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Parental Alienation 2026



National Survey on Parental Alienation and its Societal Significance

Foreword

This report presents the results of a nationwide Danish survey on parental alienation involving 1,705 parents.

The purpose has been to generate insight, knowledge and data that can contribute to better support for children and parents who experience severely restricted or lost contact. The survey shows that the consequences can extend far beyond the relationship between the child and the parent and affect the entire family as well as psychological, social, economic and societal conditions.

The survey is structured according to the Five-Factor Model and examines the child's resistance to contact, the previous relationship between parent and child, the absence of abuse or neglect, reported alienating behaviors, and behavioral signs observed in the child. The survey also examines the reported consequences for children, parents, families and society.

The report is divided into four parts. Part I presents the survey methodology, assessment framework and results for the factors in the Five-Factor Model, as well as the reported consequences and support needs. Part II contains cross-sectional analyses of the associations between contact resistance, alienating behaviors, mental well-being, suicidal thoughts, trust in public authorities and the need for support. Part III brings together the report's recommendations for prevention, early intervention, support and improved professional, legal and organisational solutions. Part IV consists of personal accounts that provide insight into respondents' own descriptions of their situation and their plans to maintain or re-establish contact with their children.

The survey results are serious and should form part of the basis for the further political, professional and managerial development of legislation and public administration. The basis for success is that all children and parents are treated equally and according to the same legal and professional standards, regardless of gender, family form and status as resident or non-resident parent. Everyone must be equal before the law and have equal access to relevant services and support.

The report is intended to contribute to greater knowledge and concrete improvements that can protect children's relationships, prevent contact problems from developing into long-term and serious family breakdowns, and help restore contact between all children and parents who have lost contact without objective justification. This is best for the child, the parents and society.



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Key Results

The survey presents a coherent overall picture. Most respondents report that they previously had a close and mutually satisfying relationship with their child, while a significant group now experiences avoidance, interrupted contact or rejection.

The results point to a process in which restricted contact, obstruction of communication, undermining of parental authority, allegedly false allegations and changes in the child's behavior can reinforce one another over time.

- Around 45% report that their child avoids contact with them at least sometimes, including approximately 28% who experience this usually or always.
- Around 93% describe their previous relationship with the child as usually or always healthy and mutually satisfying.
- The alienating behaviors most frequently reported as occurring often or always undermining parental authority, allegedly false allegations, obstructing communication and restricting contact.
- Frequently reported behavioral signs in the child include rigid or one-sided views, borrowed scenarios or wording, weak or disproportionate reasons for rejection, reflexive support for the other parent and lack of guilt over hurtful behavior.
- Mental well-being is the most severely affected area of consequence. More than nine out of ten respondents report that it is affected, substantially affected or catastrophically affected.
- The cross-sectional analyses show that respondents whose mental well-being is catastrophically affected consistently report alienating behaviors more frequently. In this group, 84.1% report allegedly false allegations, 81.9% obstructed communication and 79.7% restricted contact as occurring often or always.
- Around four out of five report consequences for their family relationships, while more than three out of four report consequences for their child's or children's health and well-being.
- Significant groups also report effects on their social life, personal reputation, physical health, employment, finances, housing situation and trust in public authorities.
- Around 30% report some impact on suicidal thoughts, including around 5% who report a catastrophic impact. Among respondents with catastrophically affected suicidal thoughts, 85.7% report obstructed communication and 78.6% allegedly false allegations as occurring often or always.
- Around four out of five report a moderate, high or very high need for support, while only around one in four is familiar with the eight-week Takelt program.
- Respondents with the greatest need for support consistently report the broadest and most severe burden. Among respondents with a very high need for support, 86.0% report allegedly false allegations as occurring often or always.

The data therefore describes more than a disagreement about contact. Respondents report a broader pattern of relationship breakdown that affects the parent-child relationship, the wider family, mental and physical health, social relationships, employment, finances and trust in public institutions.

The open-text responses support this overall pattern. Respondents often describe reduced or lost contact, allegations, prolonged legal and administrative proceedings, psychological and financial strain, and a perceived lack of timely or effective support from the authorities. Many accounts indicate that time is a critical factor because longer periods without meaningful contact may cause rejection and broken family relationships to become increasingly entrenched.

The results do not mean that all participating parents have experienced parental alienation, or that all respondents meet all five elements of the Five-Factor Model. The model is used as a structured assessment framework to identify patterns in self-reported experiences. It does not replace an individual clinical, child-focused, forensic psychological or legal assessment.

The cross-sectional analyses show statistical associations but cannot establish causality. The survey also does not verify the substance of the reported allegations. The term allegedly false allegations therefore describe the respondents' own assessment.

Priority Actions

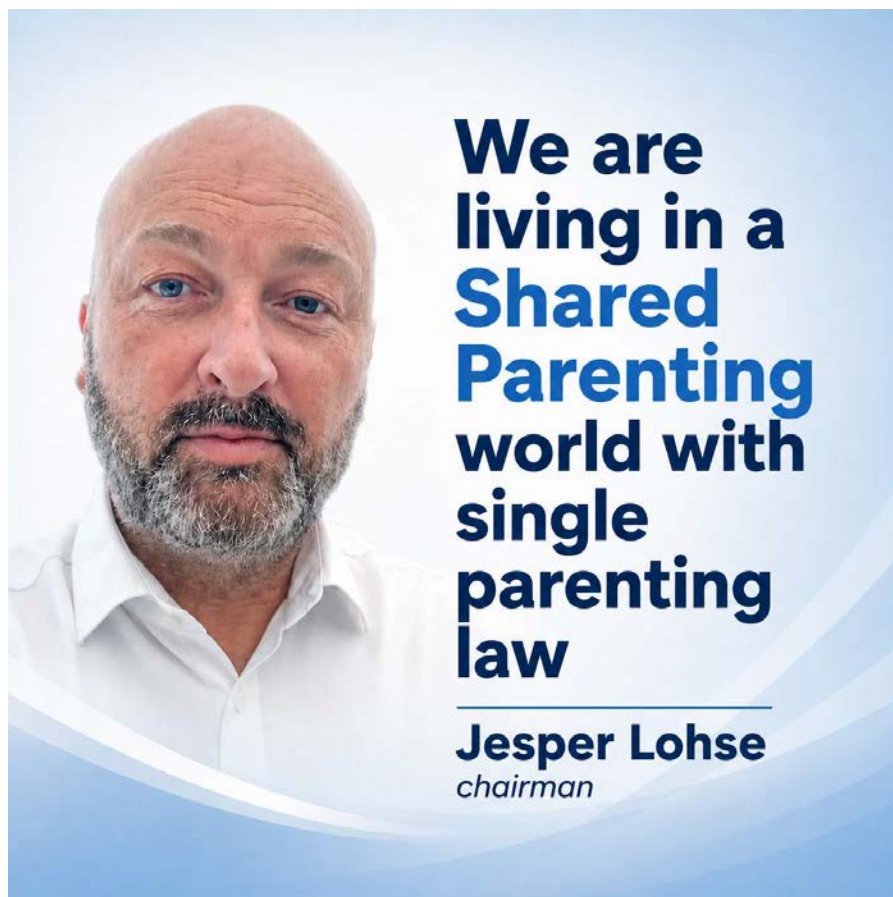
The results point to a need for:

- Early assessment when contact between a child and a parent begins to deteriorate.
- Faster and more effective child-focused interventions.
- Systematic use of the Five-Factor Model as a screening and assessment framework.
- Thorough, rapid and neutral assessment of documented safety concerns, conflicting allegations and possible alienating behavior.
- Prevention of minor and moderate problems involving contact resistance and possible parental alienation from developing into prolonged and serious cases.
- Protection of the child's contact with both fit parents while the case is being investigated, where there are no documented safety concerns.
- Structured programs to maintain or gradually rebuild safe contact between the child and the parent.
- Better training of professionals, including social workers, child experts, lawyers and judges.
- Better coordination between family law, social, health and psychological services.
- Better access to legal guidance, psychological help, peer support and crisis intervention.
- Systematic attention to severe psychological strain and suicidal thoughts in cases of prolonged or complete loss of contact.
- Relevant coordination with the police when specific criminal matters or serious safety concerns form part of the case.
- Greater awareness of existing support services for affected parents and families.
- Equal family legislation and administration ensure that all children and parents are treated according to the same legal and professional standards.

- Equal access to counselling, crisis support, psychological support and family interventions regardless of gender, family form and status as resident or non-resident parent.
- Ongoing documentation and monitoring of any systematic differences in case processing, decisions and access to support.

Overall Recommendation

The report's overall recommendation is a coherent approach based on equal legislation and administration, early identification, rapid and neutral investigation, and preservation or controlled restoration of contact between the child and both fit parents. The approach should be supplemented by equal access to support, better coordination between relevant authorities and systematic follow-up on the child's well-being, contact and the family's overall burden.



Part I: The Five-Factor Model and the Survey

The Five-Factor Model provides a step-by-step framework for assessing whether a child's resistance to or rejection of contact may be consistent with parental alienation (Baker 2020, Bernet & Greenhill, 2022). The model consists of five elements:

1. The child resists or rejects contact with one parent.
2. The child previously had a positive and mutually satisfying relationship with that parent.
3. There is no abuse, neglect or seriously inadequate care by the rejected parent that could reasonably explain the child's rejection.
4. The other parent is reported to have engaged in several forms of alienating behavior.
5. The child displays several behavioral signs commonly associated with parental alienation.

The five factors must be assessed together. Resistance to contact, parental conflict, allegations or a single alienating behavior are not sufficient in themselves to establish parental alienation.

The survey translated the Five-Factor Model into a five-step assessment framework.

Factor 1 was assessed by asking respondents how often their child avoided contact with them.

Factor 2 was assessed by asking whether they had previously had a healthy and mutually satisfying relationship with the child. Both questions used a five-point scale from “never” to “always”.

Factor 3 was used as a binary screening and exclusion question. Respondents were asked whether they had subjected their child to abuse or neglect. Respondents who answered “yes” were excluded because the answer could either indicate a possible misunderstanding of the question or describe circumstances that did not meet the survey's operational definition of parental alienation. The survey did not independently verify whether abuse, neglect or seriously inadequate care had occurred.

Factor 4 was assessed through 17 questions about the other parent's reported behavior, including restricting contact, obstructing communication, denigration, undermining parental authority, making allegedly false allegations and involving the child in adult matters.

Factor 5 was assessed through eight reported behavioral signs in the child, including unjustified rejection, weak or disproportionate reasons for rejection, rigid one-sided thinking, reflexive support for the other parent, lack of guilt, borrowed scenarios or wording, rejection of the respondent's extended family, and fear or anxiety about contact.

The questions under factors 4 and 5 used a five-point scale from “never” to “always”, with an additional response option, “not applicable”. Higher frequency across several items indicates a stronger self-reported pattern consistent with the Five-Factor Model. No single response or isolated behavior was regarded as sufficient evidence of parental alienation.

Interpretation and Limitations

The 1,705 parents constitute the total respondent group included in the report. Not all respondents answered every part of the questionnaire. Around 1,220 parents answered the central section of 17 questions on alienating behavior, while around 1,000 parents answered the questions on behavioral signs in the child, personal and societal consequences, and the need for support.

Valid responses are included for the questions that were answered rather than excluding all partially completed questionnaires. Each result should therefore be interpreted in light of the number of respondents who answered the question concerned.

The report combines closed-ended questionnaire questions with two optional open-text questions. The closed questions show the distribution of responses, while qualitative coding identifies recurring themes in respondents' descriptions and plans to re-establish contact with their children. The number of responses varies throughout the survey, from 1,705 respondents in the total analysis group to approximately 1,220 responses to the central questions on alienating behavior and 963 responses in the consequences table.

The sample is self-selected and is not presented as a random or representative sample of all separated parents. Parents who have experienced serious conflict, restricted contact or loss of contact may have been more likely to participate. The results therefore describe the experiences of the participating parents and should not be used as a direct estimate of the prevalence of parental alienation in Denmark.

The survey is based on respondents' perceptions and experiences. It does not independently verify allegations, determine legal responsibility or make a clinical diagnosis. Nor can it prove that the reported behavior caused the reported changes in the child.

When interpreting the results:

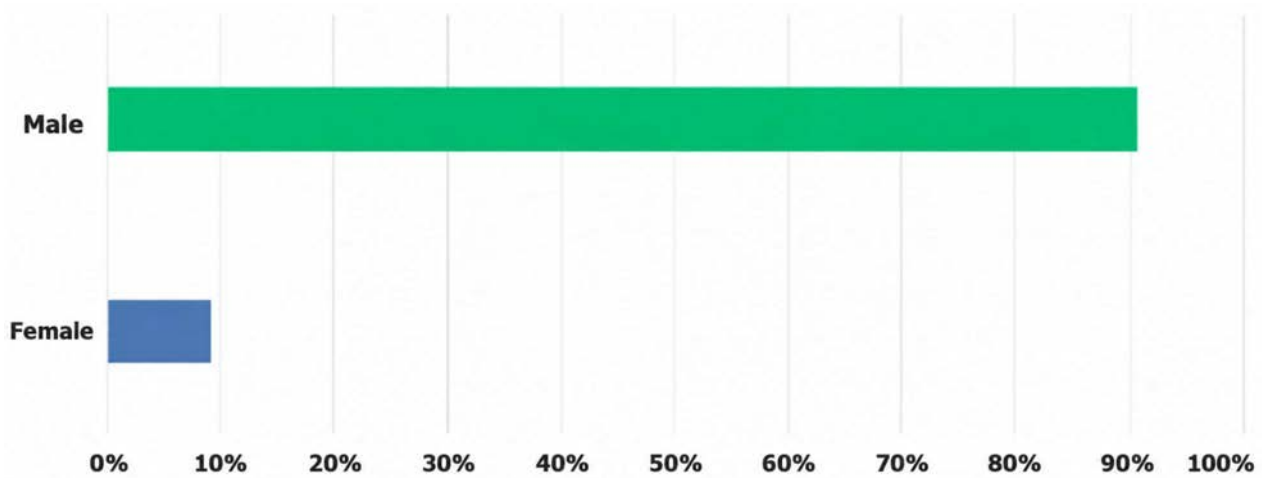
- Percentages are rounded and should be read as approximate.
- For matrix questions, “often” and “always” are combined in the presentation to identify the strongest recurring patterns.
- “Affected”, “substantially affected” and “catastrophically affected” are combined when describing the overall extent of the reported consequences.
- Open-text responses may be assigned to more than one theme, and percentages therefore do not add up to 100%.

Assessment of Societal Consequences

- The broader consequences were assessed for family relationships, personal reputation, employment, social life, finances, mental and physical health, housing situation, trust in public authorities and other people, children's health and well-being, children's education, and suicidal thoughts.
- The consequences were measured on a five-level scale from “unaffected” to “catastrophic”, with an additional response option, “not applicable”. Respondents were also asked about their need for support and their awareness of the eight-week Takelt program.
- The quantitative results were supplemented by optional open-text responses in which respondents described their situation and their plans to re-establish contact with their children. The responses were grouped thematically, and each individual response could be assigned to more than one theme.



What is your gender?

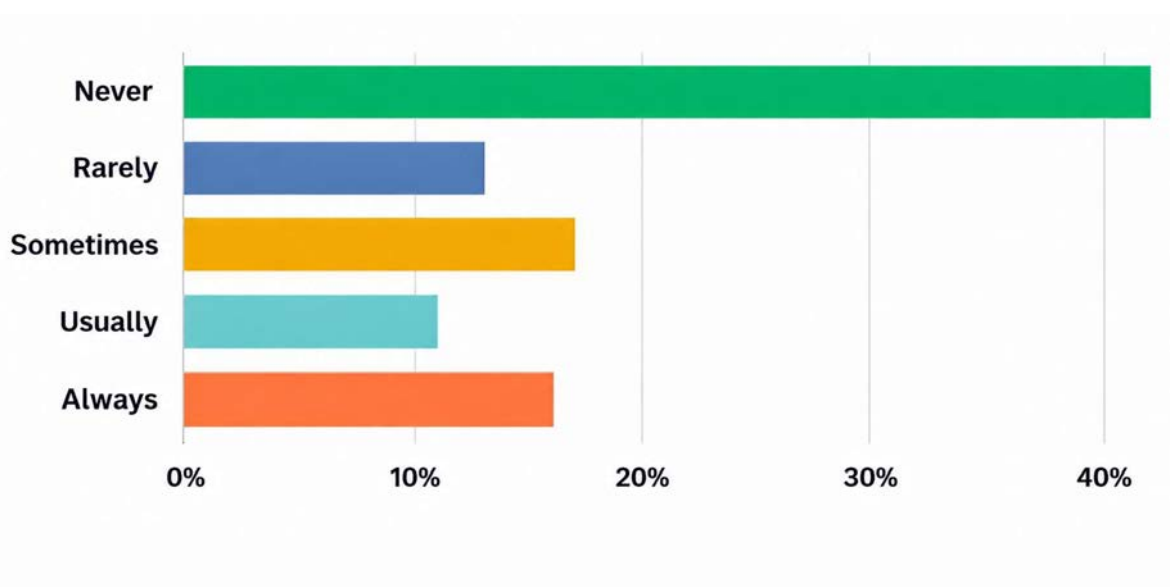


Around 91% of respondents are men and 9% are women. Parental alienation is not inherently gender-specific and can affect fathers, mothers, co-mothers and co-fathers across countries, cultures and family forms.

Shared-care arrangements are widespread in Nordic countries. However, family law continues to distinguish between the resident parent and the non-resident parent, who have different rights and decision-making powers. Although the rules are formally gender-neutral, mothers are still more often registered as the resident parent. In practice, the legal distinction may therefore give mothers greater rights and influence, while fathers are more often placed in the legally weaker position of non-resident parent.

The interaction between legislation, cultural expectations and administrative practice may explain why fathers make up most respondents in this Danish survey. The results therefore provide particularly strong insight into the experiences of affected fathers, while the participation of mothers, co-mothers and co-fathers contributes to a broader understanding of parental alienation as a problem that can affect any parent.

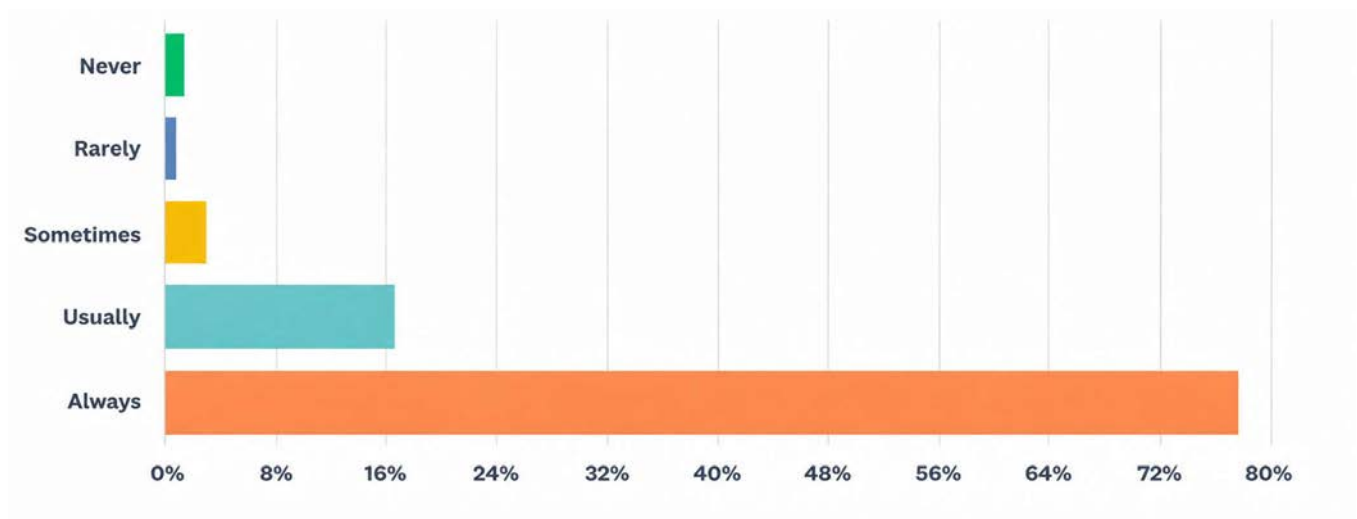
Factor 1: Does your child avoid contact with you?



Around 42% report that their child never avoids contact. At the same time, approximately 45% report that the child sometimes, usually or always avoids contact, including around 28% who experience this usually or always. The distribution therefore shows two different realities: one large group continues to have functioning contact, while another significant group experiences recurring or entrenched resistance.

Avoidance is not confined to a small extreme category. It is distributed across “sometimes”, “usually” and “always”, indicating a continuum from emerging reluctance to persistent rejection. This makes early intervention relevant before occasional resistance develops into an established pattern.

Factor 2: Did you previously have a healthy relationship with your child?

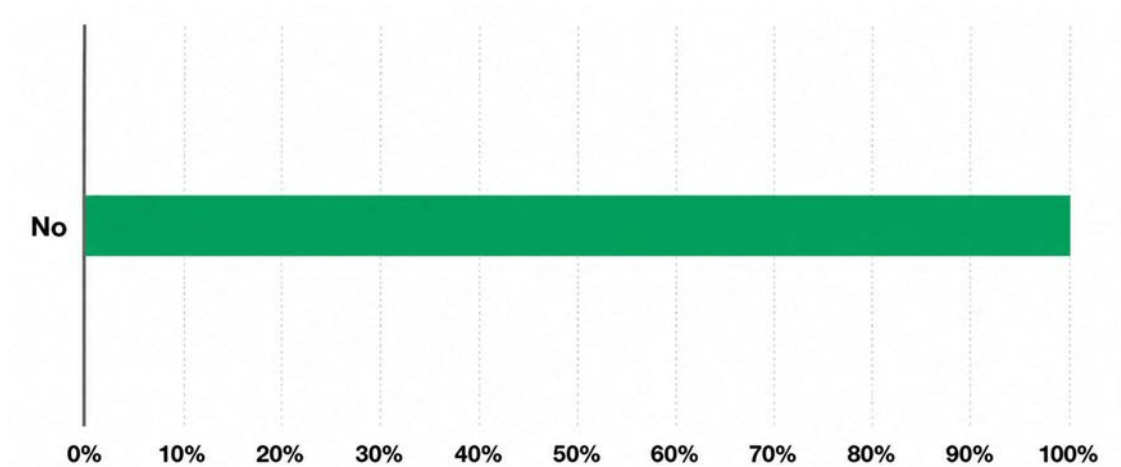


The contrast with the previous figure is striking. Around 93% describe their previous relationship with the child as usually or always healthy and mutually satisfying. Only a small minority report that the relationship was rarely or never positive.

The combination of a historically positive relationship and later avoidance is central to respondents' understanding of parental alienation. It suggests that the current rejection is generally experienced as a clear change rather than a continuation of a long-standing weak relationship. The survey cannot establish the cause of the change, but it clearly documents the perceived rupture.



Factor 3: Have you subjected your child to abuse or neglect?



The question was used as a screening criterion corresponding to factor 3 in the Five-Factor Model. The few respondents who answered “yes” were excluded from the analysis, as their answers could indicate circumstances in which the child's resistance to contact may have a legitimate protective explanation. An affirmative answer could also result from a misunderstanding of the question or a deliberately disruptive response.

The analysis therefore includes only respondents who answered that they had not subjected their child to abuse or neglect. The result should not be interpreted as independent confirmation that abuse, neglect or seriously inadequate care was absent in all cases. It establishes only that the included responses met the survey's screening criterion for further analysis under the Five-Factor Model.



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Factor 4: How often have other parents displayed certain forms of behavior?

	Never	Rarely	Sometimes	Often	Always	Not relevant	Total
Ask the child to keep secrets from you	14.91% 175	9.80% 115	14.40% 169	19.34% 227	13.71% 161	27.85% 327	1174
Speak negatively about you	7.50% 88	7.41% 87	23.85% 280	32.96% 387	19.08% 224	9.20% 108	1174
Tell the child confidential things about your relationship	8.52% 100	7.41% 87	18.14% 213	28.19% 331	24.87% 292	12.86% 151	1174
Create conflict between the child and you	13.12% 154	10.56% 124	21.21% 249	22.74% 267	19.51% 229	12.86% 151	1174
Make the child feel that you are dangerous	21.21% 249	10.14% 119	17.29% 203	20.70% 243	21.47% 252	9.20% 108	1174
Encourage the child to spy on you	25.13% 295	7.33% 86	14.91% 175	11.33% 133	6.05% 71	35.26% 414	1174
Encourage the child to call you by your first name	43.70% 513	6.81% 80	7.41% 87	5.71% 67	7.67% 90	28.71% 337	1174
Make the child reject you	22.49% 264	8.60% 101	17.12% 201	13.80% 162	14.82% 174	23.17% 272	1174
Make the child choose between you as parents	14.31% 168	9.37% 110	19.68% 231	18.14% 213	20.78% 244	17.72% 208	1174
Disrupt communication	6.13% 72	5.96% 70	16.27% 191	34.16% 401	31.86% 374	5.62% 66	1174
Limit contact	8.35% 98	6.73% 79	16.70% 196	29.13% 342	35.78% 420	3.32% 39	1174
Come up with false accusations against you	8.69% 102	5.45% 64	13.29% 156	25.98% 305	40.80% 479	5.79% 68	1174
Refuse to acknowledge your existence	24.96% 293	9.45% 111	15.50% 182	16.61% 195	16.61% 195	16.87% 198	1174
Tell the child that you do not love the child	28.79% 338	9.80% 115	11.50% 135	8.60% 101	8.69% 102	32.62% 383	1174
Try to change the child's name to remove you as a parent	42.50% 499	5.96% 70	5.79% 68	6.73% 79	12.44% 146	26.58% 312	1174
Undermine your parental authority	6.98% 82	5.62% 66	14.48% 170	27.77% 326	41.65% 489	3.49% 41	1174
Withhold affection and care	10.39% 122	8.18% 96	16.78% 197	21.04% 247	25.89% 304	17.72% 208	1174
							19958



The table shows a group of behaviors that respondents experience as systematic rather than isolated. When “often” and “always” are combined, the highest levels are seen for undermining parental authority (approximately 69%), making false allegations (approximately 67%), obstructing communication (approximately 66%) and restricting contact (approximately 65%). Denigration and confiding adult matters to the child are each reported as occurring often or always by just over half.

The strongest items concern control over information, access and the child's perception of the respondent. Together, they describe a mechanism in which direct contact is reduced while the respondent's role and legitimacy as a parent are weakened.

Factor 5: How often do these signs occur in your child?

	● Never	● Rarely	● Sometimes	● Often	● Always	● Not relevant	Total
Vague, unclear or unreasonable reasons for rejection	21.22% 216	14.34% 146	15.42% 157	20.73% 211	18.27% 186	10.02% 102	1018
Reflective support for the alienating parent	14.15% 144	8.35% 85	15.13% 154	16.99% 173	19.06% 194	26.33% 268	1018
Use of borrowed scenarios and phrases	13.06% 133	8.74% 89	17.58% 179	26.62% 271	18.27% 186	15.72% 160	1018
Unfounded rejection	19.25% 196	17.68% 180	20.14% 205	21.61% 220	14.73% 150	6.58% 67	1018
Lack of guilt feelings about cruel behavior towards you	18.57% 189	9.33% 95	13.95% 142	15.42% 157	21.71% 221	21.02% 214	1018
Spreading hostility in your family towards you	27.70% 282	10.41% 106	14.54% 148	12.77% 130	14.54% 148	20.04% 204	1018
Fear or anxiety when visiting you	30.55% 311	9.92% 101	13.16% 134	15.42% 157	18.47% 188	12.48% 127	1018
Lack of understanding of different perspectives	10.71% 109	10.02% 102	17.19% 175	22.40% 228	25.34% 258	14.34% 146	1018
							8144

The most frequently reported signs are lack of understanding of different perspectives (approximately 48% often or always) and use of borrowed scenarios or wording (approximately 45%). Weak, trivial or absurd reasons for rejection are reported often or always by around 39%, while unjustified rejection and lack of guilt are reported by more than one third.

The signs describe more than simple reluctance. Respondents experience children repeating adults' narratives, adopting rigid one-sided views and reacting in ways that appear disconnected from their previous relationship. These are reported experiences rather than clinical diagnoses, but the consistency across the items supports the need for a thorough and child-focused assessment.



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To what extent has parental alienation affected you?

	 Catastrophic	 Significantly affected	 Affected	 Almost not affected	 Not affected	 Not relevant	Total
Relationship to family	23.71% 220	27.80% 258	27.48% 255	9.16% 85	6.79% 63	5.06% 47	928
Personal well-being	15.52% 144	20.04% 186	34.59% 321	13.79% 128	9.16% 85	6.90% 64	928
Career / work	12.18% 113	15.09% 140	26.94% 250	16.16% 150	19.50% 181	10.13% 94	928
Social life	14.33% 133	23.49% 218	34.70% 322	12.18% 113	9.70% 90	5.60% 52	928
Economic situation	17.78% 165	19.07% 177	25.11% 233	15.95% 148	13.58% 126	8.51% 79	928
Mental well-being	29.74% 276	38.58% 358	23.17% 215	4.74% 44	1.94% 18	1.83% 17	928
Physical health	10.99% 102	24.25% 225	30.17% 280	16.81% 156	12.07% 112	5.71% 53	928
Trust in authorities	33.51% 311	22.74% 211	20.69% 192	7.87% 73	7.33% 68	7.87% 73	928
Trust in a new partner	11.53% 107	14.33% 133	23.17% 215	12.72% 118	18.10% 168	20.15% 187	928
Trust in others	7.65% 71	19.50% 181	32.65% 303	18.00% 167	13.69% 127	8.51% 79	928
Housing situation	11.96% 111	13.47% 125	20.15% 187	15.19% 141	28.23% 262	10.99% 102	928
Children's health and well-being	20.26% 188	26.62% 247	29.85% 277	10.13% 94	6.25% 58	6.90% 64	928
Children's education	11.10% 103	15.84% 147	22.41% 208	12.28% 114	11.53% 107	26.83% 249	928
Suicidal thoughts	4.53% 42	7.11% 66	15.73% 146	13.47% 125	32.54% 302	26.62% 247	928
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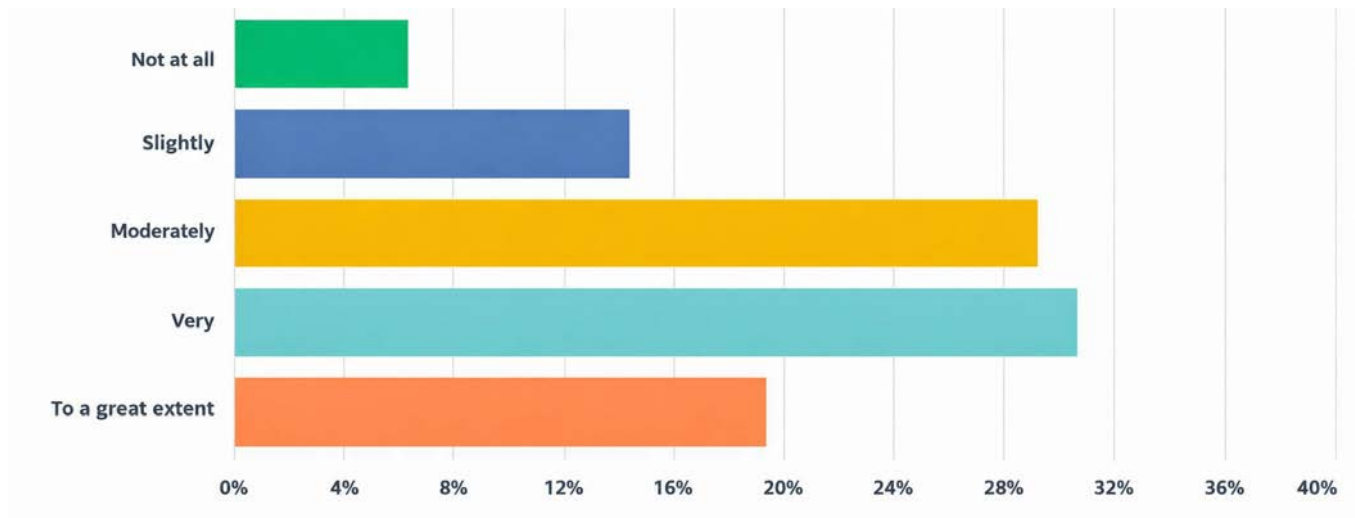
The reported consequences are extensive. Mental well-being stands out: around 91% describe it as affected, substantially affected or catastrophically affected. Family relationships are affected at these levels for around 79%, and children's health and well-being for around 77%. Personal reputation and social life are also affected among approximately seven out of ten respondents.

The consequences extend beyond emotional strain. Financial circumstances, employment, housing and trust in other people are affected among significant groups. Around 28% report that suicidal thoughts are affected to some extent, which is a serious indicator of vulnerability, although the response categories and the self-selected sample require cautious interpretation.

Parental alienation is not experienced as an isolated contact dispute, but as a crisis affecting several areas of life. The data link family breakdown with psychological strain, social isolation, damage to reputation, financial pressure and concern for the child's well-being.



To what extent do you need support?

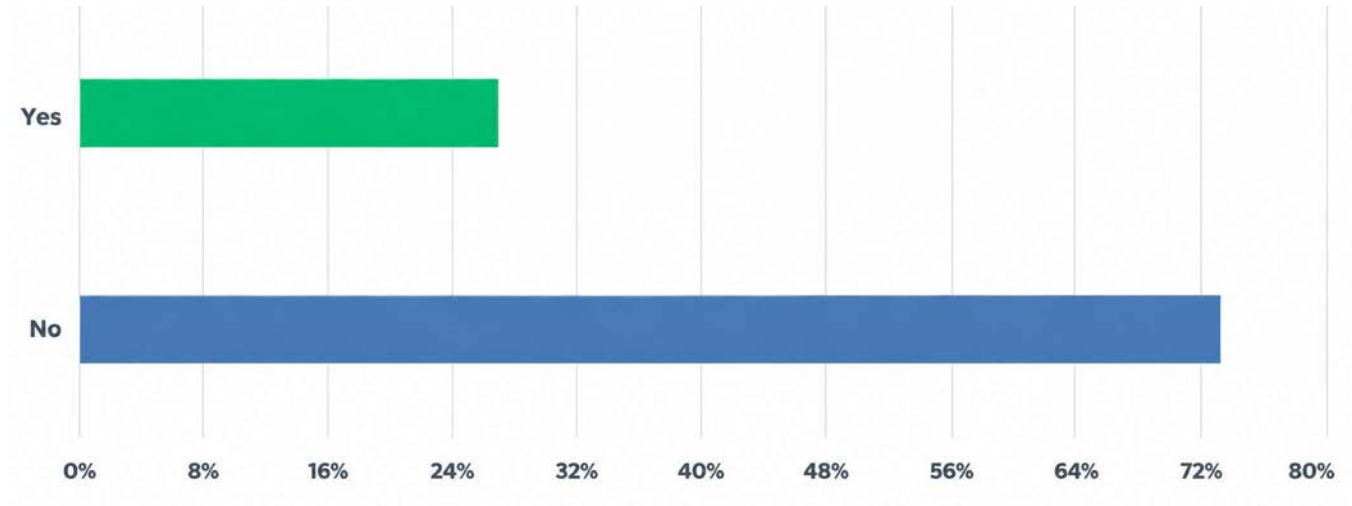


Around 79% report a moderate, high or very high need for support. The largest single category is “high”, at approximately 31%. Only a small minority report that they have no need for support.

The need is so broad that legal information cannot stand alone. The results show demand for coordinated legal guidance, psychological support, peer support, crisis intervention and practical help with communication and re-establishing contact.



Are you familiar with the eight-week program Takelt?



Only around 27% are familiar with the nationwide eight-week Takelt program, while approximately 73% are not. This shows a clear imbalance: the majority report a significant need for support, but awareness of an existing service is limited.

Increasing awareness may be a relatively immediate intervention. Communication should target the channels respondents already use, including parent organisations, legal-aid services, family-law professionals, social media and search engines. The information should also explain who the program is intended for and what practical outcomes participants can expect.



Part II: Cross-Sectional Analyses

The following analysis examines how respondents' answers are associated across the survey. The purpose is to identify what particularly characterizes parents who report serious consequences for mental well-being, suicidal thoughts, trust in public authorities and the need for support, compared with parents who report less or no impact.

The analyses show statistical associations between respondents' self-reported experiences. They cannot establish causal relationships in themselves. Differences between groups must also be interpreted considering group size, and results based on small comparison groups are used only as indications.

Analysis 1: Previous Positive Relationship and Subsequent Contact Resistance

A previous positive and mutually satisfying relationship between the child and the now-rejected parent constitutes factor 2 of the Five-Factor Model. The factor is important because a previously good relationship followed by resistance or rejection of contact may indicate that a significant relational rupture has occurred.

In the survey, 94.4% of respondents, equivalent to 1,610 parents, report that they previously or always had a healthy and mutually satisfying relationship with their child.

Among these 1,610 parents, current contact resistance is distributed as follows:

- 43.1% never experience the child avoiding contact.
- 13.5% experience it rarely.
- 16.5% experience it sometimes.
- 10.6% experience it usually.
- 16.2% experience it always.

Overall, 43.4% of the parents who previously had a positive relationship now experience contact resistance at least sometimes. Of these, 26.8% experience the child usually or always avoiding contact.

The result shows that, for a significant proportion of respondents, current contact resistance represents a change from a previously positive and functioning relationship. The combination of a previously good relationship and subsequent contact resistance is consistent with factors 1 and 2 of the Five-Factor Model. However, it cannot by itself establish parental alienation and must be assessed together with the absence of a legitimate reason for rejection, the other parent's reported alienating behaviors and behavioral signs in the child.

Parents Who Did Not Previously Have an Established Relationship

A total of 5.6% reports that they only sometimes, rarely or never previously had a healthy and mutually satisfying relationship with the child. This group cannot automatically be assessed in the same way.



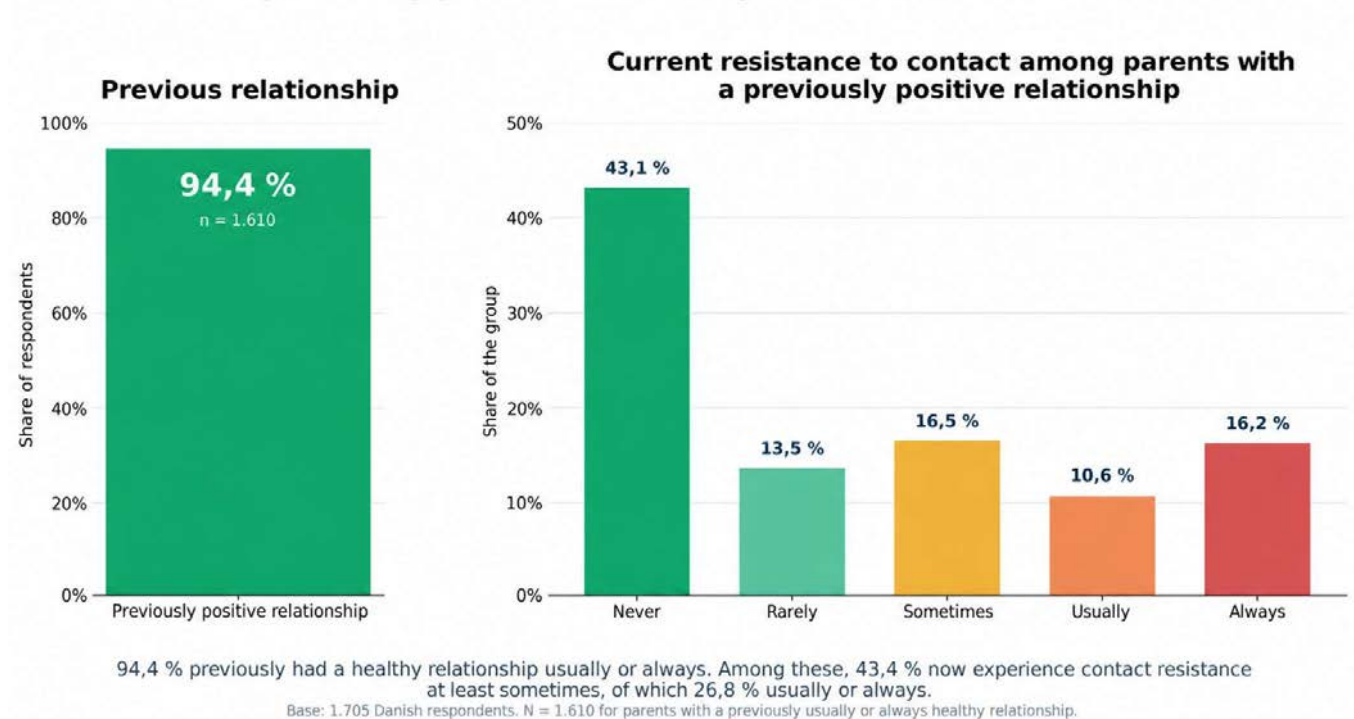
Some may have had a weak or difficult relationship for other reasons. For some, however, the explanation may be that contact was obstructed from the child's birth or early childhood, so that a natural parent-child relationship was never given the opportunity to develop.

These cases do not necessarily meet factor 2 in the classic form of the Five-Factor Model, but they may still involve alienating behaviors that prevented the relationship from being established. The group should therefore be assessed separately and not automatically regarded as irrelevant to the survey.

Interpretation

The analysis documents a reported pattern of relational rupture but does not establish the cause of the change. The survey is based on parents' own information and does not contain an independent assessment of the individual child or family trajectory.

From a previously positive relationship to current contact resistance



Analysis 2: Overall Pattern Under the Five-Factor Model

The Five-Factor Model requires several circumstances to be assessed together. Contact resistance or rejection is not in itself sufficient to identify parental alienation. The previous relationship, possible legitimate reasons for contact resistance, alienating behaviors and behavioral signs in the child must also be considered.

The analysis includes 1,018 respondents who answered all the central questions under the model's five factors.

Operationalisation of the Overall Pattern

In this analysis, the term “strong overall pattern” is used for respondents who meet the following operational criteria:

- The child avoids contact at least sometimes.
- The respondent previously usually or always had a healthy and mutually satisfying relationship with the child.
- The respondent answered no to the screening question on violence, abuse or neglect.
- At least two alienating behaviors are reported as occurring often or always.
- At least three behavioral signs in the child are reported as occurring often or always.

The response option “not applicable” is not treated as “never”. Respondents without relevant answers in one of the two groups of questions are not included in the assessment of that part.

The criteria were established for the purpose of this descriptive analysis. They do not constitute a clinically validated scale or a diagnostic threshold for parental alienation.

The Factors Assessed Together

Among the 1,018 respondents:

- 970, corresponding to 95.3%, previously usually or always had a healthy and mutually satisfying relationship with the child.
- 472, corresponding to 46.4%, reports both a previous positive relationship and subsequent contact resistance at least sometimes.
- 440 also reports at least two alienating behaviors as occurring often or always.
- 351, corresponding to 34.5% of the total analysis group, meet all the criteria used for a strong overall pattern.

Among the 468 respondents with a previous positive relationship, subsequent contact resistance and relevant answers under factors 4 and 5, 75.0% meet the criteria for a strong overall pattern.

The result shows that a significant group reports a pattern spanning all five factors. This does not mean that all 1,018 respondents can be regarded as having experienced parental alienation.

Association with Psychological and Institutional Burden

Respondents with a strong overall pattern consistently report more serious consequences than the other respondents.

Among respondents with a strong overall pattern:

- 77.6% report that their mental well-being is catastrophically or substantially affected.
- 70.5% report that their trust in public authorities is catastrophically or substantially affected.
- 66.6% report that the child's health and well-being are catastrophically or substantially affected.
- 15.8% report that their suicidal thoughts are catastrophically or substantially affected.

Among the other respondents, the corresponding proportions are 63.1%, 48.2%, 35.8% and 9.3%.

The largest difference is seen in the assessment of the child's health and well-being. Here, the proportion reporting catastrophic or substantial impact is 30.8 percentage points higher among respondents with a strong overall pattern.

The Significance of Allegedly False Allegations

Allegedly false allegations are one of the 17 behaviors examined under factor 4 of the Five-Factor Model. The item is included on the same terms as the other behaviors when calculating respondents' overall pattern and is not assigned any separate or greater weight.

At the same time, the behavior is relevant to highlight because it is reported frequently and may form part of a broader pattern together with restricted contact, obstructed communication, denigration and undermining of parental authority. Allegations that the respondent experiences as false may also be associated with contact resistance, proceedings involving public authorities and the child's perception of the parent concerned.

The Need for Support

Among respondents with a strong overall pattern, 64.8% report a high or very high need for support. Among the other respondents, the proportion is 41.6%.

The result shows that a strong pattern under the Five-Factor Model is not only associated with the relationship between the child and the parent. It also occurs alongside a greater need for psychological, social, family-law and practical support.

Interpretation

The analysis shows that respondents with a strong overall pattern under the criteria used also report a broader and more serious burden. The association is particularly clear for trust in public authorities, the child's health and well-being, and the need for support.

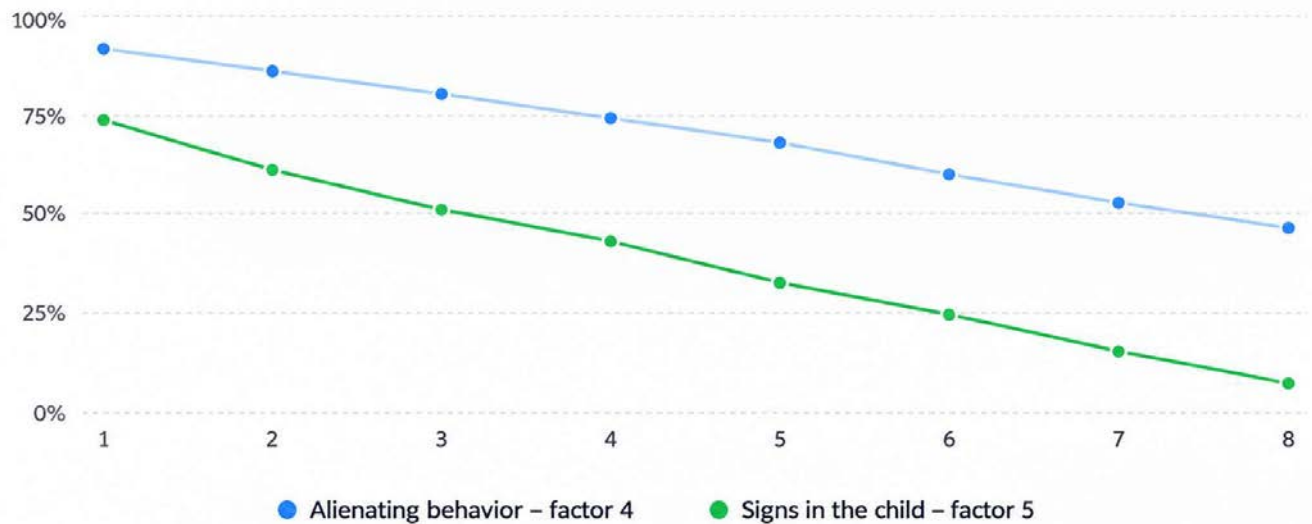
The analysis cannot establish that the reported alienating behaviors caused the consequences. Nor can it replace an individual child-welfare, clinical, legal, judicial or expert assessment.

The results are based on respondents' own information. The question about violence, abuse and neglect is a self-reported screening question and not an independent assessment of the circumstances in the individual family.



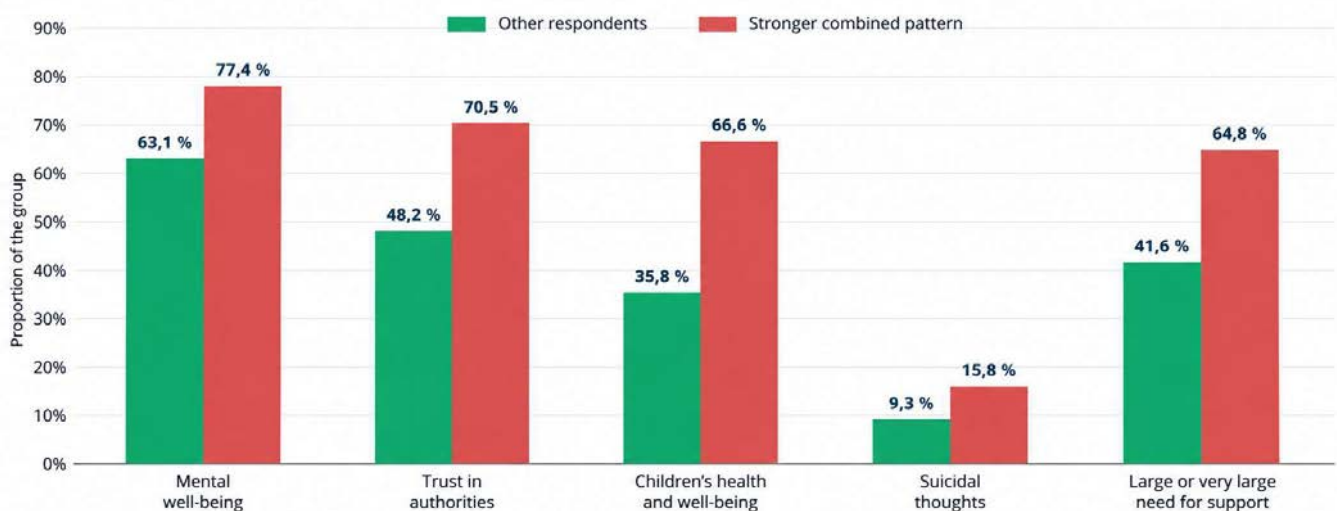
Typical behavior patterns and signs according to the Five-Factor Model

Proportion reporting at least the stated number of behaviors occurring frequently or always.



Factor 4: n = 1,012. Factor 5: n = 992. Respondents with missing values ("Not relevant") are not included in the respective series.

A stronger combined pattern is associated with a broader and more serious burden



Respondents with a stronger combined pattern report a significantly higher average impact on well-being, trust in authorities, children's health, suicidal thoughts and need for support.

Base: 1,918 completed Five-Factor questionnaires. Analysis: comparative group analysis. Only respondents with non-missing values are included.

Analysis 3: Trust in Public Authorities

Trust in public authorities is one of the areas in which respondents report the most serious impact, which is concerning from a societal perspective. The cross-sectional analysis examines what characterizes parents whose trust in public authorities is catastrophically affected, substantially affected and unaffected, respectively.

The analysis compares:

- 311 respondents with catastrophically affected trust.
- 211 respondents with substantially affected trust.
- 68 respondents with unaffected trust.

Respondents who answered “affected”, “almost unaffected” or “not applicable” are not included in this separate comparison. The analysis therefore includes 590 respondents.

Association with Alienating Behaviors

Respondents whose trust in public authorities is catastrophically affected consistently report the central alienating behaviors more often than respondents whose trust is unaffected.

Among respondents with catastrophically affected trust:

- 82.0% experience restriction of contact often or always.
- 81.7% experience obstruction of communication often or always.
- 85.8% experience undermining parental authority often or always.
- 86.8% experience allegedly false allegations often or always.

Among respondents with substantially affected trust, the corresponding proportions are 72.0%, 74.9%, 77.7% and 74.4%. Among respondents with unaffected trust, the proportions are 48.5%, 39.7%, 41.2% and 36.8%.

The differences show that loss of trust in public authorities occurs particularly frequently among respondents who also report extensive restriction of contact, obstruction of communication, undermining of their parental role and allegedly false allegations.

Association with Psychological and Social Burden

Loss of trust in public authorities also occurs alongside more serious consequences in other areas of life.

Among respondents with catastrophically affected trust:

- 88.1% report that their mental well-being is catastrophically or substantially affected.
- 53.1% report that their physical health is catastrophically or substantially affected.
- 66.2% report that their child's health and well-being are catastrophically or substantially affected.
- 20.9% report that their suicidal thoughts are catastrophically or substantially affected.
- 64.6% report a high or very high need for support.

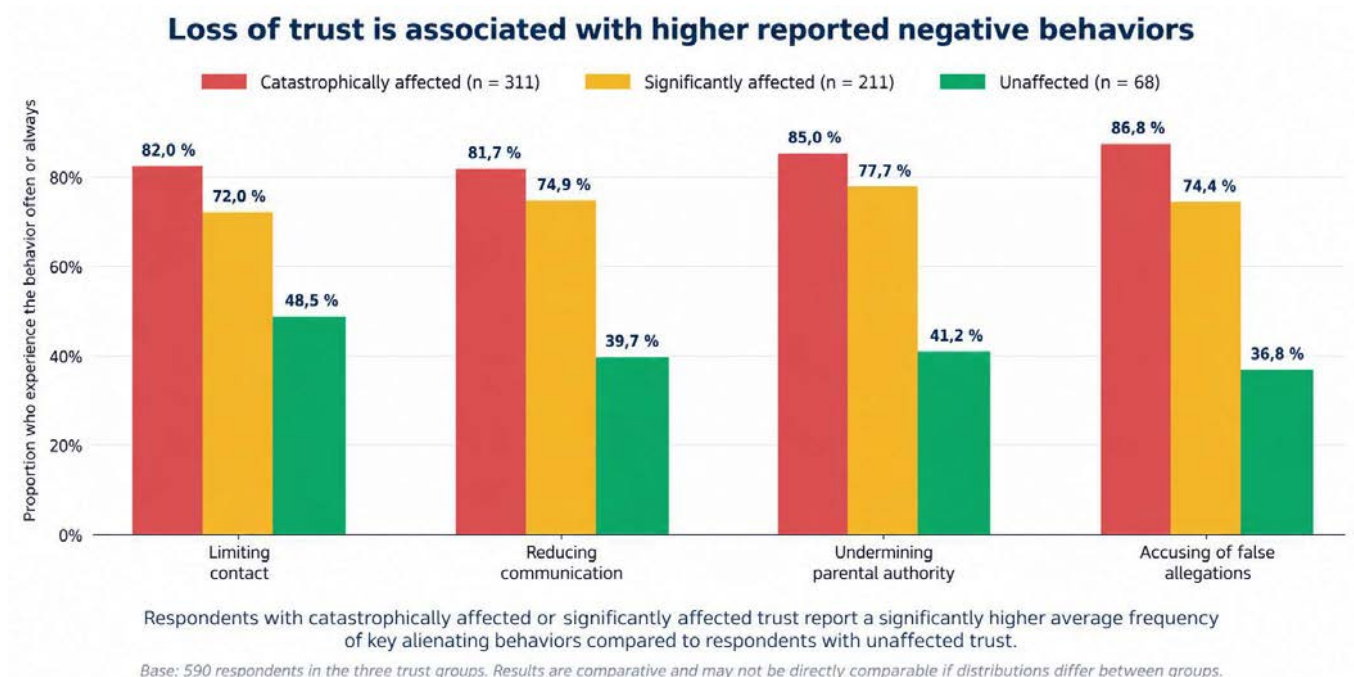
Among respondents with substantially affected trust, the corresponding proportions are 78.7%, 39.3%, 48.8%, 9.5% and 50.7%. Among respondents with unaffected trust, the proportions are 30.9%, 10.3%, 29.4%, 1.5% and 35.8%.

Interpretation

The analysis shows that loss of trust in public authorities does not appear to be an isolated issue. It forms part of a broader burden pattern involving more frequently reported alienating behaviors, more serious psychological and physical strain, greater concern for the child's well-being and a greater need for support.

The results cannot establish why trust has been lost. For example, the survey cannot determine whether the lack of trust is due to the authorities' specific handling of cases, the burden of prolonged proceedings, discrimination that occurs, the respondent's wider circumstances or a combination of several factors.

The results nevertheless show that trust in public authorities should be a central point of attention in interventions for families with serious contact problems.



Analysis 4: Reported False Allegations and Cross-Cutting Burden

Allegedly false allegations are one of the alienating behavior patterns included under factor 4 of the Five-Factor Model. The cross-sectional analysis examines what characterizes respondents who respectively never, often or always experience the other parent making false allegations against them.

Among the 1,174 respondents who answered the question on alienating behaviors, 784, corresponding to 66.8%, state that they experience false allegations often or always.

The analysis compares:

- 102 respondents who never experienced false allegations.
- 305 respondents who often experience false allegations.
- 479 respondents who always experience false allegations.

Respondents who answered “rarely”, “sometimes” or “not applicable” are not included in this separate comparison. The analysis therefore includes 886 respondents. The number is lower in the analyses of behavioral signs in the child and the broader consequences because not all respondents answered the later parts of the questionnaire.

Previous Relationship and Current Contact Resistance

A previous positive relationship is common in all three groups. Among respondents who never experience false allegations, 92.2% report that they previously usually or always had a healthy and mutually satisfying relationship with the child. The proportions are 96.1% among those who often experience false allegations and 95.8% among those who always experience them.

At the same time, there is a clear difference in current contact resistance:

- 12.7% of respondents who never experience false allegations report that the child usually or always avoids contact.
- Among respondents who often experience false allegations, the proportion is 29.5%.
- Among respondents who always experience false allegations, the proportion is 40.7%.

The results show that more frequently reported false allegations occur alongside a greater likelihood of persistent contact resistance, although the analysis cannot establish the cause of the association.

Association with Other Alienating Behaviors

Respondents who often or always experience false allegations also report other alienating behaviors markedly more frequently.

Among respondents who always experience false allegations:

- 83.5% report that contact with the child is often or always restricted.
- 84.1% report that communication with the child is often or always obstructed.
- 75.0% report that they are often or always denigrated in front of the child.
- 91.6% report that their parental authority is often or always undermined.

Among respondents who often experience false allegations, the corresponding proportions are 68.9%, 68.2%, 59.0% and 79.0%. Among respondents who never experience false allegations, the proportions are 23.5%, 22.5%, 9.8% and 11.8%, respectively.

The differences show that reported false allegations rarely appear as an isolated issue. They often occur together with restricted contact, obstructed communication, denigration and undermining of the parental role.

Association with Behavioral Signs in the Child

The same stepwise pattern is seen in the reported behavioral signs in the child.

Among respondents who always experience false allegations:

- 49.4% report unjustified rejection often or always.
- 53.2% report weak or disproportionate reasons for rejection often or always.
- 66.0% report rigid or one-sided thinking often or always.
- 64.6% report use of borrowed scenarios or wording often or always.

Among respondents who often experience false allegations, the corresponding proportions are 35.1%, 37.5%, 45.9% and 45.2%. Among respondents who never experience false allegations, the proportions are 11.3%, 10.0%, 13.8% and 6.3%, respectively.

The results show an association between more frequently reported false allegations and several of the behavioural signs in the child included under factor 5 of the Five-Factor Model.

Psychological, Family and Institutional Burden

Respondents who always experience false allegations consistently report the most serious consequences.

Among this group:

- 80.8% report that their mental well-being is catastrophically or substantially affected.
- 73.3% report that their trust in public authorities is catastrophically or substantially affected.
- 62.1% report that the child's health and well-being are catastrophically or substantially affected.
- 15.2% report that their suicidal thoughts are catastrophically or substantially affected.

Among respondents who often experience false allegations, the corresponding proportions are 70.3%, 56.4%, 47.0% and 8.5%. Among respondents who never experience false allegations, the proportions are 28.1%, 20.3%, 20.3% and 3.1%.

The results show a clear burden gradient. The more frequently respondents report false allegations, the greater the reported impact on their mental well-being, trust in public authorities and the child's health and well-being.

The Need for Support

The need for support follows the same pattern:

- 28.6% of respondents who never experience false allegations report a high or very high need for support.

- Among respondents who often experience false allegations, the proportion is 45.8%.
- Among respondents who always experience false allegations, the proportion is 61.7%.

This indicates that respondents who persistently experience allegedly false allegations often need more than family-law guidance. The burden may also include psychological crisis, lost trust in public authorities, concern for the child and difficulties maintaining contact.

Interpretation

The analysis shows that allegedly false allegations do not appear as an isolated phenomenon in respondents' answers. They occur alongside more frequent restrictions on contact, obstruction of communication, undermining of the parental role, more reported behavioral signs in the child and a broader psychological and institutional burden.

The survey is based on respondents' own information and has not verified the substance or accuracy of the individual allegations. The term "false allegations" therefore describes respondents' own assessment and is not an independent legal or factual determination.

The analysis also cannot establish whether the allegations caused contact resistance or the reported burden. The results nevertheless show that allegations should be investigated promptly and thoroughly because prolonged uncertainty may arise alongside serious consequences for contact, parents' well-being, the child's situation and trust in public authorities.



Analysis 5: Mental Well-Being and Cross-Cutting Burden

Mental well-being is the area in which respondents collectively report the greatest impact. More than nine out of ten state that their mental well-being is affected, substantially affected or catastrophically affected.

The cross-sectional analysis examines whether the degree of psychological strain is associated with other consequences of the reported parental alienation. The analysis compares three groups:

- 276 respondents with catastrophically affected mental well-being.
- 358 respondents with substantially affected mental well-being.
- 18 respondents with unaffected mental well-being.

Respondents who answered “affected”, “almost unaffected” or “not applicable” are not included in this comparison. The analysis therefore includes 652 respondents and not all 928 who answered the overall consequences table.

A Coherent Burden Pattern

The analysis shows a clear association between the degree of psychological strain and the impact on other key areas of life.

Among respondents with catastrophically affected mental well-being:

- 82.2% report that their trust in public authorities is catastrophically or substantially affected.
- 73.2% report that their physical health is catastrophically or substantially affected.
- 63.4% report that their child's health and well-being are catastrophically or substantially affected.
- 24.3% report that their suicidal thoughts are catastrophically or substantially affected.

Among respondents with substantially affected mental well-being, the corresponding proportions are:

- 59.5% for trust in public authorities.
- 33.0% for physical health.
- 48.0% for the child's health and well-being.
- 9.8% for suicidal thoughts.

In the small group with unaffected mental well-being, the corresponding proportions are 11.1%, 0%, 16.7% and 0%, respectively. However, this group consists of only 18 respondents and can therefore be used only as a cautious reference.

Association with Alienating Behaviors

Respondents with the most severe impact on their mental well-being also report a number of alienating behaviors more frequently. These include restriction of contact, obstruction of communication, denigration and allegedly false allegations.

Allegedly false allegations are particularly relevant in this context because they may affect several areas of a respondent's life at the same time. In addition to the emotional strain, they may be

associated with loss of contact, prolonged administrative and legal proceedings, damage to personal reputation, and economic and social uncertainty.

The Need for Support

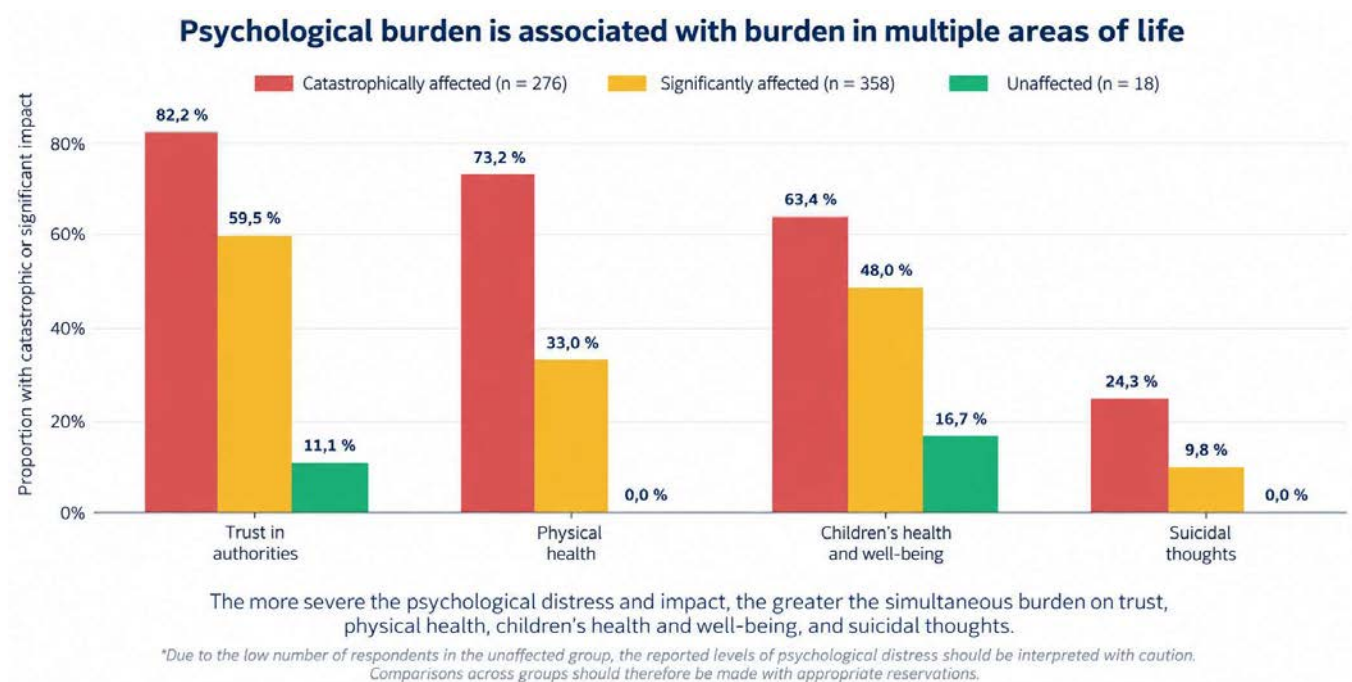
Psychological strain is also closely associated with the need for support. Among respondents with catastrophically affected mental well-being, 76.0% report a high or very high need for support. Among respondents with substantially affected mental well-being, the proportion is 47.8%.

The result indicates that the parents experiencing the greatest psychological strain need more than family-law guidance. The burden also encompasses physical health, family life, finances, trust in public authorities, concern for the child and the risk of suicidal thoughts. This supports the need for a coordinated approach with access to psychological support, crisis assistance, social counselling and relevant family-law assistance.

Interpretation

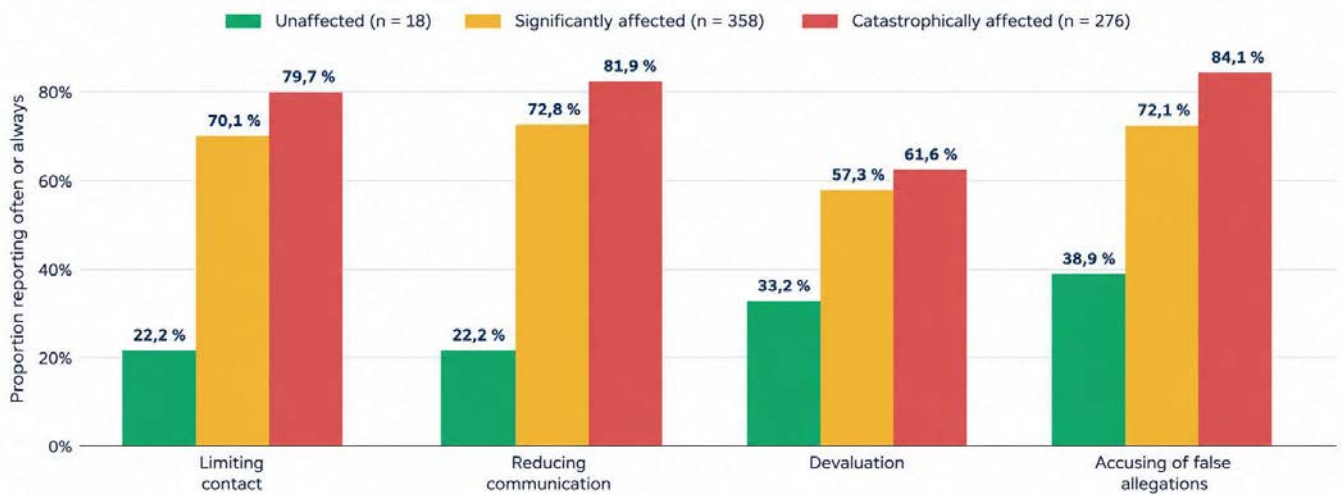
The results may indicate that the impact on mental well-being is associated not only with the loss or restriction of contact with the child, but with a broader and more complex burden. The combination of restricted contact, obstructed communication, denigration and allegedly false allegations may be particularly burdensome.

The analysis shows statistical associations and cannot establish that the reported behaviors caused the psychological strain. Because the information is self-reported, the wording should consistently be "allegedly false allegations" or "allegations that respondents experience as false".





More severe psychological burden is associated with higher alienating behaviors



Respondents with catastrophically affected psychological well-being report significantly higher frequencies of alienating behaviors compared to respondents who are unaffected.

Base: 652 respondents. Note: Accusing of false allegations occurs often or always for 84,1% in this group. Percentages may not add up due to rounding. Comparisons across groups should therefore be made with appropriate reservations.



Analysis 6: Suicidal Thoughts and Overall Crisis Burden

Suicidal thoughts are the survey's most serious area of consequence. The cross-sectional analysis examines what characterises respondents who report that the area of suicidal thoughts is catastrophically affected, substantially affected or unaffected, respectively.

The analysis compares:

- 42 respondents with catastrophically affected suicidal thoughts.
- 66 respondents with substantially affected suicidal thoughts.
- 302 respondents with unaffected suicidal thoughts.

Respondents who answered "affected", "almost unaffected" or "not applicable" are not included in this separate comparison. The analysis therefore includes 410 respondents.

A Broad Crisis and Burden Pattern

Respondents with catastrophically affected suicidal thoughts also report markedly higher catastrophic impact across a number of other areas of life.

Among this group:

- 73.8% report that their mental well-being is catastrophically affected.
- 69.0% report that their trust in public authorities is catastrophically affected.
- 57.1% report that their financial situation is catastrophically affected.
- 45.2% report that their physical health is catastrophically affected.
- 47.6% report that their child's health and well-being are catastrophically affected.

Among respondents with substantially affected suicidal thoughts, the corresponding proportions are 54.5%, 54.5%, 33.3%, 22.7% and 19.7%.

Among respondents with unaffected suicidal thoughts, the proportions are 18.2%, 27.8%, 12.9%, 5.6% and 15.9%, respectively.

The results show that suicidal thoughts do not appear as an isolated psychological symptom. They occur together with a broad crisis burden encompassing mental and physical health, finances, trust in public authorities and concern for the child's well-being.

Association with Contact Resistance

Among respondents with catastrophically affected suicidal thoughts, 47.6% experience that the child usually or always avoids contact. Among respondents with substantially affected suicidal thoughts, the proportion is 43.9%, compared with 26.8% among respondents with unaffected suicidal thoughts.

Serious suicidal thoughts therefore occur more frequently among respondents who also experience persistent contact resistance. However, the analysis cannot establish whether the contact resistance caused suicidal thoughts.

Association with Alienating Behaviors

Respondents with catastrophically affected suicidal thoughts also report several alienating behaviors more frequently. Among this group:

- 76.2% report that contact is often or always restricted.
- 85.7% report that communication is often or always obstructed.
- 69.0% report that denigration occurs often or always.
- 78.6% report that allegedly false allegations occur often or always.

Among respondents with substantially affected suicidal thoughts, the corresponding proportions are 69.7%, 74.2%, 51.5% and 72.7%. Among respondents with unaffected suicidal thoughts, the proportions are 59.3%, 57.6%, 50.7% and 65.2%.

The results show that respondents with the most severe impact on suicidal thoughts consistently report the behaviors examined most frequently. The difference is particularly clear for obstructed communication and denigration. Allegedly false allegations are reported frequently in all three groups but occur most often among respondents with catastrophically affected suicidal thoughts.

The analysis cannot establish that the behaviors caused suicidal thoughts. The information is self-reported, and the term allegedly false allegations describes the respondents' own assessment.

The Need for Support

The need for support is particularly pronounced among those most severely affected:

- 90.5% of respondents with catastrophically affected suicidal thoughts report a high or very high need for support.
- 64.6% of respondents with substantially affected suicidal thoughts report a high or very high need for support.
- 40.1% of respondents with unaffected suicidal thoughts report a high or very high need for support.

Among respondents with catastrophically affected suicidal thoughts, half report a very high need for support. Only one respondent in this group reports no need for support.

The result supports the need for counselling, health and family-law services to systematically pay attention to signs of serious psychological crisis. Parents experiencing prolonged or complete loss of contact should have rapid access to relevant crisis assistance and psychological support.

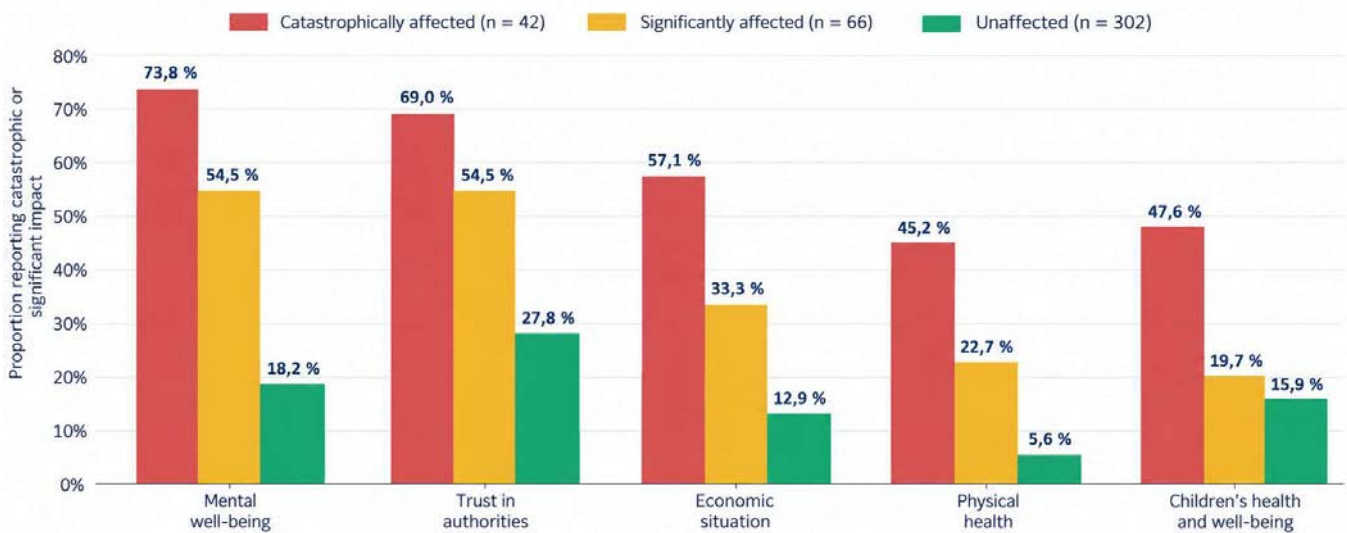
Interpretation

The analysis shows a strong association between affected suicidal thoughts and a broader human and social crisis burden. The most severely affected respondents also report restricted contact, obstructed communication, denigration and allegedly false allegations more frequently. The analysis cannot establish that parental alienation, the individual behaviors or a particular course of contact caused the suicidal thoughts.



The results are based on respondents' own assessments and not on a clinical assessment of suicide risk. The question also does not show when the thoughts began, how long they have lasted, or whether respondents are currently at acute risk.

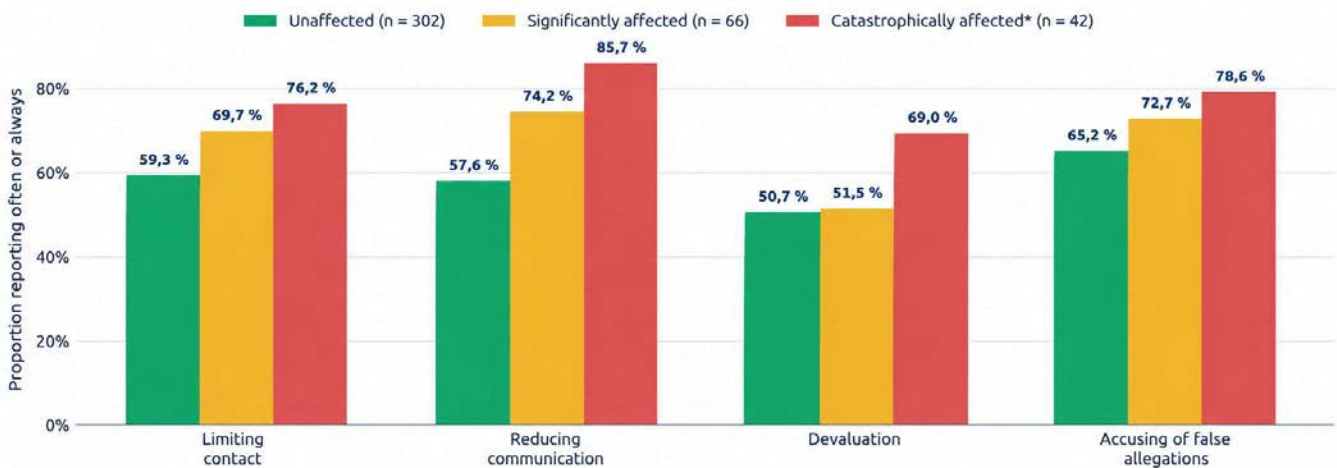
Suicidal thoughts are part of a broader crisis and burden pattern



Those most severely affected in terms of suicidal thoughts also report a significantly higher catastrophic impact on mental well-being, trust in authorities, financial situation, physical health and children's well-being.

Base: 410 respondents in the three comparison groups. Results are comparative and may not be directly comparable if distributions differ between groups.

More severe impact of suicidal thoughts is associated with higher burdensome behaviors



Respondents with catastrophically affected suicidal thoughts report significantly higher frequencies of burdensome behaviors compared to respondents in the other groups. Reduced communication occurs most often or always for 85.7 %, and accusing of false allegations for 78.6 % in this group.

Base: 410 respondents. *The group with catastrophically affected suicidal thoughts includes only 42 respondents. Results are comparative and may not be directly comparable if distributions differ between groups.

Analysis 7: Need for Support

The survey shows that around four out of five respondents have a moderate, high or very high need for support. The cross-sectional analysis examines what characterizes respondents with no, high and very high support needs, respectively.

The analysis compares:

- 59 respondents with no need for support.
- 283 respondents with a high need for support.
- 179 respondents with a very high need for support.

Respondents who reported a low or moderate need for support are not included in this separate comparison. The analysis therefore includes 521 respondents.

Increasing Support Needs and More Serious Consequences

The analysis shows a clear pattern in which increasing support needs are associated with a broader and more serious burden.

Among respondents with a very high need for support:

- 60.9% report that their mental well-being is catastrophically affected.
- 52.5% report that their family relationships are catastrophically affected.
- 54.2% report that their trust in public authorities is catastrophically affected.
- 36.3% report that their financial situation is catastrophically affected.
- 32.4% report that their social life is catastrophically affected.
- 25.7% report that their physical health is catastrophically affected.
- 38.0% report that their child's health and well-being are catastrophically affected.

Among respondents with a high need for support, the corresponding proportions are 35.3%, 24.0%, 36.8%, 18.0%, 15.2%, 13.8% and 21.6%. Among respondents with no need for support, the proportions are 15.2%, 18.6%, 32.2%, 15.2%, 10.2%, 3.4% and 11.9%.

The results show that the need for support is not associated only with mental well-being. Respondents with the greatest need for support also report serious family, social, economic, physical and institutional consequences.

Association with Alienating Behaviours

Respondents with a very high need for support also report several of the central alienating behaviors more frequently:

- 81.6% experience restriction of contact often or always.
- 79.9% experience obstruction of communication often or always.
- 63.1% experience denigration often or always.
- 86.0% experience allegedly false allegations often or always.

Among respondents with a high need for support, the corresponding proportions are 73.9%, 76.7%, 60.8% and 70.7%. Among respondents with no need for support, the proportions are 47.5%, 45.8%, 37.3% and 50.8%.

The differences show that the need for support increases with the extent and frequency of the reported restrictions of contact, obstruction of communication, denigration and allegedly false allegations. False allegations stand out in particular, with 86.0% of respondents with a very high need for support experiencing them often or always.

Respondents Without a Need for Support

The absence of an expressed need for support is not necessarily the same as the absence of burden. Among the 59 respondents with no need for support, some still report serious consequences, including catastrophically affected trust in public authorities, mental well-being and family relationships.

This may, among other things, reflect different ways of coping with the burden, a lack of expectation that help is available, previous negative experiences with support services, or a desire to manage the situation independently. The survey cannot determine which explanation applies to the individual respondent.

Need for a Coordinated Support Effort

The results show that the parents with the greatest support needs do not have only one isolated problem. They often experience a combination of loss of contact, psychological strain, loss of trust, financial difficulties, social isolation and concern for the child's well-being.

This supports a coordinated support effort that may include:

- Psychological support and crisis assistance.
- Family-law counselling.
- Help to preserve or restore contact with the child.
- Social and financial counselling.
- Network-based and group-based support services.
- Referral to acute assistance for suicidal thoughts.

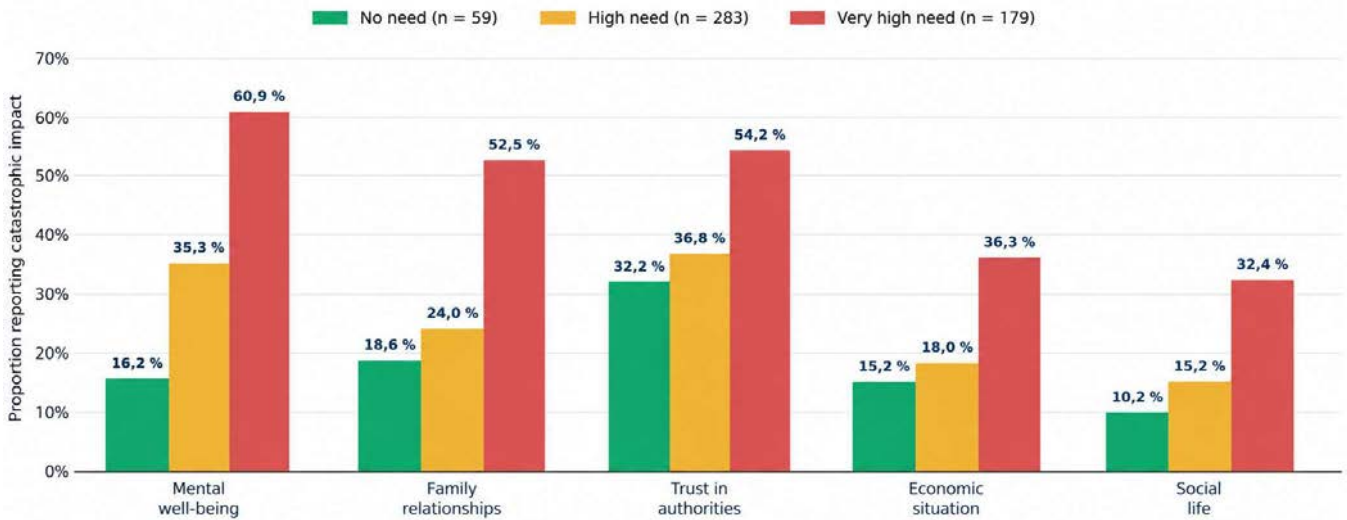
Interpretation

The analysis shows a clear association between the level of support need and the extent of the reported burden. It cannot establish whether the serious burden created the need for support, or whether other factors influence both.

The analysis includes only respondents with no, high or very high support needs. Respondents with a low or moderate need are not included in this comparison.



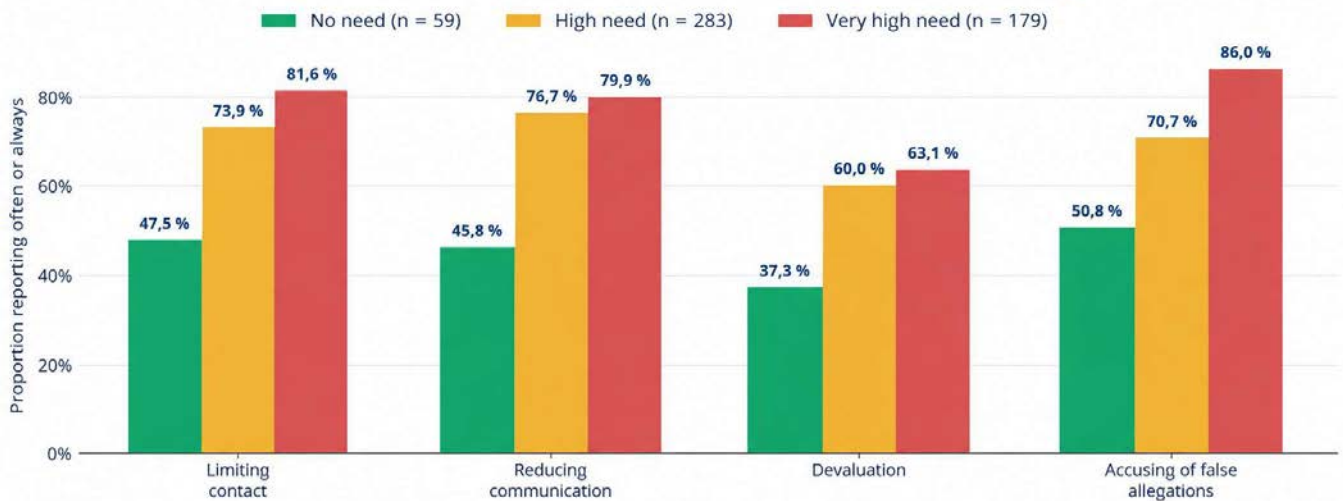
An increasing need for support is associated with a broader and more severe burden



Respondents with a very high need for support report a significantly higher catastrophic impact on mental well-being, family relationships, trust in authorities, the economy and social life.

Base: 521 respondents in the three comparison groups. Results are comparative and may not be directly comparable if distributions differ between groups.

An increasing need for support is associated with higher alienating behaviors



Respondents with a very high need for support report significantly higher frequencies of alienating behaviors compared to the other groups.

Accusing of false allegations occurs often or always for 86.0 % in this group.

Base: 521 respondents in the three comparison groups. Results are comparative and may not be directly comparable if distributions differ between groups.

Analysis 8: Awareness of Takelt Compared with Support Needs

The survey shows that around four out of five respondents have a moderate, high or very high need for support. This analysis examines whether awareness of Takelt and the associated eight-week program varies according to respondents' need for support.

The analysis includes 924 respondents who both reported their need for support and answered the question about awareness of the program.

The analysis compares:

- 59 respondents with no need for support.
- 133 respondents with a low need for support.
- 270 respondents with a moderate need for support.
- 283 respondents with a high need for support.
- 179 respondents with a very high need for support.

Overall Awareness

In total, 247 respondents, corresponding to 26.7%, are familiar with Takelt. The remaining 677 respondents, corresponding to 73.3%, are not familiar with the program.

This means that almost three out of four respondents are not aware of the existing program, even though a large majority report a significant need for support.

Awareness by Level of Support Need

Awareness of the program is distributed as follows:

- 37.3% among respondents with no need for support.
- 28.6% among respondents with a low need for support.
- 22.2% among respondents with a moderate need for support.
- 29.3% among respondents with a high need for support.
- 24.6% among respondents with a very high need for support.

There is no pattern in which awareness of the program increases with the need for support. Awareness is highest among respondents with no need for support and lowest among respondents with a moderate need for support.

Respondents with at Least a Moderate Need for Support

A total of 732 respondents report a moderate, high or very high need for support. Among these:

- 187 respondents are familiar with the program.
- 545 respondents are not familiar with the program.
- This means that 25.5% are familiar with the program, while 74.5% are not.

Among respondents with no or a low need for support, awareness is 31.3%. Awareness is therefore not higher among the respondents who report the greatest need for help.

A Possible Communication Gap

The result points to a possible gap between the need for support and awareness of an existing program. The statistical association between support need and awareness is weak and not unambiguous, but awareness is consistently limited across all groups.

The low level of awareness among respondents with a significant need for support may support more targeted communication through:

- The Agency of Family Law and other family-law actors.
- Municipal family and social services.
- General practitioners, psychologists and other health services.
- Parent and counselling organisations.
- Digital information channels and relevant support networks.

Interpretation

The analysis shows that awareness of Takelt does not follow the level of support need. Around three out of four respondents with at least a moderate need for support are not familiar with the program.

The survey cannot establish why respondents are not familiar with the program. Nor does it show whether they would use it if they knew about it, or whether participation in the program would change their need for support.

The analysis assesses only the association between self-reported support need and awareness. It therefore cannot be used as an evaluation of the program's effectiveness or accessibility.

Part III: Prevention and Paths to Better Outcomes

The survey indicates that parental alienation is rarely experienced as a single isolated event. Respondents typically describe a connected process involving gradually increasing contact resistance, restricted communication, weakening of the parent's role, allegedly false allegations and increasing psychological, social and financial strain. Prevention should therefore begin early and encompass the child, the parents and the public authorities involved.

Recommendation 1: Early Identification of Loss of Contact

When a child begins to avoid contact, or contact is suddenly restricted, a child-focused professional assessment should be carried out quickly. The purpose should be to distinguish between relevant safeguarding concerns, ordinary reactions to parental separation, and possible influence or parental alienation.

Prolonged case proceedings should be avoided because lack of contact can make the distance between the child and the parent more difficult to repair.

Recommendation 2: Equal Legislation, Administration and Access to Support

Prevention requires all children and parents to be treated equally in legislation, public administration and available support schemes. Assessments and decisions should be based on the child's specific situation, the parents' caregiving capacity and documented circumstances, not on gender, parental title or status as resident or non-resident parent.

Equal treatment includes, among other things:

- Both parents should, as a starting point, be regarded as significant caregivers for the child.
- Information from both parents should be examined according to the same professional and evidentiary standards.
- Allegations, concerns and claims should be handled quickly, neutrally and consistently, regardless of who raises them.
- Resident-parent and non-resident-parent status should not lead to unnecessary differences in information, involvement or practical opportunities to exercise the parental role.
- Mothers, fathers and co-mothers should have equal access to counselling, crisis assistance, psychological support, family interventions and relevant social services.
- The practices of public authorities should be continuously examined for systematic gender differences in case processing, decisions, waiting times and access to support.
- Children and parents should have access to an effective complaint and reconsideration mechanism if material information is overlooked or the process is experienced as unequal.

The survey's findings on severely affected trust in public authorities underline the importance of transparent and perceived fair case processing. Clear criteria, consistent documentation, reasoned decisions and genuine involvement of both parents can contribute to greater trust and better opportunities to find solutions centered on the child.

Recommendation 3: Systematic Use of the Five-Factor Model

The Five-Factor Model can usefully be applied as a structured screening framework in municipalities, the Agency of Family Law, the courts and the police, as well as by health professionals.

The assessment should include the child's contact resistance, the previous relationship, possible safeguarding reasons, alienating behaviors and behavioral signs in the child in order to better understand the situation and well-being of parents and children.

The model should not be used as an automatic diagnosis. Instead, it can help ensure that both safety concerns and possible parental alienation are examined systematically and at the same time.

Recommendation 4: Protecting the Child's Contact During Assessment

If there are no documented safety concerns, the child should as a starting point maintain stable and predictable contact with both parents while the case is being assessed. Where there is uncertainty, supported, supervised or gradually expanded contact may be used.

Contact should not depend on the child alone making the decision. The child's perspective must be heard, but assessed in the context of age, relationships and possible influence.

Recommendation 5: Rapid and Neutral Handling of Allegations

Serious allegations must be examined quickly, professionally and neutrally. Documented safety concerns must lead to appropriate protection, while undocumented or conflicting information should not result in prolonged loss of contact without ongoing review.

Public authorities should clearly distinguish between an allegation, a professional concern and a documented fact. This can reduce both the risk of insufficient protection and the risk that allegedly false allegations have disproportionate consequences.

Recommendation 6: Coordinated Support for the Family

The survey shows simultaneous burdens affecting mental well-being, family relationships, finances, employment and trust in public authorities. Family-law, municipal, health and psychological services should therefore be better coordinated.

As far as possible, the family should have one integrated plan with clear goals, responsible professionals and deadlines. Conflicting parallel processes can increase uncertainty and conflict.

Recommendation 7: Early Support and Crisis Assistance

Parents experiencing serious psychological strain or suicidal thoughts must have rapid access to qualified crisis assistance. Screening for psychological crises should form part of counselling and contact with public authorities when a parent experiences prolonged or complete loss of contact.

Support may include psychological assistance, social and financial counselling, family-law guidance, group programs and a clear referral pathway in cases of acute risk.

Recommendation 8: Restoring the Relationship

When contact has weakened or ceased, a concrete plan for rebuilding the relationship should be prepared. It may include short and safe meetings, a neutral support person, gradual expansion of contact and follow-up on the child's reactions.

The intervention should be child-focused without placing responsibility for the solution on the child. Both parents should be expected to actively support the child's opportunity to have a safe relationship with the other parent when this is appropriate.

Recommendation 9: Preserving the Previous Positive Relationship

The survey shows that the great majority of respondents previously had a healthy and mutually satisfying relationship with the child. This history should be actively included in the assessment. A sudden and marked change in the child's attitude should be examined rather than automatically regarded as a stable and independent wish.

For children and parents who have never established contact, for example where contact has been interrupted from birth, the intervention should instead focus on safely establishing and gradually building the relationship.

Recommendation 10: Quality, Documentation and Follow-Up

Decisions and interventions should have clear goals and be followed within short, fixed deadlines. Developments in contact, the child's well-being, the parents' support needs and the duration of the case should be recorded.

Success should not be measured solely by whether a case is closed, but by whether:

- The child has safe and stable contact with both suitable parents.
- The child's exposure to conflict is reduced.
- Relevant safety concerns are investigated and addressed.
- The parents support the child's relationships.
- The psychological and social burden is reduced.
- Trust in case processing improves.
- A recurrence of loss of contact is prevented.

Overall Recommendation

The report's overall recommendation is a model based on equal legislation and administration, early identification, rapid and neutral investigation, preservation or controlled restoration of contact, equal access to support and systematic follow-up. All children and parents should be treated according to the same professional and legal standards, regardless of gender, family form and status as resident or non-resident parent.



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