GENDER DIFFERENCES IN ADOLESCENT COMPULSORY CARE: THE APPLICATION OF §3 LVU

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SAMMANFATTNING

Syftet med denna studie var att jämföra 50 förvaltningsdomsbeslut om aktualisering av tvångsvård av ungdomar under 3 § LVU från 2017 och 2018 utifrån ett jämställdhetsperspektiv. Domarna analyserades med hjälp av relevanta kategorier av problembeteende. Studien visade att det finns könsasymmetrier i hur socialtjänsten och domstolarna bedömer ungdomars och unga vuxnas beteendeproblematik. I alla områden av problembeteende som utforskats behandlas flickor mer bestraffande än pojkar. Avvikande från familjehem eller vårdenheter, skolfrånvaro, avvikande sexuellt beteende, beteende på grund av psykisk sjukdom, drogbruk och brottslighet är alla områden där denna typ av diskriminering kunde observeras. Trots att antalet flickor och pojkar som har tagits i förvar under 3 § LVU för vissa av dessa brott var ungefär lika skiljer sig socialtjänstens och domstolarnas användning av termer som "påtaglig risk" mellan könen. Detta indikerar att det finns en dubbelstandard.

Resultaten tyder på att socialtjänstens maktstrukturer är patriarkala. De visar också att det finns behov av bättre riskbedömning inom socialtjänst och domstolar.

Nyckelord: kriminalitet, missbruk, psykisk ohälsa, riskbedömning, sexuellt riskbeteende, tvångsvård
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ABSTRACT

The aim of this study was from a perspective of gender equality to compare 50 Swedish administrative court decisions from 2017 and 2018 on the implementation of adolescent compulsory care under §3 LVU. Decisions were analyzed according to categories of problem behavior. The study showed that there are gender asymmetries in how social services and courts judge the behavioral problem of adolescents. In all areas of problem behavior explored, girls are treated more punitively than boys. Runaway behavior, school absenteeism, high-risk sexual behavior, behavior due to mental illness, drug use and criminality were all areas in which this type of discrimination could be observed. The sense in which social services and courts use terms such as “tangible risk” differs between the sexes. This indicates a double standard.

These results indicate that the power structures of social services are patriarchal. There is a need for better risk assessment in social services and courts.

Keywords: compulsory treatment, criminality, drug abuse, mental illness, risk assessment, sexual high-risk behavior
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1 INTRODUCTION

In Sweden, §3 of the Care of Young Persons (Special Provisions) Act (LVU) allows the state to place adolescents between ages 13 and 21 in compulsory care for behavior which constitutes a tangible threat to their health and development (Svensk författningssamling 1990:52). The legal process begins with social services requesting a placement under §3 LVU from the courts (often it begins with an emergency placement under §6 LVU). Social services, as plaintiffs, provide their investigation of the adolescent’s problem behavior as a basis for their argument for why §3 LVU should be applied. The court then decides whether these are sufficient grounds and either grant or reject the request. Most often, the request is granted regardless of how convincing a case social services puts forward (Socialstyrelsen, 2009). Compulsory placements of children and young adults are made either under §2 and §3 LVU, where §2 is the “environmental” paragraph allowing forced custody when the guardians are inadequate or pose a threat to the child’s health or development. Application of LVU is requested by social services only when all voluntary possibilities are exhausted, and therefore social services use LVU as a last resort when care outside the parental home is deemed necessary but cannot be given on voluntary terms, i.e., when the care cannot be given with the consent of the parents or young adult.

Astrid Schlytter (1999) studied all 293 court decisions involving the application of §3 LVU from 1994. She discovered gender asymmetries. This study will in part replicate Schlytter’s study to find out whether those asymmetries still exist nearly 24 years later. The figures from 1994 have increased significantly since then. Today, 30 years later, we are faced with a different demographic, partly due to the refugee crisis of 2015-2016 when over 30,000 unaccompanied refugee children arrived in Sweden (Migrationsinfo.se; Socialstyrelsen, 2015a). The number of verdicts applying §3 LVU in 2017 is difficult to estimate. The most recent statistics are from year 2014, and they indicate that 3,886 persons between ages 13 and 21 were put in compulsory care under some paragraph of LVU (Socialstyrelsen, 2015c). LVU statistics also include the application of emergency care under §6 LVU, which allows social services to take a child or adolescent into custody as long as the request is granted by the court within the next 24 hours. The number of emergency placements outside the home under LVU §6 in Sweden during year 2014 was 1,430, and the total number of placements under some clause of LVU year 2014 (adding 3,886 to 1,430) was therefore 5,316. This is before the refugee wave of 2015-2016 which increased the number of LVU cases. In 2008, there were 360 placements under §3 LVU, and the placements under LVU from that year showed an increase by 60 percent since 1993 (Mörner & Björck, 2011), suggesting that the LVU statistics from 2017 will show a marked increase from those of 2014. Year 2013 there were 3,689 children taken into custody under some paragraph of LVU and in 2017 the total number of LVU applications was 4,675, showing an increase by 27 percent (SVT, 2018). It is a fair estimate that the number of applications of §3 LVU from 2017 was approximately 500. When an adolescent is put in forced care under §3 LVU, they can end up in either foster care,
privately run treatment facilities (HVB) or state-run (locked) institutions (special youth homes or SiS homes).

When deciding on care under §3 LVU, the administrative court granting the request of social services has no obligation to specify any time limit for when the compulsory care ends. Even though the case gets retried every six months, it is social services who judge the progress of the child. The terms of care of the children and teens who are placed in custody under LVU are dependent on the intermittent evaluation of social services every six months. Uncertainty about the duration of a sentence is a stress factor that can weaken a person’s motivation to comply with the treatment plan (cf. Andreassen, 2003; Padyab, Grahn & Lundgren, 2015; Pålsson, 2018). Often, adolescents’ behavioral or mental problems do not receive adequate treatment in forced care (Andreassen, 2003; Oscarsson, 2007). If problem behavior has its root in mental illness or mental health issues that do not receive adequate treatment while in compulsory care, adolescents may spend a significant part of their youth locked up in treatment facilities with no clear way out. There is thus a question of whether adolescents who suffer from mental illness and/or self-harming behavior really do receive the care that is, after all, the underlying intent of compulsory care under §3 LVU (cf. Andersson Vogel, 2016; Andreassen, 2003).

Because decisions which affect young people can have a far-reaching impact on their lives, it is crucial that those decisions be based on correct information and involve good risk assessment (Conroy & Murrie, 2007). A study which maps the ways in which courts reason about the circumstances (including the mental condition) of boys and girls and how decisions are related to the problem behavior of both genders is an important question for social work. Such an investigation is important because it can shed light on whether gender discrimination occurs and might thus provide a basis for discussions on how a more gender-responsive care of boys and girls can be shaped (cf. Herz & Kullberg, 2012).

1.1 Aim of the study

The aim of this study was to examine and compare the problem behaviors of boys and girls who are taken into custody under §3 LVU as seen by the courts and social services, where these behaviors are specified as prerequisites for the application of §3 LVU.

1.1.1 Questions to be answered

The questions to be answered were:

1. In what way is norm-breaking behavior (in various senses) used as a prerequisite for the application of §3 LVU among girls and boys?

2. In what way is drug or alcohol abuse used as a prerequisite for the application of §3 LVU among girls and boys?
3. In what way is criminality used as a prerequisite for the application of §3 LVU among girls and boys?

4. In what way are problem behaviors made relevant to the court judgments and social service investigations?

### 1.1.2 Definitions of terms

**ADAD** = Adolescent Drug Abuse Diagnosis.

**ADHD** = Attention Deficit Hyperactivity Disorder.

Anxiety (ångest) = the condition of feeling extreme anxiousness or worry, sometimes accompanied by the feeling that something is missing in one’s soul or has been taken from one’s identity, or that there is a threat to some value that the individual sees as fundamental to his or her existence as a personality (cf. Kierkegaard, 1996; May, 1950).

**BUP (Barn- och ungdomspsykiatriska kliniken)** = The children’s and youth’s psychiatric clinic

**ER** = Emergency room at a hospital

**HVB (Hem för vård och boende)** = open or closed (though not secure) inpatient facility.

**LVU (Lagen med särskilda bestämmelser om vård av unga)** = Care of Young Persons (Special Provisions) Act.

**SiS home (Statens institutionsstyrelse-hem)** = secure (locked) facility, also termed “special youth homes” (särskilda ungdomshem).

The obligatory hear-out/hearing-out (author’s terminology) = the legal obligation of courts and social services to give the child the opportunity to express his or her opinions about the context of offense or about the care suggested. This is included in all court decisions.

**Vårdplan** = treatment plan

**WHO** = The World Health Organization.
2 PREVIOUS RESEARCH

2.1 Quality of compulsory care and double standards

The basic prerequisite for compulsory care under §3 of LVU to be applied is that the child must be putting his or her health or personal development at a tangible risk. Relevant types of risky behavior include criminality, drug abuse and other types of “socially disruptive behavior” (annat socialt nedbrytande beteende) involving a breach against social norms. Research has shown that what counts as “socially disruptive behavior” in court decisions differs to an extent depending on whether the subject is a girl or a boy (Schlytter, 1999, 2000; Socialstyrelsen, 2005; Ulmanen & Andersson, 2002). For boys, socially disruptive behavior usually involves for instance budding or fully developed criminality or drug use, whereas for girls, it is often described in relational terms such as family conflict, running away from home, or high-risk sexual behavior (Andersson, 1998; Berg, 2002; Conway & Bogdan, 1977; Chesney-Lind, 1977; Coalition for Juvenile Justice, 2013; Jonsson, 1977; Schlytter, 2000; SOU 1992:18). High-risk sexual behavior, for girls, is defined in other contexts as having multiple sexual partners, having sex with adult men, or trading sex for other goods such as drugs (Forsberg, 2006; Senn, Carrey & Vanable, 2008). There is a tendency of social services to consider girls’ sexual behavior problematic to a higher extent than boys' similar acts (cf. Nauckhoff, 2017; Schlytter, 1999, 2000; Socialstyrelsen, 2005). The prerequisites for compulsory care under § 3 LVU for girls are sometimes more punitive than those for boys (Reese & Curtis Jr., 1991). For example, the levels of alcohol consumed by girls are not checked as carefully as with boys (Schlytter, 1999, 2000). A girl’s behavior is sometimes deemed socially disruptive in proportion to the lack of control she has over her body, thus appealing to stereotypes about how girls are supposed to behave (Schlytter, 2000). Teenage girls’ occasional drug use in the company of adult males with whom they have sexual or romantic relations exemplifies behavior that is deemed “socially disruptive” or dangerous enough to warrant state intervention (Andersson, 1998; Schlytter, 1999, 2000). This suggests that there is a double standard in how §3 LVU is applied and that girls' lives are interrupted for reasons that are questionable from a perspective of gender equality.

If such gender stereotypes are still applied, there could be a double standard in how Swedish girls and boys are judged by social services and courts; and if so, the types of behavior that a girl must display in order to fulfill or complete the treatment plan (vårdplan) specified by social services and offered by treatment facilities carrying out their orders—that is, to be finished with treatment and released from custody—can be hard to determine. The type of behavior for which girls are taken into confinement is often more vaguely described than for boys. Whereas boys might need to demonstrate a sustained motivation to stay clean off drugs or to stop their criminal activities, girls might have to change their looks or social behavior. (Socialstyrelsen, 2005; Ulmanen & Andersson, 2002). Because the criteria for which girls are taken into forced care are sometimes related their flirtatiousness or good looks, they might feel like they have to change their outgoing personality or learn how to be more modest in the eyes of the beholder (Andersson, 1998, Smart, 1995). This carries with it a risk that girls do
not know what to do in order to comply with social services’ goals as expressed in the plan of care (vårdplan) that is formed after the verdict to apply §3 LVU.

Those adolescents and young adults who are taken into compulsory care under §3 LVU are sent to foster care, privately run care facilities (HVB) commissioned by the municipalities, or to state-run institutions (SiS) such as locked detention facilities. The locked detention facilities (§12 or SiS homes) are considered a last resort when all other possibilities are exhausted. The expression derives from a clause in §12 LVU which states that “adolescents who for some reason specified in §3 LVU need to stand under especially close supervision” may be placed by social services in special facilities run by the National Board of Institutions, or SiS). It is questionable whether locked facilities are the proper way of providing care for the particular group of teenagers whose conduct is often a symptom of anxiety, depression and other psychiatric disorders such as PTSD (cf. Andersson, 1996; Andersson Vogel, 2016; Berg, 2002; Kaldal, 2012).

It is a documented fact that the locked nature of SiS also adds to the opacity of the quality of the care—in other words, there is a lack of transparency in terms of auditing and evaluation of the care by external parties (Lundström & Sallnäs, 2012). Even though privately run HVB homes (in contrast to state-run SiS homes) are subject to external audits, there is still a problem in quality assurance for these private homes (Pålsson, 2018). In contrast to HVBs, external quality assurance of the care offered in the SiS homes was entirely lacking; even as late as 2015, SiS had itself to request audits by the state auditing agency (Andreasson, 2003; SiS, 2015). The attractiveness of SiS-based care is marketed by SiS itself, and SiS (unlike other, privately run care facilities) does not get its clients from commissioning. Whether SiS follows the rules governing, for instance, solitary confinement of children (which is legal in Sweden) “was previously done internally, but has now been transferred to Socialstyrelsen [The National Board of Health and Welfare] and its regional units” (Lundström & Sallnäs, 2012, 250). This increases transparency somewhat—but that monitoring is only formal, and it only regulates whether SiS is formally sticking to the law. There is still no external evaluation of the material quality of the care offered in SiS homes, that is, whether the quality of the care actually benefits the wards of the state. During a 2014 simultaneous surprise inspection of all 24 SiS homes, the Swedish Schools Inspectorate found that the education being offered is substandard, inadequate not only in teachers’ qualifications but also in the variety and duration of classes. Only 27% of high school students were receiving 23 hours or more of classes per week. During one of the 144 lessons observed that day, the teacher was playing chess with two students while a third was leafing through a furniture catalogue (Skolinspektionen, 2015).

Indeed, compulsory care, regardless of whether in foster care, HVB or SiS form, increases the risk that the adolescent will end up in forced care (for instance, addiction compulsory care) later in life (Padyab, Grahn & Lundgren, 2015). According to some studies, compulsory care has had no clearly demonstrated positive effect. In several studies, the data can be interpreted as indicating either that “the care these children have retrieved has been insufficient to improve their prognosis” or that compulsory care “has significantly worsened [children’s] chances in life, that is, had negative long-term effects” (Hjern, Arat & Vinnerljung, 2014, 45). A revision of LVU requiring physical check-ups of all adolescents
upon being taken into forced care was proposed already in 2015 in SOU 2015:71 (Ceder, 2015), but it has not been ratified. The author of this proposition, Håkan Ceder, states that “the proposals about the content and quality of HVB care should in the long run lead to improved support for girls with mental health issues, among others, which is an important issue within gender equality” (Ceder, 2015, 59). The author adds that there are problems with the view that compulsory care apart from BUP is effective for treating problem behaviors in children and adolescents, and suggests adding the following paragraph, which would in the revised LVU be LVU 2:1 (2nd chapter, 1st paragraph): the care must be “secure, safe, suitable and marked by continuity” (Ceder, 2015, 64). As it stands now, the law does not specify any requirements on the quality of the care itself.

Astrid Schlytter (1999) published a qualitative study which is based on 293 court judgments in 1994 actualizing §3 LVU. Schlytter (1999, 2000) argues that there exists a double standard in how §3 LVU is applied in the case of girls and boys. Her aim is to expose the gender-neutral formulation of §3 LVU and she argues that this gender-neutral form hides the discrimination of the law, as imposed by social services and the courts, against girls. Social services clothe their investigations in general legal terminology in order to maximize the chances of getting their request granted by the court. This renders invisible the specific, concrete situation of girls. Even though courts do not always grant the requests of social services for application of §3 LVU, the investigations of social services tend to be “dressed” in legal terminology which does not recognize the fact that girls’ vulnerability is of a different nature than boys’. For example, the way the law specifies “other socially disruptive behavior” (annat socialt nedbrytande beteende) and the manner in which it is applied by courts “involves legal practice which builds on prejudices and values which are discriminating against women. In this way, discrimination against girls is legitimated” (Schlytter, 1999, 144).¹ To depict a person in an abstract manner that does not match reality is to objectify and humiliate her, and Schlytter’s argument is that this objectification and humiliation is most severe against females.

2.2 Feminist criminology and female problem behavior

Criminologist and legal theorist Carol Smart (2010) takes a feminist perspective on English law which she argues has been written by men, for men. In virtue of being bearers of a body which is not only desired by men but also has reproductive abilities which men lay claim on, women are subject to legislation which does not respect their interests. Law produces woman “in a sexualized and subjugated form” (Smart, 1995, 82). Women’s bodies just are. They cannot help the fact that they have bodies that can reproduce, and many of society’s prejudices against women come from the desire to regulate women’s bodies and by extension, their sexuality. This regulation is clothed in legal and formal terminology, but it is still a tool of control: “law is a particularly powerful discourse because of its claim to truth which in turn enables it to silence women (who encounter law) and feminists (who challenge law)” (Smart,

¹ All references to Swedish works and other Swedish documents are translated by the author of this work, Josefine Nauckhoff.
The law monitors women’s reproductive capacities more so than men’s. Men’s “rights” to their sperm and offspring is one example of such pro-male legislation (while women are simply the bearers of eggs and children, and their permission is never required).

Women are therefore “sexed” by the law in a way different from men. When the law mentions women, it is like a room full of men at a workplace:

The door opens and a woman walks in. Her entrance marks the arrival of both sex and the body. A woman entering into such a room can hardly fail to recognize that she is disrupting an order which, prior to her entrance, was unperturbed by an awareness of difference or things corporal. (Smart, 1995, 221).

When mentioned in the law, women are almost always troublesome. There are recurring female roles in the law: The Criminal Woman, The Prostitute, The Raped Woman, The Sexed Woman, and The Unruly Mother. Even when women are mentioned in laws governing the workplace, it is in virtue of their reproductive ability (maternity rights) or sexuality (sex discrimination/sexual harassment) (Smart, 1995).

While the law constructs the irresponsible father who does not pay child support as the “economic man,” it constructs the single mother as “an unrestrained reproductive body,” “an unruly fecund body” which must be “constrained and legislated against” (Smart, 1995, 225). Even though Swedish law has caught up with this type of legislation and gives many benefits to single mothers, there is still a tacit demand that young girls not become single mothers. This demand is seen in how social services try to monitor and regulate the sexual and romantic activities of girls to a greater extent than boys (Nauckhoff, 2017, Schlytter, 1999, 2000).

If girls’ behavioral problems are intimately tied up with their physicality and with their sexuality, one might ask whether their mental state is reflected or affected by their sexual identity as females. The social costs of female versus male problem behavior indicate that this is the case. Swedish statistics about male versus female problem behavior indicate that the public money spent on curtailing boys’ criminality is significantly higher than that spent on curtailing that of girls. For girls, the costs of foster care and closed psychiatric care were higher than for boys (Socialstyrelsen, 2017). This suggests that there could be a double standard at work in how problem behavior is perceived within the two sexes (Schlytter, 1999, 2000).

Such a double standard could affect how girls are treated in the legal system. Research suggests that the gender of social workers (such as probation officers) affects how girls and boys are viewed and how female versus male probation officers view their behavior: female probation officers tend to judge girls more harshly than they do boys, while males are more lenient (Sagatun, 1989). Not only in the criminal justice system, but also in the field of status offense, if there a gender bias. The construal of male status offense differs from how female status offense is construed (Chesney-Lind, 1977; MacDonald & Chesney-Lind, 2001). Moreover, there is a gender bias in how mental illness is construed (Caplan & Cosgrove, 2005). According to these studies, gender bias runs through many administrative layers of society. Schlytter (1999) argues that these biases are reflected in the formulation of §3 LVU,
which erases gender inequalities by making the female question into “a human question” (Schlytter, 1999, 144) and thus renders invisible the different vulnerabilities to which girls and boys are subjected.

3 ANALYTICAL FRAME

Because risk assessment is a central feature of social service investigations requesting §3 LVU, it is important to have a clear sense of what proper risk assessment is. Because §3 LVU is imposed on adolescents with problem behavior, it is also of interest to consider theories of deviant behavior.

3.1 Risk assessment and the law

3.1.1 Requirements for care

In order for §3 LVU to be applied, the adolescent has to display behavior which subjects himself or herself to a tangible (påtaglig) risk (SFS 1990:52). The substantial risk in the case of drug addiction has to be an expansive drug or alcohol abuse. The substantial risk in the case of criminality must involve serious and sustained criminal activity rather than one-time offenses or petty crime. In order for “other socially disruptive behavior” (annat socialt nedbrytande beteende) to constitute a tangible risk to the adolescent’s health or development, it can involve occasional crimes or other behavior that deviates from social norms. In the case of being in questionable company, for instance, being around criminals who bear firearms, the behavior in question must correspond to a sustained social behavior (for instance, being in those circles for longer periods of time) rather than to occasionally being in those types of surroundings (Schlytter, 1999; Söderström, 2014).

In order for the notion of tangible risk to be applicable, the behavior has to be able to form the basis of a prediction that it probably will harm the health or development of the child, a claim which requires a robust investigation on the part of social services of the concrete context and situation of the child (Kaldal, 2010; BRÅ, 2010). Only if there is a prediction of harm is there a demonstrated need for compulsory care (Kaldal, 2010). The distinction between formal and material legality is important here. According to Petersson Hjelm (2012), social law such as LVU hinges not only on the predictability of the court’s judgment from the case at hand, but also on the ethical conception of what is in the subject’s interests—a notion which is reflected in LVU by reference to the need for care.
3.1.2 **The question of assessing tangible risk**

In all investigations involving children or adolescents, Swedish social services use the manual BBIC (*Barnets behov i centrum*), an administrative checklist for determining what is in the child’s best interest (Socialstyrelsen, 2015b). Even though it is often mistaken for a method, BBIC is simply a way of organizing the information gathered about a child. Even though BBIC is based on research about risk factors and protective factors, it provides no scientific method of investigation—for instance, no method for assessing risks (Edvardsson, 1996).

In a study of how courts use risk assessment in 80 decisions involving the application of either LVU §2 or LVU §3, law student Söderström (2014) notes that in several cases, the court has not even justified the claim that there is a tangible risk. The author concludes that the notion of substantial risk is used arbitrarily by courts. If so, the predictability of the court’s decision is jeopardized in the sense that the given case does not give formal grounds for predicting how the court will decide on it (Petersson Hjelm, 2012). There are several problems with this, one serious one being that such legal treatment violates Article 6 in the United Nations Declaration of Human Rights, according to which “justice shall not only be done, but also be seen to be done” (Söderström, 2014, 24). The sense in which courts apply the notion of tangible risk is therefore inconsistent and they often do not spell out how the behavior in question poses such a risk (Kaldal, 2010; Petersson Hjelm, 2012).

When it comes to adolescent deviant behavior and juvenile delinquency, Conroy and Murrie (2007) argue that due to youth malleability, it is better to use risk management rather than risk assessment. In other words, it is better to assess the likelihood of each sub-risk in a specific future context, and then to treat the behaviors which are context-specific, a process which “requires additional work from the evaluator” (Conroy & Murrie, 2007, 228). Risk assessments can only be opinions, not facts—because they are about the future, they are always a matter of conjecture—but at least they can be communicated clearly.

3.1.3 **Forensic violence risk assessment among adults and adolescents**

No one enjoys being incarcerated, but young people especially do not. Forensic risk assessment indicates that young people are more prone to violence than adults when they are imprisoned or confined in forced care (Conroy & Murrie, 2007). In prisons, it is hard to establish a "low base-rate (i.e., highly infrequent) behavior" that can be used to predict the outbreak of violence in jails due to the fact that most of the prisoners have antisocial personality disorder or a history of substance abuse (Conroy & Murrie, 2007, 242). The only factor which is finally isolated as a base rate is the *age at the time of incarceration*. The younger a person is at the time of incarceration, the more prone to violence will they be (Conroy & Murry, 2007).

Conroy & Murrie (2007) stress that putting adolescents in compulsory care can have damaging effects on the rest of their lives:

> Decisions and experiences during adolescence may shift profoundly one’s course of development, in ways that may be difficult to alter once one reaches adulthood. In this sense, the stakes are higher when evaluators contribute to court decisions about juveniles as compared to decisions
about adults; decisions about juveniles may have pronounced or far-reaching consequences. Thus, evaluators should be even more careful to strive for clarity and avoid misunderstandings (Conroy & Murrie, 2007, 229).

The authors argue that problem behavior in young people can often be forestalled by “a stable relationship with a caring adult ... [such as] a grandparent, or other adult with whom they maintain a long-term supportive relationship” (Conroy & Murrie, 2007, 226-227). This is a well-supported research finding which suggests that home-based solutions are preferable.

### 3.2 Theories of deviance

Foucault (1970) offers a post-structural account of the phenomenon of insanity as defined and contained through modernity. In his *Madness and Civilization*, he gives an “archeology” of the mental asylum, a history of how mental institutionalization has developed into the modern psychiatric care of the 20th Century. The road is by no means attractive, and the author digs deep into historical writings and first-person accounts of the conditions of people whom society for some reason or other considered to be ‘mad’. This theory shows that ‘sane’ society will always alienate those who are ‘mad’ because of how rational discourse is constructed. Of the newer, more modern, more hygienic and humane conditions emerging in Quaker institutions of the 18th Century, the author writes, “the madman remains a minor, and for a long time reason will retain for him the aspect of the Father” (Foucault, 2001, 241). Paradoxically, even when our discourse or mode of representation, including art, has developed to the point at which the vocabulary of “madmen” is reflected in it, and where the dominant discourse is possibly even permeated with solidarity toward the less fortunate, the suffering, there will always be a gap between how madness is experienced—by definition, through the absence of reason and representation—and how it is described.

The phenomenon of the insane asylum thus symbolizes the way in which socially defined *logos* or reason always has the upper hand. In Foucault’s terms, knowledge will always be defined in terms of power, and thus, those who are not knowledgeable—in control of the discourse—will therefore be powerless.

In her revised and updated edition of *Women and Madness* (2005) which first came out 1970, Phyllis Chesler provides a review of the progress of women’s rights and status in the mental health field and concludes that women’s situation has improved somewhat since 1970, but that women are still to a greater extent than men being confined in mental institutions against their will, being raped in said institutions, being exploited sexually by their psychotherapists, and being oppressed for deviating from gender-specific norms. Moreover, “academic and cultural phobia[s] about feminist approaches to mental health have prevailed—especially at the most elite universities” (Chesler, 2005, p. 126), making it more urgent to keep plowing the furrow of feminist psychiatric theory. Citing studies from the 21st century, including that of WHO according to which “more women than men, worldwide, suffer from gender-violence and therefore from specific kinds of ‘mental illness’” (Chesler, 2005, 176), the author shows that sexual trauma is often clothed as mental illness and pathologized, thus entailing an individualization and psychologization of gender violence.
Chesler’s original study from 1970 is a structuralist, intersectional analysis of the way in which women of different races and sexual orientations experience being incarcerated and abused because society labels them insane. On a deeper level, it captures the plight of all women who are trapped in some type of interaction or entanglement with the men or male-dominated families of the social establishment. The world that labels them as crazy and punishes them or abuses them is expressed through the patriarchal heterosexual ideal. Through literature and mythology and through qualitative, unstructured interviews with 86 women, the author charts the painful psychological territory of women who either deviate from the norm or happen to cross paths with psychopathic or abusive men, for instance, with husbands who wish to remarry and accordingly institutionalize their wives rather than get a proper divorce.

Chesler’s answer to solving this deeply rooted social injustice is her “radical liberation psychology” (Chesler, 2005) according to which trauma is recognized as a result of patriarchal violence and trauma counseling as well as feminist therapy is offered to the survivors.

Chesler’s theory could be used to describe the way in which adolescent girls today are labeled as mentally ill but differ from boys in that they to a greater extent are considered to suffer from ‘unspecified’ mental illness and are institutionalized for the behaviors that are seen as caused by the illness.

Another point that Chesler (2005) makes is that a woman is seen as having greater social worth if she has a love relation to a man, and that her sexual activity is legitimated only if she is in love. This fixation on love as a sanction of casual sex is characteristic of “the ideology of love” as described by Helmius (2000) in her “Script for maturity,” in which romantic twosomeness becomes a script for acceptable behavior that the adult world imposes on the young. Here we can tie in the ideology of love with the notion of feminine respectability by observing that romance is a guarantor of a girl’s respectable sexual activity. As long as she is in love, her sexual activity is socially acceptable.

4 METHODS

The aim of this study was to examine and compare the problem behaviors of boys and girls who are taken into custody under §3 LVU as seen by the courts and social services, where these behaviors are specified as prerequisites for the application of §3 LVU. The questions to be answered were in what way norm-breaking behavior (in various senses), drug abuse and criminality were used as prerequisites for the application of §3 LVU among girls and boys.

The overarching methodological approach is mixed method. It uses both qualitative and quantitative methods. The qualitative aspect is the gathering and review of court proceedings. The quantitative aspect involves the survey of how many cases involved the application of certain prerequisites for §3 LVU. An abductive approach has also been used because the
theoretical framework used in the analysis affected the interpretation of the material, which in turn added new dimensions for understanding the theories used (Alvesson & Sköldberg, 2008). Thus, a “back and forth” pattern of analysis was used.

This qualitative case study followed the investigative method of Schlytter (1999) in the following sense: it considered court decisions regarding the application of §3 LVU from a gender perspective in order to see whether there is a double standard. Like Schlytter’s study, it consisted of comparing court judgments. In this study, 50 court judgments were compared. The gathered court judgments provided the data material. The overarching aim and questions to be answered were used as a guide in collecting and analyzing the data.

4.1 Literature search

Peer reviewed articles were selected from Google Scholar as well as the electronic databases PsycINFO and Social Services Abstracts. Search phrases included “SiS självmord” (“SiS suicides”), “SiS-vård psykisk ohälsa” (“SiS care mental illness”), “adolescent mental illness compulsory care” and “gender differences adolescent forced care.” Articles were also found through chain searches using articles or books and looking at their reference lists for relevant literature. Google searches were made on investigations by the Swedish government as well as law proposals (“ändring LVU”), evaluations, assessments and reports by Swedish authorities (“SOU”) and public departments Institutions (Statens Institutionssstyrelse, or SiS). Finally, Google searches using the search phrases “cannabis dangers,” “female status offenders,” “§12-hem flickor” (“§12 homes girls”), HVB för flickor” (“homes for care and treatment for girls”) “SiS-institutioner” (“SiS institutions”), and “3 § LVU” yielded relevant information.

4.2 Population, selection process and sample

The original intent of this study was to examine all court decisions involving the application of §3 LVU from 2017. That, however, proved to be an impossible task given the time constraints and the fact that there was no funding for this study. The procedure for gathering the data material was therefore different from Schlytter’s. She had access to the computer program Ordo, which is a “register- and database processing program” (Schlytter, 1999, 77). That program is no longer in existence, but has been supplanted by the program Zeteo, which is a database of court judgments, but it is accessible at a high fee and it is primarily law students who have access to it.

Consequently, there had to be another approach to gather the necessary number of court judgments (at least 50) involving §3 LVU. A severe restriction was that financial support and funding was entirely lacking for this study and therefore, the author had to pay out of her own pocket for the pdf files of the relevant decisions. First attempts involved calling the court and asking for the nine free §3 LVU judgments (everything above nine had a cost). This request was granted at one court, but they explained that there was no way of telling whether
the LVU decisions (docket type LVU 19/01) involved §2 or §3 or some other paragraph of LVU. The court then simply said they would send the last nine LVU judgments, i.e., the most recent ones from 2018. Only five of those judgments turned out to involve §3 LVU. Thus, the scope of the study had to be shifted to cover judgments from 2018 and 2017. The reason why this procedure differed from Schlytter’s (using judgments from two years, 2017-2018), was that it was necessary to get as many cases as possible in a short time frame.

All 12 courts in Sweden that rule on the application of LVU were then contacted by e-mail. All but three courts replied. I then ordered the list with docket numbers and names of plaintiffs (målförteckning). There were approximately 1500 cases that were sent in encrypted zip files from the different courts. The largest court sent 750 cases. The lists of court dockets (målförteckningar) retrieved involved both §2 and §3 LVU. There was no way for the registry to be able to tell what paragraph of LVU had been applied. I selected the cases that had only one person (plaintiff) so as to minimize the risk that the case was §2 LVU (where there often are several siblings involved). I marked those cases with an “F” (for girl, or flicka) and a “P” (for boy, pojke). If the same name occurred in several court decisions, those decisions were omitted. Those cases could be excluded by going through the marked cases and using the search function for the last name of the child.

Because the prime area of interest was girls, I tried to maximize the number of court rulings involving girls. This proved challenging due to the fact that honor violence is a growing problem area in the application of §2 LVU for girls (Linell, 2017). If the girl had a non-European name, there was an increased likelihood that her case involved honor violence and that she had been put in compulsory custody under §2 LVU rather than §3 LVU. Thus, the cases involving females that I ordered were the ones with Swedish names. Because honor violence is a problem affecting girls primarily, there was less likelihood that a boy with a non-European name had been put in compulsory care under §2 LVU. The cases involving males were therefore those with either Swedish or non-European names.

The list with docket numbers and names of the adolescents was subsequently mailed back to the court registries. I requested those cases which were marked with a “P” or “F” (having narrowed down the number according to the procedure mentioned above). This procedure narrowed down the sample but there were still many §2 LVU rulings. For instance, in the court in the northernmost region of Sweden, there were only two of nine LVU cases that were § 3. I finally ordered nine free cases plus all the cases that involved one female, and additional few that involved one male.

The cases were mailed by the courts as pdf files. Of the relevant cases, 54 involved the application of §3 LVU. That number was narrowed down to 50 judgments. Three of the decisions were excluded since they involved the courts’ rejection of social services’ request for continuation of care under §3 LVU. In other words, the courts had, in these cases, concluded that social services did not have sufficient grounds for demanding continued compulsory care. The fourth case that was excluded involved an extremely violent male whom social services suspected of being adult. He disrespected rules and had committed several crimes. This person claimed to be under age 21. He had gotten asylum in Sweden under the accompanied refugee child act. Because he was probably over 21, his case was not included.
This gave me the desired number of §3 LVU cases (saturation was reached) and I was able to draw conclusions from the data material which consisted of 50 verdicts (23 girls and 27 boys) that included both judgments from 2017 and 2018.

The adolescents were ages 14 thru 20 (two of the males were about to turn 21). There were only girls in the lower age bracket (ages 14 and 15). Six of these cases were appeals. Four of these were appeals that were rejected by the court (and resulted in either voluntary care or in two cases, sending the child back home to the primary caregiver). One reason why these cases were used was that the topic of interest was how social services and the courts had reasoned about the concrete circumstances of each boy and girl, highlighting possible gender differences. Because social services had in each of those cases requested the application of paragraph 3 LVU, those cases were included.

4.3 Procedure of coding and analysis

In order to map the various problem behaviors, it was necessary to chart the reasoning of courts and compare how that reasoning takes place in different cases. A basic plan of approach was to follow Schlytter’s (1999) identification of three categories of prerequisites (drug abuse, criminality or socially disruptive behavior) and then consider what behaviors were considered to be socially disruptive. The use (though not yet abuse) of drugs which is not yet a signal of drug addiction was analyzed in terms of whether the courts and social services had mentioned what drugs were being used, to what extent (through drug tests?) as well as the various grades of severity of the drug (where cannabis is considered less harmful than heavier drugs such as stimulants, e.g., amphetamines, and opiates, e.g., heroin).

Finally, there were categories which emerged during that analysis. One such behavioral category was “self-harming behavior” which was not necessarily defined as cutting oneself but was used as a general catch-all term for behavior which is harmful to oneself, suggesting a certain circularity of reasoning on the part of social services and the courts. Another relevant category was school absenteeism which was expanded to include failing grades and having been expelled. Another category which was broadened was running away from foster home or care facility, which included in two cases being homeless, and in several others, ‘couch surfing’. Behaviors involving crime or violence had been collapsed into one category (criminal behavior), but were separated into a category of full-scale criminality (a separate prerequisite for §3 LVU from budding criminality, the latter of which is considered a form of “other socially disruptive behavior”). The behaviors involving violence were grouped together with those involving being subject to a crime or having committed a crime (those incidents, being either the perpetrator or the victim of a crime, were used equivalently by courts and by social services to indicate risk factors). Being convicted of a crime was separated out into a category of its own because it was considered more serious than being suspected of a crime or having been charged for a crime. Full-scale criminality, in turn, was a separate category because it is a separate prerequisite than “other socially disruptive behaviors” such as the above.
Finally, the behaviors were charted into tables ranging from less severe (running away) to more severe (full-scale criminality) (see Appendices 1 thru 6). The cases were numbered from 1 to 50 where 1 was the youngest girl and 50 was the oldest boy. These cases were then mapped in four tables where the behaviors that were used as grounds for the application of §3 LVU were marked. All tables used in this study have the same basic structure. The various prerequisites were divided into categories matching the three main prerequisites for the application of §3 LVU: (1) Drug abuse; (2) Criminal activity; (3) Other socially disruptive behavior. “Socially disruptive behavior,” is somewhat of a catch-all phrase. It includes all behaviors that do not involve drug abuse or full-scale criminality. For a closer description of how these behaviors were specified and categorized, see section 5.2 in the results section.

4.4 Validity

Both qualitative and quantitative approaches were used in this study. The qualitative aspects included the review of court decisions, a comparative approach. Qualitative research is limited because the results are subjective and not generalizable to a population. However, the type of generalizability that is relevant in the case of qualitative methods is generalizability to a theory (Bryman, 2001). When coded, a set of results emerged which were generalizable to the theories used, namely, risk assessment and theories of deviance. The results can be said to have the internal validity required of qualitative studies.

The abductive approach used in this study involved a movement between data and theory, and the analysis of the results showed that the theories of forensic risk assessment and feminist liberation psychology and post-structuralism were applicable and yielded a certain interpretation of the data material, which in turn affected the understanding of the theories.

The groupings that emerged, and the clusters of behaviors relevant to the application of §3 LVU among boys and girls respectively, turned out to match those of Schlytter’s study, which had a significantly higher number of cases (293 cases). The results match those of Schlytter, which increases the external validity of the study.

In spite of the limited sample, the external validity is still high because of the sample’s representativity. The sample involves court decisions stretching from the southernmost court in Sweden to the northernmost one. There is about the same number of cases from the extreme North and the far South, but most cases are from middle Sweden. There are two towns missing (they did not respond), and they are located in the Southwest of Sweden. This might have affected the representativity of the sample. However, the number of cases from the North matched the number from the South and also from Mid-Sweden, and the general problem behavior analysis was consistent throughout the sample, which indicates that the results would not have differed significantly had those two courts responded. The fact that the number of cases is about equal for all parts of Sweden increases the external validity of the results.
4.5 Reliability

This study partially replicated Schlytter’s method, which guaranteed a degree of reliability. Her methodological approach could be partly transferred to this research context. The method of data collection did depart from Schlytters, but it is in principle possible to repeat this study in other research contexts because 1) the method of collecting data has been closely described and 2) the court decisions are public material, which guarantees accessibility of data. By a clear description of the method, I have tried to explain and describe how the study has been conducted. Because the method of data gathering has been closely described, it can be repeated in other research contexts, which strengthens the study’s reliability.

4.6 Ethical considerations

There are four ethical principles that every researcher in social work must respect:

1. The information principle, which requires that participants be informed of the study;
2. The principle of consent, which requires that the participants consent to the study;
3. The confidentiality principle, which requires that the information treated in the study is confidential and not shared with other parties, and
4. The principle of use, which requires that the information not be used for purposes other than research (Vetenskapsrådet, 2018).

The confidentiality demand was respected. The court decisions were not anonymous and therefore, it was necessary to preserve the anonymity of the parties involved. The demand for confidentiality was met by numbering the decisions (Case 1 thru Case 50), one per adolescent. The court documents were not shared with anyone else but the author of this study.

The information demand was not met, but it was weighed against another ethical principle. The adolescents and parties concerned were not informed about this study. Partly, this is due to the fact that it is a court register study and the contact information of the parties is not given in the decisions. In some cases, there was an address, but due to time constraints, it was not possible to reach the parties by mail. Even if that attempt had been made, the adolescents in question were often moved from one HVB to another care facility, or were escaping from care facilities, making it difficult to know whether a letter would ever reach them. Moreover, it is considered ethically questionable to contact an adolescent who is receiving forced care. The access to communication and sharing information with the adolescents was thus limited by the ethical principle of non-interference with an ongoing treatment process.

Because the adolescents and parties involved were not informed about the study, they did not consent to the use of the information given in the verdicts. However, these verdicts are public information. They are accessible to anyone who requests them. Because the parties concerned had participated in a public hearing, the consent of the adolescents was in
principle not required. Still, the privacy of the parties involved was respected by heeding the principle of confidentiality. The personal information about the adolescents and other concerned parties was not used for purposes other than research.
5 RESULTS

This chapter has three parts. In 5.1., the extent to which courts respected the child's right to have his or her voice heard is considered. In 5.2, the prerequisites for actualizing §3 LVU are given quantitative comparison between the sexes (see Appendix 1 for an explanation of how the three main prerequisites are broken down into sub-categories). In 5.3, the analysis of gender differences as they show up in the individual cases is presented. The cases are numbered from 1 to 50 where 1 is the youngest girl and 50 is the oldest boy. Quotes from the individual court decisions will be referred to by means of that number.

5.1 The voice of the child or young adult

In all investigations involving children, including those leading to the application of LVU, the child should be given the opportunity to voice his or her opinions about his or her situation, the context of activity, and the care suggested by social services. I will here refer to this as “the obligatory hear-out.” All in all, the children's voices rarely counted in the court decisions. There is an impression that hearing the adolescent out is a mere formality. The voices of adolescents over 18 weighed more heavily, partly because compulsory care under §3 LVU is then given when the adolescent (and not his or her parents) does not consent to other types of voluntary care. What the adolescent had to say was retrieved in varying ways. One girl who had been placed at an SiS institution while waiting for a “qualified foster home” (Case 6) had been waiting for appropriate care for five months. In her appeal, she told social services that she needed to be at a more age appropriate facility because she was being bullied by the other girls at the SiS home who were much older than she (she was 15 while the other girls were 16-20). She also felt she was receiving substandard education (cf. Skolinspektionen, 2015). Social services denied this, countering that the SiS home offers “age appropriate schooling.” Even though Girl 6 was being bullied and found her schooling inadequate, social services and the courts stuck to the plan of care and did not grant her a change of address.

Instead of listening to a child’s objections to the care offered, social services valued highly the willingness of the child to cooperate with them. The presence of a cooperative spirit increases the child’s chances of having their term decreased. However, in at least two cases, as in the case of Girl 6, there was simply no other treatment facility available (due to logistical problems on social services’ part) than the SiS institutional care offered.

A similar observation can be made in many cases as regards the adolescents’ claim that he or she is not in need of treatment (due to betterment at the care facilities, among other things), which is used against him or her as an indication that he or she does not realize the scope of his or her problems or addiction. It is as though a lack of insight into the judgment of social services, or a lack of agreement with their investigation (even when it might be deemed flawed) is used as a prerequisite for compulsory care under §3 LVU. One 18-year old girl who
had formerly injected drugs had been moved to an SiS institution and wanted to go back to the more open treatment facility (HVB) where she felt she had retrieved more effective care for her drug addiction. There was a 12-step program offered there, and that was the type of program that she responded well to. This girl considered the SiS home to consist in “storage” of adolescents rather than treatment of her drug problem (the “storage” vs “treatment” distinction is frequently used as a way of critiquing the HVB and SiS care; see for instance Skolinspektionen, 2015, p.8). Social services’ opinion about the girl’s wishes was as follows:

[NN] expresses that she wants to accept treatment if it is time determined and is according to the 12-step program. She thus does not agree to the suggested plan of care (vårdplan) as a whole but expresses demands on how it should be structured (Case 18, italics mine).

The girl was negatively portrayed for having views about the type of care that worked best for helping her with her drug problem, and this was used against her.

Many of the adolescents had been in compulsory care for several years, and in spite of their avowals that they were now motivated to better behavior, courts tended to go with social services’ request for continued forced care (due to incompletion of the goals in the vårdplan)—or else, they expressed skepticism toward the adolescents’ claims that they had really changed their ways and were now motivated to do well in life outside forced care.

5.2 Quantitative comparison of boys’ and girls’ problem behaviors

Table 1 (Appendix 2) indicates the percentages of boys and girls who displayed specific problem behaviors. The problem behaviors are sub-categories of the three general prerequisites for application of 3 § LVU, namely 1) drug abuse, 2) criminality and 3) other socially disruptive behavior (that is, norm-breaking behavior also involving small-scale criminality and problematic drug use that does not involve addiction). The results will in the next few pages be depicted by reference to each of the cases. Each girl and boy will get a number (Number 1 thru 50), and the tables will show what she or he had done that was deemed serious enough by social services and the courts to apply §3 LVU. Tables 2 and 3 chart the individual girls and Tables 4 and 5 the individual boys, all in ascending age.

Notable results of Table 1 are that about the same percentage of girls as boys (8 out of 23 girls and 10 out of 27 boys) are put in custody for running away from their foster home or treatment facility or for being homeless. Six of the 23 girls included in this study (26%) have been put in custody for school absenteeism or failing grades while only four out of 27 boys (19%) are charged with school absenteeism. Twice as many girls (43%) as boys (19%) are put in custody for being in questionable company; five girls but no boys are put in custody for deviant sexuality, high-risk sexual activity, prostitution or having insufficient personal boundaries; nearly three times as many girls (48%) as boys (19%) are put in custody with unspecified mental problems, whereas nearly twice as many boys (22%) as girls (13%) are put
in custody with \textit{diagnosed} mental illness. Five times as many boys (19\%) as girls (4\%) express suicidal thoughts, say they will kill themselves, or try to commit suicide through overdoses. Four times as many girls (30\%) as boys (7\%) are put in custody for self-harm or “acting out,” defined as behavior that can be harmful to oneself. Twice as many girls as boys—two out of 21 girls (17\%) and four out of 27 boys (7\%)—are considered to engage in beginning/problematic cannabis, while six times as many boys as girls (56\% of boys versus 9\% of girls) are described as engaging in full-fledged cannabis abuse and have one of more positive drug tests. Twice as many boys as girls were described as having used violence or been subject to violence. Nearly twice as many boys as girls had committed crimes; nearly twice as many boys as girls had been convicted of crimes; and two boys but no girl is described as engaging in full-scale criminal activity.

Table 2 (Appendix 3) shows the risk behaviors of the ten youngest girls, ranging between age 14 and 16. The clustering of girls’ behaviors toward the top indicates that girls are taken into custody for the types of behaviors covered by category (3), excluding those related to criminality. Each of the younger girls had been taken into forced care due to at least one of the behaviors in Category 3, i.e., those behaviors considered to be socially disruptive but not constituting drug addiction or heavy criminality. Each of the girls displayed some type of behavior involving school absenteeism, runaway behavior, being in questionable company, being sexually deviant or having mental health issues. This suggests that at least for the younger girls, behavioral problems are defined primarily in terms of conflict at school or at the foster home or care facility. Seven of the ten girls had some type of mental health problem. Five of the ten girls had some type of drug-related problem. Many of the girls are described as abusing narcotics without any specification of the type of drug involved.

We now move on to considering the older girls in the group. These are charted in Table 3 (Appendix 4). Table 3 shows that the older the girls get, the more serious are their drug issues as considered by social services and the courts. Still, 11 of the 13 older girls still displayed some type of behavior involving school absenteeism, runaway behavior, peer delinquency, sexual deviance or mental health issues. In other words, most of the girls in the entire sample are considered to display some type of relational problem or else they are considered to suffer from mental problems.

We now turn to the individual boys taken into custody under §3 LVU. Tables 4 and 5 below display the behaviors of each boy in age-ascending order. Table 4 (Appendix 5) indicates that in contrast to the girls, the older the boys get, the more severe is not only their drug abuse but also their criminality. These clusters suggest that boys tend to be taken into forced custody under §3 LVU for drug abuse (Category 2) or the type of “other socially disruptive behavior” (Category 3) that involves violence or criminality. Notable features of Table 4 are that of the 11 younger boys, all but one displayed some type of behavior involving school absenteeism, running away from home or care facility, being in questionable company, or mental health issues. In other words, most of the boys, just as with the girls, are considered to display some type of relational problem or else they are considered to suffer from mental problems. However, by contrast to the girls, there are equal numbers of boys who display specified (diagnosed) as unspecified mental illness: three boys in each category. Five of 11 boys did not suffer from any type of mental issues, on courts’ and social services’ views.
Table 5 (Appendix 6) indicates that the older boys get, the more their relevant problems behaviors tend to gravitate toward drug abuse or violent behavior, including criminal activity. It also shows that nine of the 16 older boys (56%) were taken into forced care for some type of behavior involving school absenteeism, running away from home or care facility, being in questionable company, or mental health issues (which is still approximately only half as many as the percentage of girls taken into custody for those types of behaviors). Whereas nearly all of the girls showed some type of socially disruptive (Category 1) behavior, boys tended to be put in forced care due to Category 2 issues (drug abuse) or the type of Category 3 (other socially disruptive) behaviors involving violence or criminality. The drug abuse turned more severe the older the boys got, ending in overdoses for two of the four 20-year old boys. Two percent of boys and none of the girls had engaged in full-scale criminality.

5.3 Analysis of gender differences in each behavioral category

Quotes from the various cases described in Tables 2-5 will be referred to by using the case number (Case 1-50) as indicated in the column representing each adolescent.

5.3.1 Norm-breaking behavior involving running away from care facility or foster home; school absenteeism

General norm-breaking behavior such as running away from home, from foster care or care facilities, or school absenteeism is labeled a form of socially disruptive behavior and is used as a prerequisite for the application of §3 LVU among girls and boys.

Running away from the foster home is as common among girls as among boys. The boys tended to be placed in HVB homes from the very start (not as many were initially placed in foster care). Many of the girls, while ‘on the road’ or between different care facilities (before being caught up with by the police or social services), sought shelter at the parents of a friend or at their own biological parents’ house. Boys who were on the run tended to be placed in a new treatment facility (or back at the old one) rather quickly—at least this was the impression given in the court decisions. Girls’ time while on the run tended to be described in greater detail, especially when it involved attending parties or being in questionable company. Several girls are described as seeking out their biological families while on the run. One girl found her way to friends’ parents’ houses and slept on their couches (which social services then deemed to be a risky environment). One girl stayed away from the HVB for a week and during that time, she did several types of drugs together with the group of people she was with (presumably, it was a party that lasted for days). These types of runaway behaviors were described by social services based on the accounts given by the girls themselves. Boys’ escaping behavior tended to be more curtly presented. Social services did not dwell on what the boys had been doing on their time ‘on the road’, so to speak.

Indeed, running away from the foster home or care facility and seeking out questionable company in which they might do drugs was a sufficient prerequisite for girls but not for boys.
The girls were then seen as seeking out bad company or dangerous settings even when they denied it and said they stayed at a friend’s parents.

As far as school absenteeism goes, the requirement of passing grades was only placed on the girls in this study. When school absenteeism was considered for boys, it involved either cutting class or not going to school at all. One boy (number 38) had been expelled from school. Another refused to go. Two girls were described as having failing grades, while none of the boys were taken into custody for this type of problem. Several of the girls were noted as having a high level of school absences (‘cutting class’). For boys, school absenteeism was described as not going to school at all. It thus appears that girls are expected to perform well in school, and that when they are failing classes, this is seen as a risk factor. For boys, on the other hand, failing grades is never mentioned as a risk factor.

There are a few cases in which the adolescent shows a willingness to cooperate. In the obligatory hear-out, one 15-year girl admitted she “needs help with going to school [and also needs] counseling.” She added that “she realizes she needs help but doesn’t understand why it has to be [forced care]”. She has “left the care facility once, but then returned on her own accord.” On the other occasions, she simply “went for walks” (Case 4). This type of statement on the part of adolescents was duly noted, but generally did not affect the courts’ decisions.

5.3.2 Peer delinquency, being in questionable or risky company

Being in questionable or dangerous company is labeled a form of socially disruptive behavior and is used as a prerequisite for the application of §3 LVU among girls and boys.

Often the term “risk” was used loosely, and for a girl it was sometimes enough to be acting in ways that went against societal norms by for instance being caught in questionable company. For instance, one girl was described as being in risky environments without any closer description of what risks those environments involved; another as putting herself in danger simply by being in an “unsuitable environment” where this was specified as going to a certain part of central Stockholm (Sergels Torg) a few times (Case 13); a third had on occasion been in environments where there were drugs and alcohol. These environments needed not be places that the girls in question frequented, which is a precondition for the notion of “palpable risk” to be applicable. According to acceptable risk assessment, a behavior constitutes a palpable risk only if it is repeated enough times that one is able to form a prediction of future behavior on the basis of it. Girls’ behavior was rarely subject to this type of causal analysis. Only in a few cases was the requisite prediction made, and it was spelled out why the girl’s drug abuse could not be considered temporary and thus involved a palpable risk in the requisite sense.

Boys were not treated that way. In order for boys to be considered to be in questionable company, for instance, they had to be in frequent contact with people engaging in criminal activity, and even though they sometimes were not guilty but were only present when a crime was committed, the existence of a crime was sometimes seen as sufficient grounds for LVU. For girls, there had not necessarily to be any documented crime committed in order for her
company to be considered questionable. Often, the existence of drug use in the circles in which a girl was seen was considered a sufficient risk factor.

For girls, questionable company was considered a risk factor when defined as an environment where they might use drugs or to which they escape from a care facility such as a foster home. Even when a girl (Case 2), in the obligatory hear-out, told social services that she was staying on the couch at a friends’ parents, social services either did not believe her or deemed this company questionable and speculated that she had been using drugs while on the run. Social services had referred to other people calling them and reporting on her behavior.

For boys, the prerequisite “questionable company” was construed more narrowly as an environment where the boys are involved in criminal activity or get suspected of crime or where other people in the group are committing crimes. One boy was falsely accused by social services of committing a crime – it was someone else who did it – but the court still found it alarming that he had been in those social circles to begin with, and saw that as a risk factor. For girls, then, questionable company means the risk of doing drugs, while for boys, it involves the risk not only of doing drugs, but of committing crimes such as selling drugs.

The issues of how questionable company is perceived by social services and courts to be related to drug abuse and criminality are considered in sections 5.3.5 and 5.3.6.

5.3.3 Problematic sexual behavior

High-risk sexual behavior is labeled a form of socially disruptive behavior and is used as a prerequisite for the application of §3 LVU among girls and boys.

No boy was judged for having any type of sexual activity or for having the wrong type of romantic relations or for being unable to set personal boundaries. Those contexts, by contrast, were deemed relevant for the court decisions regarding five of the 23 girls. One 18-year old girl (number 16) had told social services that she was going to visit a male friend who wanted to buy sex from her (she was offered money for sex), which social services considered a risk factor. Because social services did not want her to prostitute herself, they offered to buy her a train ticket home. They called her while she was at her friend’s house, pleading with her to go home, but she declined the offer, saying she had the situation under control and that she did not sell him any sex. Another girl said she had lived off prostitution before she was taken into forced care (it is unclear whether the courts considered this, in addition to her drug addiction, as a risk factor leading up to forced care under §3 LVU). Another girl ran away from the care facility for a few days. Social services noted that she “had unprotected sex” (Case 4) during the few days she was on the run. A third girl had to work on her boundary setting and her “personal integrity”, especially “with regard to certain persons,” which suggests she was considered overly flirtatious (Case 3). The youngest of the girls, finally, frequented environments of “sexual vulnerability” (Case 1).
5.3.4 Behavior due to mental illness or unspecified mental issues, suicidal tendencies, and self-harm or ‘acting out’

Behavior due to mental illness, mental issues, or self-harming behavior, including suicidal tendencies, is labeled a form of socially disruptive behavior and is used as a prerequisite for the application of §3 LVU among girls and boys.

In order for the prerequisite of “disruptive social behavior” to be implemented, the problem behavior shown by an adolescent cannot be an expression of mental illness, but it can be an effect of it (Kaldal, 2012). The behavior should not “appear as an expression of the mental illness” but should be observable in anyone who does not suffer from the illness (RÅ 2010 ref 24). This leaves room for speculation about what behavior is exactly in control of the adolescent and what behavior is an involuntary “expression” of mental illness. Another problem with this (behaviorist/positivist) definition is that there is no inside view, and the child is probably unable to put words on what is happening emotionally and mentally. The most serious problem with that condition, however, is that it requires that social services be able to take the role of psychiatrists in order to make the judgment that the problem behavior could be observed in someone else who does not suffer from the illness in question (something that is warned against in SOU 2015:71 where it is made clear that changing the law to extend the law of forced psychiatric care to adolescents won’t solve the problem).

In what follows, I will work with a disjunctive definition of “mental illness”: it can mean either “diagnosed mental illness” or “developmental disability” (such as ADHD) or “undiagnosed mental issues” (anxiety?). Social services and the courts tend to use mental illness as grounds for the prerequisite socially disruptive behavior correctly (in harmony with the precedent given in RÅ 2010 ref 24) more often in the case of boys than of girls.

In the findings, boys tended to need a diagnosis or a developmental disability in order for their mental health to be mentioned as a problem, whereas girls did not. Nearly half as many girls as boys were put in compulsory care due to diagnosed mental problems while twice as many girls as boys were put in forced care due to undiagnosed mental issues. One girl was described as having “anxiety” (Case 12); another as having “a low level of empathy” (Case 14); another as showing a “lack of boundaries and self-revealing behavior in relation to certain persons” and showing “sadness” (Case 4). Another girl was “isolating during the period of social services’ investigation” and having “fits of rage” (vredesutbrott) (Case 10), and several of them were waiting for appointments with mental health counselors that had not been granted by the care facility. Two of the girls had ADHD and were receiving medication; two were waiting for an investigation into their possible ADHD, and one had retrieved a diagnosis but questioned its legitimacy because the investigation had only taken two weeks to diagnose it. Most of the boys who were diagnosed with mental disabilities had ADHD and received medication.

The results suggest that boys’ behavior due to mental issues can be more lawfully defined as behavior that would not “be observable in anyone who does not suffer from the illness”. Given a proper diagnosis, one is also able to know what types of behavior are an expression of it, and what behaviors are not. This gives one the basis for a fairly accurate risk assessment given the diagnostic condition. If “acting out” or “antisocial behavior” is an expression of the
illness, the boy does not get taken into custody under §3 LVU. For a girl suffering from undefined, unspecified mental issues, the situation is suboptimal because there is no possibility of making any type of informed risk assessment from her mental condition to the type of behavior that can be expected to be an expression of it. This suggests that girls are treated more punitively in the sense that they get put in forced care for having unspecified mental problems to a greater extent than boys. Girls also did not receive the same type of medical care that boys get since boys have more specific diagnoses. Chesler’s theory of feminist radical liberation psychology (Chesler, 2005) is applicable here. If girls are institutionalized for vaguely defined mental issues, there is a potential gender inequality in how girls with behavioral problems are treated.

The notion of self-harm or “acting out” was used in varying senses by social services and the courts as a partial prerequisite for custody of girls. In fact, four times as many girls as boys—seven girls and two boys—were described as harming themselves or as “acting out” (utätagerande beteende). Three girls were described as ‘acting out’ while none of the boys were. None of the self-harming activity of girls was specified (for instance, none of the girls was described as cutting herself). The court described one girl’s activity as risky and then added in the decision that “this self-harm of hers is grounds for forced care” (Case 15). One girl who was nearly 20 years old was described as follows: “in addition to her drug problem, she displays socially disruptive behavior because she moves in risky environments where there is drug abuse and because she shows a self-harming behavior” (Case 19). In the case of girl 15, she had a developmental disorder (ADHD) and her acting out could be partly derived from it. The court supplied some reasoning about the connection between her impulsiveness and her ADHD but noted that compulsory care was the only way to teach her not to act on impulse. In one case, the tangible risks that a girl is described as subjecting herself to are related to having risks “such as her impulsivity [and] difficulties with regulating her emotions” (Case 14). These types of mental issues were then deemed treatable through compulsory care.

Boys’ self-harming behavior was not described as involving acting out or having some specific form of self-risk dimension separate from their other behaviors. Boys’ behavior, when described as self-harming, was a reiteration of the other behaviors that were considered risky. One boy’s drug use was described as a “self-destructive lifestyle” while another’s criminality was viewed as “self-harming.” It might be surmised that the courts and social services do not consider acting out among boys to constitute as great of a problem as acting out among girls. Perhaps this is part of a “boys will be boys” mentality according to which boys are expected to be more active, which have been also been found in other studies concerning different forms of social problems (cf. Kullberg, 2006).

5.3.5 Drug and alcohol use or abuse: Range of severity of different drugs.

The use of drugs or alcohol is used as a prerequisite for the application of §3 LVU among girls and boys. In some cases, the use is severe enough to be considered abuse (Category 1) whereas in others it is not severe but rather involves drug use that is considered problematic
(Category 3). There were some differences between how the courts and social services define drug abuse when it comes to girls and boys.

Generally, boys were considered to have a drug problem if they were clean for only short periods of time, while girls could be considered to have a drug problem if they were under the influence of drugs for short periods of time. In seven of nine cases where drug use or drug addiction was used as a prerequisite for the application of §3 LVU among girls, girls were described as using drugs on certain occasions. One girl had used alcohol and cannabis “a few times” (Case 17); another had “short periods of drug abuse” (Case 16), while a third was described somewhat paradoxically as “having regularly used narcotics on a few occasions” (Case 14). By contrast, in all but one of the male cases where drug use or addiction was used as a prerequisite for the application of §3 LVU, boys were described as being under the influence of drugs most of the time and being clean only for short periods of time. For instance, one boy “could not stay off drugs” (Case 28); another had a “long and escalating abuse of cannabis” (Case 30); a third “has only stayed drug free for short periods of time” (Case 40); and finally, several of the boys had had overdoses or been taken into detox before going into drug rehab. Social services and the courts thus apply the same prerequisites and perform the same type of risk assessment in widely different cases, suggesting a gender bias. The terms “drug addiction” and “problematic drug use” are used inconsistently by the courts and social services in the case of girls. Girl number 12 had a cramp while drinking and was taken to a hospital. “She could have died” were the grounds for risk assessment. In other words, the cramp incident was used to predict that her behavior posed a tangible risk to her health.

There are more positive drug tests recorded for boys than for girls. There are also more multiple positive drug tests as well as one drug overdose and two drug-induced psychoses among the boys, all of which resulted in visits to the ER, whereas there is only one visit to the ER among the girls. This suggests either that courts do not require as close measurements of girls’ drug intake or else that girls’ drug problems do not have the same degree of severity as that of boys’. Whereas boys’ drug use is measured through concrete evidence such as positive drug tests, girls’ drug use is not as carefully measured, but it is still monitored by external viewers and their own testimonies such as the ADAD interviews that are done at the time of entrance to a care facility, whether under voluntary care or not. Even when girls were considered to abuse drugs, there were rarely any positive drug tests to justify the application of prerequisite 1.

One 15-year old was self-reported as having tried cannabis and alcohol and this was deemed sufficient for constituting the early stages of drug abuse. Some girls were considered to have problematic drug use because other persons had reported them to social services for believing they were high. Girl 14 was observed by a passenger on the bus who thought she looked “high as a house.” According to the girl, she had taken pills, but she didn’t know what kind they were.

The types of drugs consumed tended to gravitate toward cannabis for boys (and also, heavier drugs were more frequently used) whereas for girls, the types of drugs consumed were not as closely specified, resulting in many indicators of the type 2 category named “unspecified drug
abuse”. Several girls were described as having “an addiction to narcotics” but the types of substances remained unspecified. One 19-year old girl was described as “having used drugs almost every day for several years” (Case 20), but the type of drugs she had been consuming were not named. Another 19-year old girl was described as “having used narcotics almost daily since she was 12 years old” (Case 22). The type of drugs she had consumed was not specified, making it difficult to gauge the severity of the purported drug abuse. Given the range of severity of drugs, smoking cannabis daily may, for instance, be less risky than shooting heroin on a daily basis (cf. Cobb Scott, Slomiak, Jones, Rosen, Moore, & Gur, 2018).

Alcohol abuse was most common form of drug abuse among girls. Beginning use of drugs was more commonly used as sufficient reason to take a girl into forced custody. Schlytter’s (1994) thesis—that drug abuse and in particular, the disruptive social behavior prerequisite (i.e., beginning drug abuse), is more punitively applied in cases involving girls—is thus confirmed. It is unclear how the courts specified the drug abuse prerequisite as it related to overdoses. One boy (number 27) himself mentions in the obligatory hear-out an overdose and that it gave him a wake-up call to choose a clean life, but there is not a word about it in the court decision or the social service narrative. In other words, social services took note of this view of his but disregarded it in the investigation. Other boys were hospitalized for overdoses and two for drug-induced psychoses, which in Tables 4 and 5 are indicated with a “y” and placed under the category “mental illness” (either specified or unspecified). In one case, the drug-induced psychosis was described as a “breakdown” and the boy had had extensive contact with BUP, and he was still getting care from BUP, which gave the court reason to send him back home. The boy had therefore gotten the help he needed not from being in compulsory care under §3 LVU but rather from being in contact with psychiatric services.

5.3.6 Violence and criminality

Using violence or being the victim of violence, including small-scale criminal activity (Category 3), as well as being involved in full-scale criminality (Category 2) are used as prerequisites for the application of §3 LVU among girls and boys. They are labeled as a form of socially disruptive behavior and is used as a prerequisite for the application of §3 LVU among girls and boys.

For boys, there were more violent crimes (crimes against person) listed as crime-related prerequisites under category (3) than for girls. When girls had been involved in criminality, they were either under suspicion or as in the case of two of the older girls, had dealt drugs. Three of the girls had committed the crimes of threatening staff members within social services or treatment staff at the facility where they were incarcerated. Number 1 had, after many escapes from foster homes and more open treatment facilities, ended up at a SiS home where she felt she was wilting away (only the initial §3 LVU decision from when she was 14 is included in Table 2). She had threatened the staff at the SiS home. Her perception was that she was being punished. During her times on the run she had often found her way back to her biological father, and she expressed in her many appeals stretching from age 14 thru age 17 an ardent desire to go back to her father’s house, where she feels loved. Both he and his
daughter had filed so many appeals that the courts had made over 15 decisions involving the application of either §2 or §3 LVU or both, but none of the appeals had been granted.

The material shows that girls are more often suspected though not charged with crimes. Boys are either caught red-handed or charged with crimes. There are some serious violent crimes on the part of boys. One boy killed a cat and in spite of witnesses confirming the incident, he subsequently denied it (he said the cat fell down and he was relieving it of its suffering by slitting its throat). Another boy raped a girl and “made light of it” (bagatelliserade det) (Case 39). A third boy set fire to the care facility where he was living. Two boys were involved in full-scale criminal activity (dealing drugs) and taken into compulsory care under Category 2, criminal activity. The rest of the boys were taken into custody under the application of prerequisite (3), “other socially disruptive behavior.” The varying definitions of small-scale criminality, where much of the violence involved crimes against person, show the ‘catch-all’ nature of prerequisite (3). There were other non-violent crimes, such as small-scale drug dealing or possession of drugs. Only one girl and one boy had been caught shoplifting. Girl 22 had been subject to violence (she had been beaten up) and was therefore put in forced care, presumably for being in the wrong company and failing to defend herself.

6 DISCUSSION

The aim of this study was to examine and compare the problem behaviors of boys and girls who are taken into custody under §3 LVU as seen by the courts and social services, where these behaviors are specified as prerequisites for the application of §3 LVU. By using Schlytter’s (1999) methodological approach where she studied all 293 court decisions involving the application of §3 LVU from 1994, this study sought to investigate whether the pronounced gender asymmetries detected by the author still existed 24 years later. The results show that there is still a double standard in how boys and girls are treated by social to a greater degree and more frequently than boys for relational problems, for unspecified mental illness, and for unspecified drug problems. The sexual relations of girls also get a certain amount of attention, while social services and courts are not interested in boys’ sexuality. Boys get put in forced care to a greater extent than girls for diagnosed mental disorders, drug use (where cannabis abuse was the most common) and criminal behavior. The analysis showed that courts use different definitions of key terms such as “tangible risk” in their judgments about boys and girls.

The questions to be answered were:

1. In what way is norm-breaking behavior (in various senses) used as a prerequisite for the application of §3 LVU among girls and boys?

2. In what way is drug or alcohol abuse used as a prerequisite for the application of §3 LVU among girls and boys?
3. In what way is criminality used as a prerequisite for the application of §3 LVU among girls and boys?

4. In what way are problem behaviors made relevant to the court judgments and social service investigations?

In response to question (1), this study found that norm-breaking behavior (in various senses) is used as a prerequisite for the application of §3 LVU among girls and boys. This study showed that the interpretation of “norm-breaking” or “socially disruptive behavior” is more punitive when it comes to girls than boys, in the sense that girls are put in compulsory care for less severe behavioral deviance than boys.

One finding that Schlytter (1999, 2000) considers especially problematic is that girls get discriminated against by the law in ways that pertain to their sexuality – a thesis she picks up from Smart’s (1995) analysis of the law as an instrument of patriarchal oppression. It was my hope that this type of discrimination had ended, now that nearly 24 years have passed since Schlytter’s study. However, girls’ sexual behavior still appears to be a topic of interest for social services. Girl One, for instance was considered to associate with environments of “sexual vulnerability”. What this means is unclear. Had she been prostituting herself, this would have been noted in the investigation. Presumably it means she had a lot of sex. The youngest girl (Number One) was described not only as being sexually vulnerable (exploited?) but her whereabouts while on the run were also described in terms of location. Social services found it relevant that she was spending time in Rinkeby, considered by some to be one of Stockholm’s most ‘dangerous’ housing projects. Rinkeby is one of the most segregated areas in all Sweden, mostly populated by immigrants. Presumably, social services thought Number One was in extra bad company because she may have been associating with (having sex with?) immigrants. Clearly, the type of information deemed relevant here is out of line with the prerequisites as specified in §3 LVU. What might social services’ reasoning about the sexual vulnerability of Number One have been? A girl’s sexual behavior is not mentioned anywhere in the law. The only place where there is mention of a girl’s using her body in any sexual way is in the preparatory work to §3 LVU where the self-harming environmental factor was illustrated by a precedent in which a girl was performing at a sex club (and thus making a living off being an exotic dancer). Because this situation involves making a living off exotic dancing, it perforce involves being in a ‘risky’ setting for extended periods of time. A sex club is an environment involving potential unwelcome sexual offers and therefore, the context entails sexual vulnerability. It is an environment where sexuality is for sale, and as such, it constitutes a risk area for the people making money off their sexuality (in this case, exotic dancers). Such a context would warrant the type of robust prediction that is required for “tangible risk” to be applicable. This type of situation is hardly similar to that of Number One, who sometimes enjoyed the company of people who lived in questionable areas of Stockholm (in particular, those areas found along the “Blue Line” of the subway). The environments Number One sought out were areas where she had friends. Maybe these friends included boys, but their relation to her is not necessarily one of sexual exploitation. Perhaps social services thought that because the girl was early developed and attractive, she needed to be protected from her own actions; that she was not able to say “No” or protect herself in case one of the boys made a sexual proposition. Maybe they were protecting her from early
pregnancy. The task of social services, however, is hardly to function as birth control (cf. Nauckhoff, 2017). One is reminded of Smart’s (1995) thesis about the unruly, fecund body and the notion of the Raped Woman and the Prostitute—categories of feminine nuisance that the law takes up only insofar as they pose a disturbance to the male-dominated order.

In the Swedish care profession, including social work, females outnumber males by about six to one (Statistiska centralbyrån, 2012), and thus, it is primarily female social workers who put adolescents in compulsory care for their criminal and/or socially disruptive behavior. One might ask why social workers (the overwhelming majority of which are women) problematize girl’s sexuality and monitor their social lives. Maybe these girls are simply having too much fun in their bodies for social services to accept. Are social services simply old-fashioned? It appears not. There are plenty of young social workers who make the decisions about teenagers who are only a few years younger than they. The decision makers are probably aware of the trends toward sexual permissiveness. However, there is a difference between recognizing new trends in society, such as being aware of the shift to more permissive sexual norms (as depicted in reality shows such as “Big Brother” and “Ex on the Beach”) and being able to mask prejudices in legal terminology such as “sexual vulnerability” or “being in questionable company.” What, then, lies behind the discrimination against teenage girls when it is primarily women who make the decisions to put them into forced care? According to Chesler (2005), the fact that women wield their power over other women and girls can be traced in part to patriarchal strictures. “Many women,” says Chesler, still believe that men are superior to women and that a woman is worthless without a man” (Chesler, 2005, 25). Here, the author is picking up the theme of the ideology of love (cf. Helmius), adding that “there is an absence of sisterhood...among women in general” (Chesler, 2005, 42). How would this absence of sisterhood gain expression in social services’ treatment of girls? If we recall Smart’s (1995) thesis that the law is masculine, the strived-after objectivity of social services matches an aspiration to truth that the law embodies. Using the law would thus become a way of wielding patriarchal power.

Conroy and Murry (2007) stress the importance of a stable relationship with an adult who cares. Girl One had been in forced care under §2 LVU for many years and was now in care under §3 LVU. Regardless of what Number One’s father did to prove to social services that he was cooperating with their demands, social services never saw it as suitable for her to go back home. The court kept rejecting his appeals as well as those of his daughter, which numbered over ten over the four years she had been in forced custody under §3 LVU. One gets the impression that social services found him irrational (it is obvious that he has a colorful personality and is also somewhat verbose). The fact that this now 17-year old girl’s ‘incorrigible’ behavior has not improved in spite of nearly four years in compulsory care under §3 LVU suggests that the care is not effective and that her needs are not being met (cf. Andreassen, 2003). Social services quote her in the obligatory hear-out as saying that her father feels better when she is at his home, and then they add that she does not seem to care about what helps her. Foucault suggests that those who deviate from social norms are called mad and that society disciplines deviance through institutionalization. This idea can be extended to the way in which legal terminology reflects the established masculine norm, the voice of reason, which represents and puts into order, and therefore controls, that which is
dangerous, ungovernable and deviant—an act part and parcel with socialist visionary Gunnar
Myrdal’s (1898-1987) social order, which has been described as the ordered welfare state,
“the home of the people” (“fölkhemmet”) or “The society which has been put into order (“det
tillrättalagda samhället”). Rather than help those who deviate from the cookie-cutter
Swedish social norm, society disciplines them.

In response to question (2), this study showed that there are different senses in which drug
abuse is used as a prerequisite for the application of §3 LVU among girls and boys. This study
showed that the interpretation of “drug use” and “drug abuse” is more punitive when it comes
to girls than boys, in the sense that girls are put in compulsory care for less severe types of
drug use and drug abuse than boys. Girls’ drug use tended to be described as abuse when the
same type of drug use in the case of boys was deemed to fall under the Category 1
prerequisite, “socially disruptive behavior.”

In the sample, more than twice as many girls as boys were considered to engage in
beginning/problematic cannabis use, while six times as many boys as girls were described as
engaging in full-fledged cannabis abuse and had positive drug tests (23 out of 27 boys had a
cannabis use deemed problematic by social services). The Swedish policy of zero tolerance
against all drugs rests to a great extent on the idea that cannabis is a gateway drug. The
socially damaging effects of this “zero vision” (nollvisionen), including the disciplining of
drug users by the state, have been discussed at length by Linton (2015). According to a recent
quantitative review, however, a daily intake of cannabis does not harm the adolescent brain,
and the presumed negative effect on cognitive functions are unsubstantiated (Cobb Scott,
Slomiak, Jones, et.al, 2018). If these findings are correct, the grounds for putting most of the
boys in this study and a good many girls in forced care for cannabis use are dubious. Foucault
describes how society disciplines and punishes those who deviate from social norms. The way
that social services treat cannabis-using adolescents is an example of this disciplining.

In response to question (3), this study showed that criminality is used as a prerequisite for
the application of §3 LVU among girls and boys, but that there were more boys than girls who
were put in compulsory care for criminality. In this study, only two adolescents (both boys)
had been put in compulsory care for criminality, while no girls were. As regards “small-scale
criminality” (which falls under the prerequisite of socially disruptive behavior), boys were
overrepresented in this type of category as well.

However, there were several girls who had acted violently as a seeming result of social service
interference in their lives. The analysis showed that several of the adolescents had committed
crimes while in forced care, suggesting that forced care does not involve violence prevention.
Studies show that forced care generates further forced care (Hjern, Arat & Vinnerljung,
2014). One might ask whether compulsory care actually provokes adolescents to rebellion.
Three girls were guilty of attacking members of social services or staff at the treatment facility
where they were incarcerated. That type of violence might be seen as motivated by the fact
that the girls were being investigated by social services or had been placed in forced custody—
a fact which would be consistent with the findings of forensic risk assessment regarding
violence prediction, where the base rate is the age of incarceration. Even in the case of the 15-
year old girl (number 8) who had been arrested for going to social services “uninvited” and
acting in a threatening manner, the violent behavior can be seen as a reaction to the unwelcome involvement of social services in her life. If this is true, then social services need to undertake proper risk assessment and use risk management in an informed manner.

Regarding question (4), the problem behaviors discussed in this study are used in different and inconsistent ways by courts and social services as grounds for the application of §3 LVU. Social services use the terms “risk factor” and “protective factor” somewhat recklessly. Girl One, for instance, had been taken into compulsory care under §2 LVU since early childhood and been back and forth between the mother, the father, and numerous foster homes. Social services describe her “turbulent childhood” as a “risk factor.” Not only does a period of life (childhood) fail to constitute a risk factor, but one might also ask whether social services’ involvement added to the turbulence (cf. Hjern, Arat & Vinnerljung, 2014). Social services mention Number One’s distrust toward the adult world without any self-reflection on the effects of their own interference in her family structure. They say that in her case, there are “very few protective factors to balance the risk factors” (Case 1). However, all Number One is really guilty of is running away from foster homes time and time again. She had tried alcohol and cannabis on a few occasions. She committed a few unspecified crimes. Her ADHD medication was not being monitored. None of her inner strengths, such as her ability to love her father, is ever mentioned. Social services thus show an insensitivity to the resilience of Number One. They also appear to lack any insight into the possibility that their interference might make things worse, not better. Girl 6, we recall, was waiting for a “qualified foster home” while being bullied at a SiS home, and one might ask in what way such a family might be better suited for meeting her needs than her biological family, and what impact forced care will have on her life should that care prove to be substandard or fail to meet the goals set by the plan of care (vårdplan).

The number of SiS residents in the sample was high. Roughly half were sitting out their unspecified terms at a SiS home. Nine of the 21 girls (43%) were placed at a SiS home for various types of problems. Thirteen of the 27 boys (48%) were put in a SiS home, generally for heavy drug use or criminal behavior. Number One had been locked up at a SiS home so that she could not escape anymore. SiS is often used just for that purpose. Adolescents with severe criminality are the target group, but other teens are treated at SiS when no other HVB can handle the rambunctious teen. There are other, possibly more sinister reasons for resorting to SiS care. Girl 22, an 18-year old, had been using drugs “almost daily since she was 12” (the types of drugs were not specified). This, however, may not have been her weightiest problem behavior. She had made one serious mistake, namely, going to social services “unannounced, acting aggressively and making threats,” requiring a police escort, which in turn she resisted. Social services then requested the application of LVU rather than LVM, the law allowing compulsory care for adult addicts, since the latter is more time limited. Social services thus used §3 LVU as a way of keeping Girl 22 in compulsory care for as long as possible. Girl 22 can be viewed as a ‘poster child’ for forced care because she said the right things in her hearing-out. She said that she “realizes that she has problems and wants to change her life,” yet this level of motivation was deemed insufficient for care on a voluntary basis. Even though Girl 22 had studied various treatment methods and reached the conclusion that cognitive behavioral therapy was what she wanted, social services insisted on
actualizing §3 LVU. Do social services really want to help her, or are there other forces at work here? It is hard to tell. Maybe social services believe that SiS offers the best care for Girl 22, but given how well the theories of Foucault and Chesler explain the data material, a more dystopian answer looms high. Despite surprise inspections and suicide statistics, it is difficult to see whether anyone in the welfare state is held accountable for SiS shortcomings. This problem extends to how girls’ problem behaviors tend to be judged more punitively by social services and by courts than do boys’. Interpreting problem behavior as mental illness still appears to be a way of institutionalizing girls, suggesting that Chesler’s analysis would apply to how Swedish social services and courts operate.

7 CONCLUSIONS

This study has shown that there are gender asymmetries in how social services and courts judge the behavioral problems of adolescents. In all areas of problem behavior explored, girls are treated more punitively than boys. Escaping from care facilities, school absenteeism, deviant sexual behavior, behavior due to mental illness, drug use and criminality were all areas in which this type of discrimination could be observed. Even though the number of girls and boys who were taken into custody under §3 LVU for some of these offenses may have been roughly the same, the sense in which social services and courts use terms such as “tangible risk” differs between the sexes. This betrays a discrimination against girls.

These results indicate that the power structures of social services are patriarchal. They also show that there is a need for better risk assessment in social services and courts. If social services were to practice rational and objective risk assessment, the lives of many boys and girls could be improved in the sense that they would be free from harmful interference.

A promising area of future research would be a mixed methods approach to exploring how mental illness and/or mental issues and/or mental disabilities are treated by social services. A survey of all court judgments of 2017 actualizing §3 LVU could be used to enrich the findings of this study and bring to the forefront key areas of interest regarding mental illness and mental issues in adolescents and their relation to perceived problem behavior. Such a study could be deepened by interviewing affected parties such as adolescents who have had compulsory care or their parents. By combining a court registry study with qualitative interviews, light could be shed on how affected parties perceive their treatment by social services and courts as well as how they responded to the treatment offered.
REFERENCES


Hjern, A., Arat, A., Vinnerljung, B. (2014). *Att växa upp med föräldrar som har missbruksproblem eller psykisk sjukdom – hur ser livet ut i ung vuxen ålder* (Growing up with parents who have substance abuse problems or mental illness—what is life like...


APPENDIX 1

Guide for interpreting Tables 1-5

The problem behaviors identified by social services and the courts match one of three types of prerequisites. These three categories of prerequisites are Category (1): Drug abuse; Category (2): Criminality; Category (3): Other socially disruptive behavior. In the five tables below, those behaviors are broken down into sub-categories and represented as follows:

- The middle rows marked “Abuse alcohol” thru “Abuse other” match prerequisites of Category (1), i.e., drug abuse or drug addiction. The courts’ rulings on drug problems will be considered in section 5.3.5.

- The bottom row (full-scale criminal activity) matches the prerequisite of Category (2), full-scale criminality. This is the only category not broken down into any further components. This category will be discussed in section 5.3.6.

- Category 3, “other socially disruptive behavior,” includes the behaviors described in the top 14 categories of each of the five tables in this study. They are as follows:
  - The top four rows represent the relational aspects of Category (3). Section 5.3.1 considers court rulings on escaping and absenteeism. Section 5.3.2 considers the sub-category “being in questionable company” (or peer delinquency). Finally, section 5.3.4 considers problematic sexual behavior.
  - The next four rows from the top represent the aspects of Category (3) relating to mental issues or behavior that is considered to be related to social behavior problems. This will be treated in section 5.3.4.
  - The next seven rows represent the aspects of Category (3) relating to drug use. The rows marked “Beginning alcohol abuse” thru “Beginning other” indicate early stage abuse of some type of drug, ranging from alcohol (the lightest in the sense of being the only legal one) to the heaviest (opiates, stimulants). The category “Beginning other” that can include for instance prescription pills or sniffing glue. This will be considered together with Category (1) in section 5.3.5.
  - The three rows marked “Threats, violence, etc.” to “Being convicted of a crime” represent the aspects of Category (3) relating to violence of criminal behavior. This will be considered together with Category (2) in section 5.3.6.
Table 1: Percentages of girls and boys displaying behaviors or conditions of behavior that are considered by courts to be prerequisites for the application of §3 LVU, as specified in the 50 court judgments from 2017 to 2018.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Girls (n=23)</th>
<th>% girls</th>
<th>Boys (n=27)</th>
<th>% boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running away from foster home or from treatment facility/being homeless</td>
<td>8</td>
<td>35</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>School absenteeism, failing grades (1 boy has been expelled from school)</td>
<td>6</td>
<td>26</td>
<td>4 (1)</td>
<td>15/19</td>
</tr>
<tr>
<td>Questionable company/ peer delinquency</td>
<td>10</td>
<td>43</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Sexual activity/ sex trading /needs healthy boundaries</td>
<td>6</td>
<td>22</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Mental illness (diagnosed)</td>
<td>3</td>
<td>13</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td>Mental issues (unspecified)</td>
<td>11</td>
<td>48</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Suicide attempts/suicidal thoughts or text messages</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Self-harming behavior or acting out</td>
<td>7</td>
<td>30</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Beginning alcohol abuse</td>
<td>2</td>
<td>9</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Beginning cannabis abuse</td>
<td>4</td>
<td>17</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Beginning opiates</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Beginning tranquilizers</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>4</td>
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<td>Beginning stimulants</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Beginning other (e.g. pills or sniffing glue)</td>
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<td>4</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Abuse alcohol</td>
<td>5</td>
<td>22</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Abuse cannabis</td>
<td>2</td>
<td>9</td>
<td>15</td>
<td>56</td>
</tr>
<tr>
<td>Abuse opiates</td>
<td>2</td>
<td>9</td>
<td>2</td>
<td>7</td>
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<tr>
<td>Abuse tranquilizers</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>1</td>
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<td>Abuse stimulants</td>
<td>2</td>
<td>9</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Abuse other (e.g., pills, sniffing glue)</td>
<td>3</td>
<td>13</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Drug abuse (substances not specified)</td>
<td>8</td>
<td>35</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>Threats, violence/being subjected to violence</td>
<td>5</td>
<td>22</td>
<td>12</td>
<td>44</td>
</tr>
<tr>
<td>Small-scale criminality/suspected of crime</td>
<td>8</td>
<td>35</td>
<td>13</td>
<td>48</td>
</tr>
<tr>
<td>Convicted of crime</td>
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<td>22</td>
<td>11</td>
<td>41</td>
</tr>
<tr>
<td>Full-scale criminal activity</td>
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<td>0</td>
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</table>
### APPENDIX 3

Table 2: Problem behaviors of the ten youngest girls, depicted relative to the age of the girl (ages 14-16).

<table>
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<tr>
<th>Behavior</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
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<tr>
<td>Running away from foster home or from treatment facility/being homeless</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
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<tr>
<td>School absenteeism, failing grades</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Questionable company/ peer delinquency</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
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<tr>
<td>Sexual activity/ sex trading /needs healthy boundaries</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
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<td>x</td>
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<tr>
<td>Mental illness or developmental disability (diagnosed)</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Mental issues (unspecified)</td>
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<td>x</td>
<td>x</td>
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<td>Suicide attempts/suicidal thoughts or texts</td>
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<tr>
<td>Self-harming behavior or acting out</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Beginning alcohol abuse</td>
<td>o</td>
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<tr>
<td>Beginning cannabis abuse</td>
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<tr>
<td>Beginning opiates</td>
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<td>Beginning tranquilizers</td>
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<td>Beginning stimulants</td>
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<tr>
<td>Beginning other (e.g. pills or sniffing glue)</td>
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<tr>
<td>Abuse alcohol</td>
<td>x</td>
<td>x</td>
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<td>x</td>
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<tr>
<td>Abuse cannabis</td>
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<td>Abuse opiates</td>
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<tr>
<td>Abuse tranquilizers</td>
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<td>Abuse stimulants</td>
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<tr>
<td>Abuse other (e.g., pills, sniffing glue)</td>
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<tr>
<td>Drug abuse (substances not specified)</td>
<td>p</td>
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<tr>
<td>Using threats, violence/victim of it</td>
<td>x</td>
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<tr>
<td>Small-scale criminality/suspected of crime</td>
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<tr>
<td>Convicted of crime</td>
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<tr>
<td>Full-scale criminal activity</td>
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</tbody>
</table>

*social services’ request for extended application of §3 LVU was rejected by the court

t = mental health assessment requested by social services but has not been carried out

od = overdose or emergency hospitalization

u = unspecified or alleged criminality (what it involved is not defined anywhere in the investigation)

Behaviors marked with an x or other letter are specified as prerequisites for the application of §3 LVU in the verdicts of the ten younger girls (numbers 1-10), ages 14 thru 16. Age is indicated underneath the girl’s number.
**Table 3:** Problem behaviors of the 11 oldest girls, depicted relative to the age of the girl (ages 17-19).

<table>
<thead>
<tr>
<th>Behavior</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
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<th>21</th>
<th>22</th>
<th>23</th>
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</thead>
<tbody>
<tr>
<td>Running away from foster home or care facility/being homeless</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Questionable company/ peer delinquency</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
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<td>Sexual activity /boundary issues</td>
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<tr>
<td>Mental illness or developmental disability (diagnosed)</td>
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<td>Mental issues (unspecified)</td>
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<tr>
<td>Suicidal tendencies</td>
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<tr>
<td>Beginning other</td>
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<tr>
<td>Abuse alcohol</td>
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<tr>
<td>Abuse opiates</td>
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<tr>
<td>Abuse tranquilizers, e.g. benzodiazepines</td>
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<tr>
<td>Abuse stimulants</td>
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<tr>
<td>Abuse other (e.g., pills, sniffing glue)</td>
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<td>x</td>
<td>x</td>
<td>i</td>
<td>m</td>
<td>x</td>
<td>x</td>
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<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Using threats, violence/victim of it</td>
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</tr>
<tr>
<td>Small-scale criminality/suspected of crime</td>
<td>x</td>
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<tr>
<td>Convicted of crime</td>
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<td>Full-scale criminal activity</td>
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</table>

*e* = self-reported and unconfirmed by social services  
*d* = depressed frame of mind; sadness  
*o* = occasional use or based on information given by the youth  
*p* = one positive drug or alcohol test  
*m* = multiple positive drug or alcohol tests  
*I* = injected drugs  
*od* = overdose or emergency hospitalization  
*v* = victim of violence (e.g., assault)  
Behaviors marked with an *x* or other letter are specified as prerequisites for the application of §3 LVU in the verdicts of the 13 older girls (numbers 11-23) ages 17 thru 19 (age is indicated underneath the girl’s number).
### Table 4: Problem behaviors of the 11 youngest boys, depicted relative to the age of the boy (ages 16-17).

<table>
<thead>
<tr>
<th>Behavior</th>
<th>24</th>
<th>25</th>
<th>26</th>
<th>27</th>
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<th>30</th>
<th>31</th>
<th>32</th>
<th>33</th>
<th>34</th>
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</thead>
<tbody>
<tr>
<td>Running away from foster home or from treatment facility/being homeless</td>
<td>x</td>
<td>x</td>
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<tr>
<td>School absenteeism, failing grades</td>
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<td>Questionable company/ peer delinquency</td>
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<td>Sexual activity/ sex trading /needs healthy boundaries</td>
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<tr>
<td>Mental illness or developmental disability(diagnosed)</td>
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<td>Mental issues (unspecified)</td>
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<td>Suicidal tendencies/suicidal thoughts or texts</td>
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<tr>
<td>Self-harming behavior or acting out</td>
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<td>Beginning alcohol abuse</td>
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<td>Beginning cannabis abuse</td>
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<td>Beginning opiates</td>
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<tr>
<td>Beginning tranquilizers</td>
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<td>Beginning stimulants</td>
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<tr>
<td>Beginning other (e.g. pills or sniffing glue)</td>
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<tr>
<td>Abuse alcohol</td>
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<td>Abuse cannabis</td>
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<tr>
<td>Abuse tranquilizers, e.g. benzodiazepines</td>
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<td>Abuse stimulizers</td>
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<td>Abuse other (e.g., pills, sniffing glue)</td>
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<td>Drug abuse (substances not specified)</td>
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<td>Using threats, violence/victim of it</td>
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<tr>
<td>Small-scale criminality/suspected of crime</td>
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<td>Convicted of crime</td>
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<td>Full-scale criminal activity</td>
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</table>

- o = occasional use or based on information given by the youth
- p = one positive drug or alcohol test
- m = multiple positive drug or alcohol tests
- I = injected drugs
- od = overdose or emergency hospitalization
- y = drug-induced psychosis
- u = unspecified or alleged criminality (not mentioned anywhere in the investigation except in the verdict)
- v = victim of violence (e.g., assault)

Behaviors marked with an x or other letter are specified as prerequisites for the application of §3 LVU in the verdicts of the 11 younger boys (numbers 24-34) ages 16-17 (age is indicated underneath the boy’s number).
### APPENDIX 6

**Table 5:** Problem behaviors of the 16 oldest boys, depicted relative to the age of the boy (ages 18-20).

<table>
<thead>
<tr>
<th>Behavior</th>
<th>35</th>
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<th>37</th>
<th>38</th>
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<th>41</th>
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<th>47</th>
<th>48</th>
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<tbody>
<tr>
<td>Running away from care facility/homeless</td>
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<td>School absenteeism, failing grades</td>
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<td>Questionable company/peer delinquency</td>
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<tr>
<td>Sexual activity/boundary issues</td>
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<td>Mental illness or developmental disability</td>
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<tr>
<td>Mental issues (unspecified)</td>
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<tr>
<td>Suicidal tendencies</td>
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**Self-harming behavior**

| Beginning alcohol abuse                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | x  |
| Beginning cannabis abuse                          |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | x  |
| Beginning opiates                                 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | x  |
| Beginning tranquilizers                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | x  |
| Beginning stimulants                              |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | x  |
| Beginning other                                   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

| Abuse alcohol                                     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | x  |
| Abuse cannabis                                    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | x  |
| Abuse opiates                                     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Abuse tranquilizers                               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | p  |
| Abuse stimulants                                  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | i  |
| Abuse other substance                             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

| Drug abuse (specified)                            |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Violence/victim of it                             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Small-scale criminality                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Convicted of crime                                |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Full-scale criminal activity                      |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

R = convicted of rape
S = sexual harassment of residents at treatment facility
p = one positive drug or alcohol test
m = multiple positive drug or alcohol tests
I = injected drugs
od = overdose or emergency hospitalization
y = drug-induced psychosis
u = unspecified or alleged criminality (not mentioned anywhere in the investigation except in the verdict)

Behaviors marked with an x or other letter are specified as prerequisites for the application of §3 LVU in the verdicts of the 16 older boys (numbers 35-50) ages 18-20 (age is indicated underneath the boy’s number).