through the contact the child is to keep the image of the parents alive for future needs, even if the child is not going home to the parents today or understands who they are.

The MSBP diagnosis was also used in court when the social agency decided to take the two older daughters back to the former foster home in forced custody and had support for that decision in court. Eliza had reason to believe that Eve had been sexually abused in her foster home, where she stayed in a little cottage of her own (there was not enough room in the house for the four children the elderly foster parents had in forced custody). During her first stay in the foster home, Eve had developed a venereal disease, according to the medical documentation. The police did not conduct any investigation regarding the mother's report of suspected sexual abuse in the foster home. Eliza's report was sent to the social agency, who answered that they fully trusted the foster home, and that Eliza had mental problems.

The MSBP-diagnosis made on request by the social agency was used when Eliza gave birth to her fourth child, Olle. He was taken into forced custody when he was 20 days old, after the social agency in Eliza's new community had been informed the same morning by the social agency in her old community that she was very dangerous to her children. The baby was taken by the police and social workers on duty while being breastfed by Eliza in the evening. Eliza and her husband decided that he should stay by their son's side. The next day, Eliza, who was not allowed to know where her husband and child were, said she wanted the social officials to give her son her breast milk, as he was born three weeks too early and needed it for his immune defense. They replied that it was not possible, as it could be poisoned.

Son and father were kept at different institutions a year and a half. After two weeks, Eliza was allowed to visit for one hour a week under the supervision of different social workers. She was not allowed to breastfeed or to give her son anything to eat, as the social agency kept saying she could poison him. Eliza's

husband was given reports on Munchausen syndrome by proxy and was informed that Eliza was dangerous to her children. The social agency encouraged him repeatedly to make a choice between his child and his wife. He refused. He and Eliza kept calling each other and supported each other.

When Eliza developed life-threatening cancer and was operated on, her husband could not be by her side. They were both afraid that the social agency would then take the baby away also from his father. When Eliza informed the social agency about her cancer and asked if she could see her two oldest daughters to tell them about the diagnosis herself, the social workers said (according to Eliza's lawyer, who was present) to her that she was lying or exaggerating to be able to see her daughters. Eliza was not allowed to inform her daughters. The social agency did that. On condition that Eliza's husband was not present in the hospital, the daughters were allowed to visit their mother there once under supervision. The social agency had prepared the girls to ask the doctor questions, as they said Eliza invented illnesses for herself and her children. They wrote in a report after the visit that Eliza had lied about her stomach pains to her daughters. They wrote that this was a lie, as the girls, when talking to the doctor in their presence and on their recommendation had learned that "the cancer doesn't bring about stomach pains." Eliza was fortunate and recovered from her cancer.

In 2002, Eliza's fourth child was allowed to be in forced custody in his home – but only if Eliza moved out. This caused great problems. After many months (and many meetings with the officials from the social agency), Eliza was allowed to reunite with her husband and their son.

A psychiatrist, requested by the National Board of Health and Welfare to examine and diagnose Eliza, stated, that the MSBP-diagnosis was not correct.

The right to at least practice the human right to family life with her youngest child has strengthened Eliza to continue her fight for the three daughters who are still in forced custody. The social agency responsible for them argues that even if the old diagnosis was wrong, Eliza is mentally ill and dangerous to her children, and that she is definitely unfit to be a mother.

The denigration campaign has been intensified since Eliza has requested sole custody in order to be able to fight for Eve's and Eileen's right to be with their mother and father. Eliza and Paul decided in 1999 that the only chance to have their girls back home, because of Eliza's MSBP diagnosis, was for Paul to have sole custody. Paul moved to a bigger flat

and waited for their daughters to return home. The social agency did not take any notice of the fact that he would have sole custody and wanted to have the girls to live with him. In the very long fight to have the children back, Paul has lost his energy. The social agency now tells Eliza that Paul wants the girls to stay in the foster home.

The older daughters were, against their parents' will, placed in a free religious foster home. Since the statement from the National Board of Health and Welfare about their mother having been wrongly diagnosed, they have been programmed that the devil lives in their mother. It is because of the devil in their mother the girls told her on the phone that the diagnosis was altered. They say they *know* that she has Munchausen syndrome by proxy, and that they *know* that she is dangerous.

Since that conversation, they have not been available to answer the phone during their telephone times as decided by the social agency (a quarter of an hour each every second Monday from 6:00 to 6:30), and they have refused to see their mother on the rare possible occasions decided by the social agency (outside the foster home, six times a year for two hours under supervision of one or two social workers). They have only met their mother once in 2003, and since then until summer 2005 not at all. On that occasion they told her, as did the social workers, that she must withdraw her request to have sole custody of them and to take them home, or she will lose contact with them forever.

The two older girls have not been allowed by the social agency to have any contact with their mother's family. When they were younger they usually stayed with Eliza's parents for part of their summer holidays. Their grandmother died in their home when they stayed with their mother. It happened when Ellen was not allowed, like them, to return home in 1997, although their grandma had tried to explain to the social workers that the social agency had to obey the court's decision. Their grandpa has not been allowed to visit them in the foster home or meet them somewhere else. Neither their aunt nor their cousin on the mother's side can visit. It is a case of massive alienation.

Ellen does not know that Eliza is her mother. However, when they are allowed to meet (every second month for two hours, under supervision of the foster mother and a social worker at a café or going shopping as Eliza is not allowed to visit the foster home) they try to play and talk. Eliza is worried because, according to her, Ellen is not respected or loved by her foster mother. (Ellen was placed there shortly after one

of the foster mother's own children had died.) She is also worried because Ellen's clothes are bad, and she has not had her eyes examined regularly although she has a squint.

In 2002, Eliza again requested in court that the forced custody of Ellen should be ended, since it was proved that she was not a MSBP case, and she and her new husband lived a normal family life with their son, Olle. None of the sisters have been allowed by the social agency to see their brother.

The custody conflict is manifest. The social agency acts to keep Eliza's daughters in its forced custody. In response to Eliza's request regarding having Ellen back home, it stated that Ellen, then six-and-a-half years old, was well in her foster home, referring to a medical examination from the time when Ellen was two years old. The social agency argues that it is best for Ellen to stay in the foster home chosen by them, as her mother Eliza "has no insight into her problems."

When this is stated by the social agency and repeated or quoted in court it is regarded as a fact, because this is the way the system works. In 2005, the mother wanted Ellen, then eight years old, to visit her home for the first time in her life and also to meet with her little brother for the first time. The social workers stated in their so-called investigation: "Ellen is asked if she is curious to see Olle. Ellen says no. Ellen is asked to describe what she thinks that a visitation at Eliza's would be like. Ellen says that when she arrives to Eliza's she would run back to the car. She would sit there and refuse to step out." Notice the consequent use of the mother's first name and the consequent avoidance of the word mother, effective in the ongoing programming of Ellen to reject her mother.

The social agency's lawyer in her petition to the court¹⁷ stated (with often-used formulations): "It is necessary, taken into consideration the aim of the care, that the visitation restrictions, according to the decision made by the social agency, are kept. Nothing has evolved, not in the investigation of the case, and not in the appeal, indicating that Ellen has a need of increased contact with Eliza Anderson or that it would be in accordance with her best interest."

According to the statutes, the social agency is a neutral authority in charge of helping children and families, always acting in the best interest of the children. However, in this case, as in the other cases, the social agency is a parent substitute in a complicated custody conflict, defending partial interests and sadly not the children.

CASE FIVE: DAN

Dan was separated by force from his mother, Marion, when he was nearly twelve. He was moved from a child psychiatric clinic, to a children's home, to a foster home, and then sent to live with a former alcoholic. He died from his epilepsy nearly fifteen years old.

Dan, Marion's third child, was born after she had been divorced for a long time and her oldest children were adults. Dan's father never lived with Marion. He has been absent in Dan's life. Marion had several medical problems involving her heart and her lungs, and early retired because of those difficulties.

In the medical records it is documented that Dan was only six months old when he was taken to a child's medical clinic because of his many infections. When he was one-year-old he was examined for a heart problem (later found not to have any functional importance). When Dan was five years old he started treatment for epilepsy. He matured physically and reached manhood at 11 years old, which was probably caused by a tumor found in the hypothalamus.

Marion was worried when Dan was in day care and the other children coughed or had a cold. She did not want Dan to be infected because of his medical problems, but Dan's medical problems were not an issue for the staff at the day care institution who thought Marion exaggerated Dan's problems. As she, herself, was not very healthy, she asked the social agency for some support to help her to better take care of Dan. Her concern for Dan was interpreted as overprotection. In the social record it is written that Marion had a symbiotic relationship with her son, and that she was unable to set up boundaries for her son. The social agency in cooperation with the child psychiatry department where Dan was investigated, decided that it was best for Dan to move from his mother to an anthroposophy boarding school. It had very strict rules and was far away from home. Marion objected. She wanted Dan to stay with her and to have extra help from a teacher in his ordinary school. This idea of getting help to help yourself was not appreciated by the social agency.

Marion criticized the care given to Dan and the other children in the institution where Dan was placed by the social agency. She contacted other parents who were also critical, and requested that the National Board of Health and Welfare inspect the facility. The staff at the boarding school found Marion impossible to cooperate with. The social worker, responsible for Dan, from the social agency, wrote in her journal that Dan had an "ongoing conflict of loyalties between his

mother and the school. Dan has difficulties to attach and to profit by the treatment, he must all the time be loyal to his mother and they have some contacts that the school not fully appreciates."

The social agency saw Dan's mother as a threat to a healthy development for Dan. He was taken to the child psychiatry department and after several months was placed in a children's home by the social agency. The social worker explained that the purpose was to keep Dan there until they had found a qualified "family home" or another special home. Dan's studies were stopped and he only got five hours' schooling per week in the children's home. The social worker visited Dan and talked to the staff. After ten days' placement and a meeting she had had with the director for the children's home, three of the employees there, and the director for the social agency, she wrote in her journal:

The children's home has reacted with force to Marion's and Dan's relation and their contact. They think that it is a curious relationship between mother and son. Dan is very demanding, he is 'climbing' – having a lot of body contact with Marion, provokes her and pushes her. Marion tries to defend herself but has difficulty handling the contact with her son by herself. It is noticed that she kisses him on his cheek a little too much, considering Dan's age. I describe Dan's and Marion's relation, and inform about Dan's person whom I do not consider adequate for his age, he is on a much lower level but starts signalling that he wishes to be emancipated from Marion out of the 'symbiotic' relation that Marion and Dan have had earlier during Dan's whole life.

Dan's home was lost when his mother was evicted, instead of getting temporary economic help to pay the rent for one month she had missed. The social worker wrote in her record that the monthly child benefit from the state for Dan "goes to the social agency to help Marion buy clothes for Dan." Marion was consequently marginalized and humiliated, as was Dan when he, physically a man, was forced to stay in a children's home, not allowed to go to school, or to go home.

The social agency found a foster home they thought qualified. The foster parents were a newly married couple. The man had not quite ended his third treatment for his drug addiction and the mother had a son Dan's age with an unknown father, and a child on its way. They were invited by the social agency to the children's home to meet Dan.

The social agency had decided to take Dan into forced custody, as they found Marion uncooperative and without insight into Dan's needs. Dan was transported

by the social agency to his foster home 400 kilometers away later in the summer, when the foster mother had given birth. The couple had also taken two young juvenile criminals as foster children. Dan's mother decided that she would move to another part in the neighborhood and start studying at a folk high-school there, so that she could see Dan regularly. The first time she visited Dan's "family home," was when he had been there a few weeks. She came on a notified visit together with the social worker. The next day, when she had stayed to arrange for her studies, she made an unannounced visit to the foster home. Dan was the only one awake at 11:00 A.M. and was watching a video, according to the mother. The foster father came down and told Marion she was not welcome that day, or any other day. This was supported by the social agency.

Dan had been separated from his mother by the social agency and placed first in an institution/boarding school far away from home, then in a psychiatric clinic, then in a children's home without schooling, and then in a foster home far away from his home. The social agency did not comment on the insecurity and lack of love and also medical care Dan had experienced when he had been separated from his mother. The social worker wrote in her investigation presented to the court that the forced custody and transfer of Dan to the chosen foster home should be confirmed legally:

Dan has his special difficulties and handicaps which have been exaggerated and reinforced by his mother's overprotection and constant worry. He has little insight or ability to handle his situation and his motoric perceptual handicap. . . .

He must have harmony and peace in his living so that he can begin a personality development. . . . Dan must have help to grow up in another home setting, where one lives a more regular and connected life. A setting of adequate size for Dan to understand, catch up with and grasp every day. A setting that both activates him and stimulates him, but is at the same time restricted and understandable.

A child psychiatrist who was a former colleague to the social worker, who had helped her to find the foster home for Dan, wrote at the request of the social agency a statement to the court:

The problems, which have evolved from early infant years, must therefore be related to the obvious difficulties, that the biological mother has in giving her son such care and setting such boundaries as children need. Therefore a placement in a family home seems to be the only credible alternative. In such a future family home

placement of Dan, it is of great importance that the mother's contact with him is restricted, so that the placement enables the boy, not only to root in his new setting, but also to be relieved from unnecessary loyalty conflicts in accordance with earlier patterns that would considerably obstruct the placement.

When the social worker had written earlier to the medical doctor responsible for Dan she had asked if it was not enough regarding Dan's special needs that a former colleague, of the child psychiatrist was on the case: "The official in charge of handling Dan's family home is /name/ and she has worked 17 years in the rehabilitation of disabled children in /X-town/. Can that not be seen as satisfying enough?"

Dan was not disabled. Dan's doctor answered, when the foster home had already been chosen, that he took it for granted that they would demonstrate great care picking a foster home with experiences with children with behavioral impairments as Dan had, and knowledge about how to take care of children with seizures.

The social worker must have known that the foster home they had picked did not fulfill the criteria set up by Dan's doctor. But the documented fact that the social worker was personally provoked and frustrated by Marion was more important. In her position, the social worker in charge, she had the power to judge Dan's mother as unfit to raise Dan for the rest of his youth. She concluded in her plea to the court (she is referring to herself when she mentions "the investigator"):

As implied by the investigation, Dan's home setting has a pattern of upbringing with wrongful demands and inadequate boundaries. This together with mental stress exposes Dan to such situations that his mental health and his social development is threatened. . . . The investigator's understanding is that: the most serious aspect of Dan's development is his lack of fundamental identity, caused by the fact that Dan never gets physical and mental peace to develop his ability and his person. The investigator suggests placement in a family home according to the LVU-law all the time ahead until adult life and living of his own.

Dan's seizures came more and more often while he was in the foster home. He was not regularly checked for his epilepsy as he should have been, or otherwise medically examined. The responsibility for his medical care was not transferred to a new doctor in the area where he had been placed until two years had passed. The social worker thought the most important thing was for Dan to lose weight. Dan wrote during the early stages of placement to his mother, that he was not allowed to eat as much as he wanted. Dan's

mother was very sad and extremely worried about the well-being of her son, but when she called doctors and teachers she was told that they had nothing to say to her. The social worker was the one who received information and who informed everyone else about Dan – and about his mother's harmful influence on him. She visited Dan in the foster home regularly, and at the same time supported the view that the mother should not be allowed to visit her son at all. The social agency paid a good deal of money for Dan in the foster home, and they also paid for an extra teacher for him – something they had not wanted to do when Dan lived with his mother.

The foster mother claimed, and the social agency supported her claim, that it was Dan's mother who was responsible for the gradual escalation of Dan's seizures. They said that it was when he had talked to his mother that he had the attacks. The solution for that was for the social agency to restrict Dan's contact with his mother even more than they had already done. They decided to allow no contact at all.

The social workers who have both the task to investigate, decide, execute the decisions, and evaluate their own activities, wrote before the decision: "Dan is often feeling very bad after talking on the phone with his mother. He sweats a lot, develops anxiety and seizures for days after." The social agency explained to the higher authority the mother had forwarded her complaints and worries so that the contact prohibition was decided "as an effort to help Dan in the conflict of loyalties he experienced regarding his mother and which was considered to influence his epilepsy." When Dan called his mother, others in the foster home had listened. He was called his mother's spy by the foster parents. The authority investigator declared in her report: "The opinion of the family home is that Dan was commissioned by his mother to check up on the family and report their activities and that he was also rewarded by her." Dan was told by his parent substitutes that his mother did not want to see him and that she was bad for him. He stopped writing letters, stopped asking her for money, as he had previously done. He also stopped calling her.

If there had been any truth in the claim that Dan's mother was the cause of his seizures, they would have stopped when Dan's contacts with his mother were totally broken, but they did not. They escalated. Dan died from a series of major seizures. That was after he had suffered proven sexual abuse by an older boy in the foster home, and had been moved to the home of a former alcoholic (a friend of his foster parents who separated).

It has been decided in two court procedures that the social agency did nothing wrong.¹⁸ The message is: Social agencies as parent substitutes are allowed to alienate children from their parents. That is, they are allowed to psychologically abuse children, as this, in accordance with the way the system works, can be considered as protection of the child.

DISCUSSION

Swedish politicians and professionals have much confidence in the compensatory powers of foster care, which is reflected both in legislation and practice. In the five cases investigated, the mothers have provided normal, loving parenting.¹⁹ The fathers have been absent from the beginning, or have disappeared during the separation and struggled to have the children back. This fact has probably contributed to the severe alienation of the mothers by the father substitutes, who have the power to decide that the children cannot be taken care of by their mothers.

Is there something in common regarding the parent substitutes as alienators?

In these five cases, the social agency has acted as the alienator. In comparison with an alienating parent in a custody conflict, the social agency as alienator has an incomparably strong power position. The social agency has, in the cases described here, been embodied in a social worker – a female social worker in all the investigated cases – who has from the very start taken a personal interest in the case and acted out her antipathy towards the children's mothers, not only for some time but over a period of many years. This personal and prestigious involvement has, of course, not been acknowledged, but it is very obvious in a close reading of the social documents. As a public authority figure, she has received support from the rest of the social agency, the experts involved by the social agency, the politicians formally responsible for the decisions to cut off the children from their mothers, the courts, and the supervising authorities, including the Swedish Parliamentary Commissioner for the Judiciary and Civil Administration.

In June 2002, a competition between law students from all the Nordic countries (the so-called Sporrang Lönnroth Competition) was about a case similar to the ones presented here. The competition is a yearly event initiated in 1984 by the now retired professor in law Jacob Sundberg.²⁰ The students are processing from the point of view of the European Convention of Human

Rights, the judges are judges from the European Court of Human Rights.

It has formerly been possible to have complaints in forced custody cases accepted in the European Court of Human Rights.²¹ The fact that the state, as a part in these cases from Sweden and Finland, has been criticized has not resulted in a reunion between the alienated children and their parents.²² Nor have the verdicts of guilty from the European Court of Human Rights made the state curtail the power delegated to the social agencies.

Similar to parents in a custody conflict in which one of them gains advantages by accusing the other of abusing the child, sexually or physically, this can also be seen in the cases of alienation of children resulting in PAS in forced custody conflicts.

More attention has been paid to the experts referred to by the accusing/alienating party than to the experts referred to by the accused/alienated party. This is the case even if the alienated party in the conflict has statements from well-known medical experts stating that the parent cannot be blamed for the symptoms in their children because they are genetic or caused by well-documented illness, congenital injuries, or traumatization after separation from their parents.

The parent substitute being the authorities' responsible for the protection of children, can argue that their actions of separating the child from a parent, is in the best interest of the child or protection of the child.²³ A mother believed to be dangerous to her child by an official from a social agency cannot argue against the official and claim her child needs her. That can be used against her by the authorities in the social welfare state, as they tend to see the child as an individual who stands by himself or herself, independent of his or her family and family roots.²⁴

Do the alienated mothers have something in common?

The mothers in the five cases have one thing in common: they have not been helpless, but strong and stubborn. They have fought for their children's lawful rights and have challenged the social agency by opposing the actions and restrictions. They have told the social officials that they were acting against the law or against the intention of the law.

The officials from the social agency are not comparable with a parent in a parental conflict, as the social agency, the substitute parent, has a power position by being a public authority. The other party, the mother, has no power at all. The mothers had, at the time of forced separation, provided normal, loving parenting, but the fathers had been absent or weak, a

fact that has probably contributed in different ways to deepen the alienation of the mothers by the father substitute, the female social workers in the social agency.

The mothers, as individuals with unique personalities, have had less importance than the descriptions of them as unfit or dangerous mothers. Negative, but no positive characteristics and actions, have been attributed to them. The constructed pictures²⁵ of the mothers as having "inner chaos," as "unfit," as "not protective enough," as a "MSBP case," or as "over-protective," have proven to be very effective and not possible for the mothers to conquer. The social agency has the preferential right of interpretation. When questioned or criticized by the mothers knowledgeable about their own and their children's rights, the social agency has acted to defend itself and the officials' prestige by denigrating the mothers. They use the children in their denigration campaign, and this is something the mothers have not been able to successfully fight against.

How severely have the children been harmed?

The ten children involved have all been severely harmed through the long-term alienation process resulting in PAS, with one exception (the baby brother in case four who was reunited with his mother after a year and a half of separation starting when he was 20 days old). One child died. The eight remaining children involved are afraid to have contact with their mothers, or reject their mothers. All of them had a loving relationship before the forced separation and forced custody.

The children removed by the substitute parent seem to have developed problems similar to the ones described by other abducted children: loss of identity, loss of love, insecurity, and instability.²⁶ The children's relations to their fathers have not been systematically investigated, but from what is known in these cases the biological fathers have been absent physically or emotionally for their children. They have not fought against the alienators to keep contact with their children as have the mothers.

Research is lacking about the long-term effects of mother deprivation and of forced separation.²⁷ The research on foster children indicates that children who are separated from their parents are at risk of developing severe problems.²⁸ What can be foreseen is that many of these children – when they survive²⁹ and do not become criminals, drug addicts, or psychiatric patients – will be lonely and have identity problems. They will suffer from stress.³⁰ The substitute parent has no obligations when these children have reached legal maturity.

What can be said about intervention and nonintervention by authorities in charge of making decisions in the best interest of the child?

From what is known about foster children from studies and from experiences in war time, placing children in a foster home ought to be used only as a last resort. However, systematic follow-up studies of children in foster homes are lacking.

A dilemma exists between the intentions of the law – a rapid reunion between parents and children – and the practice – children in compulsory public custody who are kept for a long time in "family homes." Attempts have been made to take the intention of the law regulating compulsory public custody seriously, that is, to work for a reunion of the child with his or her parents. This has been called "inclusive fostering"³¹ but no evaluations have been made. On the other hand, Sweden decided in 1983 that children, who have been rooted in their "family homes" could stay there under the legal guardianship of their "family home parents." Not until it was decided that they could have a continuous payment was there a breakthrough for this transfer of legal guardianship from the biological parents to the foster parents for the placed children.

In order to make the conditions, as it is expressed, more safe for the children who have been placed in foster care it was suggested in an official report from the Swedish government (SOU 2000:77) that not only the custody but also the legal guardianship regularly should be transferred to the foster parents. According to the governmental report placed children will be more safe in the sense that the children's parents cannot legally request to have their children back.

A new Swedish law making it mandatory for social agencies to consider transfer of custody after a child has spent three years in a foster home was considered and passed in June 2003.³² Protests were formulated about the disadvantages for the child,³³ but in vain. Foster homes, officially called "family homes," can nowadays also be organized by commercial private companies including consultants and experts with former officials from the social agencies included. This kind of semi-official network³⁴ which might have an economic interest in forced custody can influence the placed children to reject their parents. This violates the individual and human rights of the children.

What can be done to improve the conditions for children who have been alienated in compulsory public custody conflicts?

Parental alienation syndrome has not been recognized as a form of psychological abuse. The harm that is done to the alienated children is not yet well known. Therefore, it is of vital importance that PAS is written and talked about and that social workers, psychologists, and psychiatrists learn about it in their professional education. If PAS is recognized I do hope that

in the future it will not be possible for social agency officials as parent substitutes (who, compared to parents in custody conflicts, can be neutral) to defame a parent and to integrate the children in their campaign of denigration, thereby alienating the children from a formerly loved parent, and possibly doing them irreparable harm.

ENDNOTES

- PAS is more specific than Parental Alienation, PA, as has been pointed out by Richard Gardner (2001). Parental Alienation Syndrome vs. Parental Alienation: Which Diagnosis Should Evaluators Use in Child Custody Disputes? *30(2) The American Journal of Family Therapy* 93–115. This can be seen as a rebuttal to Carol Bruch (2001): Parental Alienation Syndrome and Parental Alienation: Getting it wrong in Child Custody Cases? *35 Family Law Quarterly* 527. PAS in comparison with other similar problems or syndromes that children in custody conflicts can develop, see Deirdre Conway Rand (1997). The Spectrum of Parental Alienation Syndrome (Part I), *The American Journal of Psychology* 3.
- Compare identification with and defense of the one you become totally dependent on, seen in cases of kidnapping as, for example, Patricia Hearst, and in cases of hostages, the so-called Stockholm syndrome.
- Two of them are shortly introduced in my article: Making a Parent Dangerous – PAS in Sweden and Norway in (2003). *The Parental Alienation Syndrome (PAS). An Interdisciplinary Challenge for Professionals Involved in Divorce*. International Conference, Frankfurt (Main), 18–19. October, 2002. Berlin, Verlag für Wissenschaft und Bildung.
- K. Ebert, Die Rechtssituation bei Kindesentfremdung im Europäischen Vergleich, dargestellt vornehmlich an Fallbeispielen der Strassburger Menschenrechts-Judikatur in (2003). *PAS. An interdisciplinary challenge for professionals involved in divorce*. He quotes the summary of three judges in the case *Olsson v. Sweden* (No. 2): “to allow access, a right which is not even refused to criminal parents in other countries.”
- Eugen Verhellen. Children’s rights in Europe – An overview and a framework for understanding in Peter Koeppel (1996) Hrsgb. *Kindschaftsrecht und Völkerrecht im Europäischen Kontext*. Luchterhand.
- See the judgment 12 July, 2001 from ECHR, Case of *K. and T. v. Finland Child* where child psychiatrist Dr J.P. is quoted, p. 15: “From the children’s point of view, especially, but naturally also from that of the foster parents, the foster family is a family to which the principles concerning family life enshrined in the United Nations Convention on the Rights of the Child and in the European Convention for the Protection of Human Rights and Fundamental Freedoms can be applied in the same way as to biological families. This point of view is especially important when, through the force of circumstances, the biological family has not lived together.”
- Statistics from The National Board of Health and Welfare. The voluntary placements are often in reality not consensual, as the choice is to agree to a placement or having your child placed anyway. In Denmark, 12, 733 children and juveniles under the age of 18, almost 1% of the population in the relevant age groups, were placed outside their home, the vast majority of these placements being consensual, see summary from a project under the auspices of the Ministry of Social Affairs entitled *Quality in the Placement of Children and Juveniles*. Report 03:04 by Tine Egelund & Anne-Dorthe Hestbaek.
- The exact references and date of journals and other documents are available from me if requested for scientific purposes.
- See Wilfrid von Boch-Galhau. Folgen der PAS-indoktrinierung für betroffene erwachsene Scheidungskinder and other writers in (2003). *The Parental Alienation Syndrome (PAS). An interdisciplinary challenge for professionals involved in divorce*, Berlin, Verlag für Wissenschaft und Bildung.
- As has been pointed out by the sociologist Stefan Carlsson, foster home has, ironically enough, in the Swedish social welfare state changed name to “family home.” Stefan Carlsson (1995): *Socialtjänstens kompetens och funktion, Socialstatsprojektet 1995: 1*, Stockholm City University Press.
- The monthly payment from the social agency (tax money) for the foster parents to have Emma is not an information the social agency has wanted to give, but in 1995 Susan’s attorney at law found out that at that time it was about 1700 USD.
- Quotation from p. 3(5). Verdict/Dom 2003–04–16 Case No./Mål Nr xx, Kammarrätten i /name/.
- Application no. 44259/98, Application no. 67814/01, Application no. 67931/01.
- The attorney at law representing the social officials (a woman without children of her own who in the last trial in April 2003 where I was present said that the mother should not think that the daughter was there for her) has been the same over all the years. She is paid by the local social welfare board. Susan’s attorney at law has estimated

- that this case has cost the Swedish taxpayers over a million USD. She is not paid as the mother has no assurance, no public money for legal help and doesn't have any money of her own.
15. Relevant observations are difficult to make when you place child and parents in a clinic, breaking their daily routines, their networks and influencing their relations. Preferable, as I see it, is to observe the child relating to his or her parent in everyday life situations at home.
 16. Utredning/Investigation jml 50 § SoL concerning Jessica Svensson (birth number), 2001-06-07, NN kommun, Socialförvaltningen, Familjgruppen.
 17. The 29th of March, 2005. Case No.XX, The social authority in /name of the community/. Eliza Anderson, regarding visitation according to the LVU-law /Lagen om Vård av Unga/The Law of Care of the Young/
 18. Dom/Verdict No. T 4989-00, Svea hovrätt 2001.
 19. Five cases can only indicate some common traits of the severe alienation of mothers resulting in PAS in forced custody conflicts. Further research is needed. I have in several cases of alleged, but not substantiated, sexual abuse studied how children have been alienated from their fathers and have developed PAS as a result of the denigration campaigns they themselves have taken part in after having been separated from their fathers who also had provided normal loving parenting.
 20. The competition is part of the special course in law "Practical European Process" at Stockholm University. Ten Nordic universities have the same course. Responsible is Jacob Sundberg. He was installed as an honourable member in the American Academy of Arts & Sciences in October, 2002 for his pioneering work within the domain of human rights. He is also the founder of the Institute for Public and International Law in Stockholm. A report is published yearly by the institute to document the competition.
 21. Siv Westerberg, medical doctor and attorney at law, has appealed ten times and won seven of her appeals, six of them concerning compulsory public custody, listed below:
 - Paulsen-Medalen & Svensson v. Sweden*
 - Gärth & Kjell Persson v. Sweden*
 - Cecelia & Lisa Eriksson v. Sweden*
 - Margareta & Roger Andersson v. Sweden*
 - Gun & Stig Olsson v. Sweden*
 - Gun & Stig Olsson 2 v. Sweden*
 22. Case of *K. and T. v. Finland*, Judgment from the European Court of Human Rights Strasbourg 12 July, 2001. The application (no.25702/94) was registered in November, 1994. A sad fact about these approved cases is that the children have not, in spite of the acknowledgement in the European Court of Human Rights, been reunited with their parents.
 23. The now retired judge Brita Sundberg-Weitman opposed to the arbitrariness in the new starting in the seventies, the so-called frame laws, she claimed Sweden ought to be a state governed by law, see her book (1981).
 - Matter-of-factness and arbitrariness in administration of justice and public administration/*Saklighet och godtycke i rättskipning och förvaltning*. Norstedts, Stockholm. (The writer is planning a new edition.)
 24. In the partly dissenting opinion of judge Bonello in the Case of *K. and T. v. Finland*, Judgment from the European Court of Human Rights Strasbourg 12 July, 2001, he says: "Had I, like the Finnish authorities been faced with choosing whether to be cruel to the mother or to the child, I know which way I would have looked."
 25. How devastating and extremely difficult it is to defeat a constructed picture is well documented in an exceptional verdict by the Honourable Mr Justice Eady, the 30th of July, 2002 in the High Court of Justice, Queen's Bench Division, Royal Courts of Justice, Strand, London, WC2A 2LL. Case No. :HQ9903605, HQ9903606, *Christopher Lillie & Dawn Reed v. Newcastle City Council* and other defendants.
 26. Cecile, Finkelstein. *The Heart of an Abducted and Alienated Child, and, Sarah or Cecile: The Identity Issue* (2003) in *PAS. An interdisciplinary challenge for professionals involved in divorce*. Berlin, Verlag für Wissenschaft und Bildung.
 27. An overview of research has recently been made by a Norwegian psychologist, Tore Andreassen. (2003) *Treatment of adolescents in institutions. What does the research tell us? Behandling av ungdom i institusjoner, Hva sier forskningen? No Nordic studies on the effects of placing children outside their home passed the scientific standards, so in fact there is no standardized knowledge about the treatment and what happens afterward. One Swedish descriptive study (Vinnerljung et al. 2001) concludes that 30-37% of the placements were broken within five years, and most of the placements broke down the first year. In April 2003, a report was published by the Danish Institute for Social Research. It is about the 14,000 Danish children in public care costing 6.5 billion Danish crowns (2001) and about the lack of knowledge about the consequences for the children taken into public care.*
 28. In an old Swedish study (1980) by Bohman & Sigvardsson, boys placed in stable foster homes were compared with boys who had been left in their risk homes although they were meant to be placed in foster homes, and with a group of boys who were adopted. All these three groups were compared with control groups and were followed up at the ages of 11, 15 and 18. It was found that the boys in foster homes were registered more frequently as criminals and for drinking too much alcohol. The boys left at home were doing just as well as the boys in the control groups.
 29. Bo Vinnerljung & Martin Ribe (2001). Mortality after care among young adult foster children in Sweden, *10(3) Journal of Social Welfare* 164-173.
 30. See for example: Mark V. Flinn & Barry G. England (1995). Childhood Stress and Family Environment, *36(6) Current Anthropology* 854-866. Bo Vinnerljung (1996).

- Foster children as adults/Fosterbarn som unga*. Dissertation (with summary in English).
31. SOU 1979/80:44, p. 79.
 32. Proposition 2002/03:53 called "Reinforced protection for children." It was decided in the Swedish Parliament in June, 2003. The title is referring to the child's rights not be moved to his or her parents when the child has been what is called rooted in the family home. That the significance of de facto custody ought to be increased was proposed by Johanna Schiratzki (1997) in her dissertation *Custody and custody disputes*, Stockholm University. When the social agency is responsible to limit or obstruct the parent's possibilities of de facto custody without justification it must be questioned whether it is the right thing to do to transfer the legal guardianship to the foster home chosen by the social agency. Of course, this new law can be questioned for many other reasons, one being that biological bonds and loving bonds between children and parents are not replaceable. But the importance of these family and love bonds seem not to be appreciated in the modern social welfare state, where the child is seen as an individual released from the parents.
 33. Siv Westerberg, 2001, see www.nkmr.org
 34. One such network organization that started already in 1993 in northern Sweden, has now an office in Stockholm. The name is Näjden treatmentconsultant, see www.najden.se.