

# PARENTAL ALIENATION

## A CASE OF CHILD ABUSE ACROSS GENERATIONS

### POLICY DISCUSSION AND RECOMMENDATIONS

Executive Summary of Presentation at the IALMH conference in Amsterdam on 19<sup>th</sup> July 2013 of  
"A Case Study of Matrilineal Transgenerational Parental Alienation (TGPA) in Sweden  
Lessons Learned and Recommendations for Policy Change" by Nils-Göran Areskoug

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## CASE

### 1. HARM TO CHILDREN

*Longterm severe parental alienation* has major medical, psychiatric and psychosocial effects on children and *may be a cofactor in the development of grave psychiatric disorders* in adult survivors (personality disorders, empathy disturbance, induced delusionary disorder, depression, etc).

### 2. THE COMPETENCE PROBLEM

*Qualified medical expertise with special training in clinical reasoning* (and licensed for the task) is needed for proper forensic evaluation in cases of suspected parental alienation.

### 3. THE TRANSMISSION ACROSS GENERATIONS

Abusive behavior can be triggered across generations by a *reenactment of parental behavior* where the *victimized child adopts the role of its abusive alienating parent* as its own parenting "role model".

## POLICY

### 1. GLOBAL COMPETENCE CENTER

A cluster of cutting-edge professionals need to create a platform for projects and programs at a major university hospital. Key tasks will include the development of *diagnostics, prevention, intervention, treatment and rehabilitation*. The expertise at the center can be consulted worldwide and will form a node of a professional network for the exchange of up-to-date research and clinical progress.

### 2. MOBILIZATION OF RESOURCES

Resources – both personal and financial - need to be mobilized to form interdisciplinary teams capable of developing the *interdisciplinary team approach* required to solve these cases. People from a variety of categories (policy-makers, professionals, actors in social movements, etc.) need to be enlisted to engage with the media to form an *arena for interdisciplinary dialogue* linking medical, legal and social expertise with the public. An existing network of professionals needs to be engaged to form a major change.

### 3. IMPLEMENTATION

Political hurdles must be overcome on national levels by exerting opinion pressure to achieve sufficient momentum for change. Differences between countries need to be resolved and a *worldwide standard for efficient handling developed* under the survey of non-governmental international bodies for global collaboration (UN Systems, UNICEF, WHO, ECHR, ICC, EU).

## DISCUSSION

### 1. SOLUTIONS TO THE CASE

How would you advise the father in the case? What can the targeted parent (in this case the father) do to protect his/her children against suffering severe harm of longstanding parental alienation? What key mistakes were done by legal and social authorities? How could these have been avoided?

### 2. SOLUTIONS TO POLICY ISSUES

Who should initiate and drive the policy changes? Who is responsible for footing the bill? What localizations of a global competence center would you recommend? Is Sweden in a state of denial?

### 3. FURTHER QUESTIONS

Welcome with your own inquiry for a constructive and critical dialogue!

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*POLICY DISCUSSION AND RECOMMENDATIONS*

**GLOBAL POLICY**

**1. COMPETENCE**

- 1.1 An organization worldwide: a place for a **clinical competence center** at a highly recognized medical university hospital (competence cluster!)
- 1.2 A virtual global network (continuing and developing the existing PASG network, the Parental Alienation Study Group initiative by prof. Bernet)
- 1.3 Formally under the umbrella of un systems (WHO, UNICEF - Innocenti, UNESCO)

**2. JURISDICTION AND JURISPRUDENCE**

- 2.1 a legally-mandated **global family tribunal** for alienation and abduction cases with specialized and highly interdisciplinarily-trained judges and jurors. This tribunal should act under un mandate and be located in a suitable judicial competence cluster (places like The Hague, The Netherlands; Oslo, Norway; Strasbourg, France; or Luxembourg; Geneva, Switzerland; or Cambridge MA, USA, may be suggested for comparison)
- 2.2 a rescue team (connected to Interpol) linked to specially trained police forces capable of initiating the action of the **emergency rescue team**, with a global mandate – (task: rescue of abducted PAS children)

**3. SOCIETY**

- 3.1 public education by strategically-coordinated media programs and coordinated information campaigns on local/regional/national and global levels
- 3.2 policy-makers' and politicians' program – a specially-targeted educational program designed to include socioeconomic, sociological and sociopolitical issues, as well as cost/benefit macroeconomic studies
- 3.3 program & project platform with support system for science/scholarly production and conferences
- 3.4 arena(s) for public and professional dialogues

8 points of policy actions to consider for developing  
**A POLICY PROPOSAL FOR EFFECTIVE SOCIETAL REMEDY**  
*Reform Take Home Message*

- Regulate incentives for actors (AP) and interpreters
- Adjust competence/power ratio – put pressure on non-complying countries (UNHCHR, ICC, ECHR) and manage *translation from legal to social*
- Consider prevailing universe of interpretive logic: the metacognitive misinterpretation grid
- Implement coordination (administrative) & integration (knowledge & methods of investigation)
- Introduce interdisciplinary collaborative teams (across multiple disciplines and faculties)
- Update 'expertise' (consulted by legal and social authorities), provide adequate education, allocate resources & facilitate problem-focused interdisciplinary research, ensure assimilation & dissemination of cutting-edge science
- End impunity of criminal forms of parental alienation
- Establish clinical competence centers (global, continental, national, regional) and adequate networks for exchange of clinical experience

## CASE REPORT

### Case Synopsis

*Father of two children, born 1973 and 1975, complains that the loss of contact with his two children and a grandchild could have been avoided had legal and social authorities conducted their investigations in a responsible and professional way. The loss, he claims, is caused by their unlawful inability to diagnose a psychiatric disorder, Parental Alienation (Parental Alienation Syndrome/ Disorder), with the effect that his children have suffered a form of longstanding emotional abuse with devastating psychosocial effects on both of them, and the father (the "target parent") was exposed to unrelenting "family terror" and a variety of forms and degrees of harassment, including death threat, during a period of 5 to 10 years after separation. Family court, custody evaluator and child protection investigator all concluded that the children had had a warm relationship with their father even after the considerable delay caused by a series of ever-worsening allegations produced by the mother. The father, who had applied for custody already at the stage of intermittent court negotiations, was honored with legal rights to a comparatively generous visitation scheme intended to ensure continuous contact - rights which were, however, violated by an obsessive alienator. Through a relentless campaign of alienation, the children were sternly programmed against their father, an adverse influence with catastrophic effects on the health and social functioning of both the father and the children. Recent signs of influence on the granddaughter have been detected and reported to the authorities, who refuse action to support the father's effort to contact her. The state authorities have not offered any remedy to the situation at any point of its more than 35-year duration, and a reverse of the present parentectomy now seems unrealistic as retroactive remedy is impossible. Therefore we have here a case of chronic loss of fundamental family values of immense proportion for the entire lives of the involved target and victims.*

## **A Case of Matrilineal Transgenerational Parental Alienation in Sweden: Lessons Learned and Recommendations for Policy Change**

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This case of parental alienation between a father and his two children, born in 1973 and 1975, evolved across generations. An analysis of the case reveals a sequence of decisions by social and legal authorities that brought about alienation over more than 30 years, up to the final stage of "parentectomy".

Major factors that cause such failure include (1) the **inadequate level of expertise** in this area among investigators and judges, (2) the mode of **communication and interaction between social, health and legal agencies**, and (3) the **failure of harm prevention**, including an *inability to assess the probability of long-term effects on children during development*.

Authorities need to prevent aggravation of parental alienation by (1) **developing methods of coordinated efforts**, (2) **updating themselves on clinical research** (and scientific progress) in the field, and (3) **elaborating an epistemology for interdisciplinary interpretation** that integrates insights from sociology, psychology, and psychiatry with the legal system. The *present system fails to protect children and parents from lifelong harm and victimization*.

The present inadequacies call for sweeping changes in Nordic family policy. A **specialist multidisciplinary clinical competence center for inquiry, intervention, treatment, research, training and public information** is proposed to the Swedish government.