PALGRAVE STUDIES IN VICTIMS AND VICTIMOLOGY

Justice and Recovery for Victimised Children

Institutional Tensions in Nordic and European Barnahus Models

Edited by
Susanna Johansson · Kari Stefansen
Elisiv Bakketeig · Anna Kaldal

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In recent decades, a growing emphasis on meeting the needs and rights of victims of crime in criminal justice policy and practice has fuelled the development of research, theory, policy and practice outcomes stretching across the globe. This growth of interest in the victim of crime has seen victimology move from being a distinct subset of criminology in academia to a specialist area of study and research in its own right. *Palgrave Studies in Victims and Victimology* showcases the work of contemporary scholars of victimological research and publishes some of the highest-quality research in the field. The series reflects the range and depth of research and scholarship in this burgeoning area, combining contributions from both established scholars who have helped to shape the field and more recent entrants. It also reflects both the global nature of many of the issues surrounding justice for victims of crime and social harm and the international span of scholarship researching and writing about them.

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Elisiv Bakketeig · Anna Kaldal
Editors

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Preface

This book is being published as part of the Palgrave Studies in Victims and Victimology series and follows from our previous book, *Collaborating Against Child Abuse*, published by Palgrave Macmillan in 2017. While the earlier book detailed the implementation of the Barnahus model in the Nordic region, this book charts the more recent phase of diffusion and translation of the Barnahus model in both the Nordic and broader European contexts. The present book also digs more deeply into the institutional tensions of the model and how they can be balanced.

Our overarching aim with this book is to advance the understanding of what can be achieved through the Barnahus model in order to improve the situation for child victims of violence and abuse. The volume includes analyses that we hope will provide guidance to countries currently considering or implementing the model, as well as professionals working with victimised children, both within Barnahus and in related services. We also hope that the book will be useful for educational purposes and will stimulate more research on the Barnahus model, especially from a comparative perspective, once the model is translated and adapted in various jurisdictions across and beyond Europe.

We would like to thank senior commissioning editor Josephine Taylor at Palgrave Macmillan/Springer Nature for taking the initiative to publish the book and for her and Geetha Chockalingam's support during the publishing process. We also wish to thank the anonymous reviewers for their valuable feedback on our book proposal and final book draft. We are grateful for the Lund University Library's book fund for enabling us to publish this book in an open-access format.

The editors' work with this book was made possible thanks to support from various sources. Susanna Johansson's work was financed by a research grant from the Swedish Crime Victim Authority, related to the project "At the Intersection of Crime Victim, Rights Holder and Family Member: On Target Group Constructions and the Positioning of Children in Barnahus". The work of Elisiv Bakketeig and Kari Stefansen was supported by research grants from Norwegian Social Research (NOVA) to the project "The Barnahus Model: Developmental Trends and Institutional Tensions", as well as from the Norwegian Ministry of Justice and Public Security, for the Domestic Violence Research Programme. Anna Kaldal's work was financed by the Faculty of Law at Stockholm University.

Working on this book has been a stimulating process and an important activity related to the Network for Barnahus Research. In October 2022, we arranged a book seminar at the School of Social Work at Lund University, where we discussed early chapter drafts and visited the Barnahus in the city of Lund. The editors would like to thank NOVA for its economic support for the seminar, Café Karna & Ilias for the catering, and the Barnahus in Lund for welcoming us. We also arranged a symposium of book chapter presentations at the European Conference on Domestic Violence in Iceland in September 2023, where we received valuable feedback.

Last but not least, we would like to extend a warm thanks to all contributing authors for writing, revising, and finalising the chapters in this book, and for sharing their knowledge in discussions and while reviewing chapter drafts. A special thanks to senior researcher Lotte Andersen from NOVA, Oslo Metropolitan University; professor John

Devaney from the University of Edinburgh; and associate professor Lina Ponnert from Lund University for commenting on the introductory and concluding chapters.

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October 2023

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Kari Stefansen is a research professor at Norwegian Social Research (NOVA) at Oslo Metropolitan University, Norway. She has participated in two national evaluation studies on the Norwegian Barnahus model. Her research on the Barnahus model has focused on children's experiences, as well as the implementation and translation of the model in the Nordic and European contexts.

Elisiv Bakketeig is a research professor at Norwegian Social Research (NOVA) at Oslo Metropolitan University, Norway. She was the principal investigator for the second evaluation of the Norwegian Barnahus model and was also involved in the first evaluation. Her research has especially focused on the balance of perspectives within the Barnahus model.

Anna Kaldal is a professor in procedural law at the Law Faculty of Stockholm University, Sweden. She participated in the research team that conducted the second evaluation study of the Swedish Barnahus model and has participated as an expert in European development of the Barnahus model. Her research focuses on children involved in legal proceedings and therefore covers social law, family law, and criminal law.

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Diffusion and Translation of the Barnahus Model Through the Lens of Institutional Tensions

Susanna Johansson, Kari Stefansen, Anna Kaldal, and Elisiv Bakketeig

Introduction

Responding to the victimisation of children is a key societal challenge to which nations are increasingly committed. As victims, children have rights and needs that require services from both the justice and welfare sectors. In Europe, the Barnahus ("Children's House") model has been

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introduced as a way to strengthen children's access to justice and recovery in the aftermath of violence and abuse. Researchers have described the model as a social innovation with the potential to drive further changes in its surrounding landscape of services and society at large (Johansson & Stefansen, 2020). Compared to a standard approach, with services operating alone according to their specific mandates, the model represents a new way of organising the services involved in safeguarding victimised children. Barnahus is designed to prevent fragmentation and gaps in service provision by offering multidisciplinary services under one roof (Johansson et al., 2017b) and in a child-friendly atmosphere (Stefansen, 2017). The agencies involved in Barnahus most often encompass law enforcement, child welfare services, and health care and thus include a range of different professionals: social workers, psychologists, police and prosecutors, defence lawyers and appointed legal guardians, doctors, and sometimes odontologists. As described by Johansson (2011), the model combines two tracks that ideally are meant to be balanced: the *justice* track, which refers to the handling of criminal cases, and the *welfare* track, which refers to safeguarding and recovery measures.

The aim of the present book is to illuminate the potential of the Barnahus model to deliver on this promise by ensuring both justice and recovery for children who have experienced violence and abuse, as well as the tensions and dilemmas this hybrid model also produces. This discussion is timely, since the model—which was first introduced in the Nordic region (Johansson et al. [Eds.], 2017a)—is now being diffused throughout the broader European context (Johansson & Stefansen, 2020).[1] During this process, and as we will illustrate later, Barnahus's status has also changed from being understood as a promising practice to becoming *the answer* to the complex issue of safeguarding victimised children.

In this book, we approach Barnahus from an institutional lens. Within the institutional theory of organisations, different traditions have often focused either on how organisations within a field become more *alike*, such as through concepts including diffusion and isomorphism

[1] For the sake of simplicity, "European" refers to non-Nordic European nations in this chapter, as well as both European Union (EU) and non-EU nations.

(DiMaggio & Powell, 1983), or how institutional ideas lead to *variations* between organisations when adapted locally, such as through the concept of translation (Czarniawska & Sevón, 1996). We argue that both approaches are valuable at different levels, and that it is important to understand the relation between isomorphism and variation within a field of organisations that are adapting the same institutional idea, in this case the Barnahus model (Røvik, 2004, 2008).

On an overarching institutional level, the Barnahus model may be understood as having diffused across Europe and led to surface isomorphism within the field of organisations that handle victimised children. But on the organisational and agency levels—and in order to understand how the Barnahus model is implemented in varied contexts—we need to focus on comparative analyses of local organisational adaptions and translations (Greenwood et al., 2014). We see the Barnahus model not as a given, but as being affected by the institutional structures and conditions surrounding the organisations involved, and negotiated "on the floor" between institutional agents with different degrees of power (Johansson, 2017). We also see the Barnahus model as a travelling idea that is constantly undergoing translations and adaptions (Stefansen et al., 2017, 2023; Johansson & Stefansen, 2020) and, importantly, as being permeated by *institutional logics and tensions*, most pronounced between the justice and welfare tracks (Johansson, 2011; Johansson et al., 2017b). The key argument of this book is that the potential of the Barnahus model to deliver both justice and welfare can only be understood if the analysis also encompasses the institutional conflicts, dilemmas, and balancing acts that arise in and from the Barnahus model as an idea and how the model is diffused and becomes adapted and translated locally, as well as the multi-professional work conducted at Barnahus.

Scientific knowledge about the Barnahus model remains limited, so this book contributes to filling that gap. Granted, specialised literature has been written on different elements of the model, particularly on the child forensic interview protocols currently used in Barnahus (Baugerud & Johnson, 2017; Baugerud et al., 2020; Baugerud et al., 2023; Langballe & Davik, 2017; Magnusson & Ernberg, Chapter 8). In this literature, however, Barnahus is often the setting for the practice

under investigation, and not the object of study per se. St.-Amand et al. (2023) bring an international perspective to varied contemporary practices of child and youth advocacy centre models (which resemble and also have inspired the development of the Barnahus model) around the world, and more research has been conducted on the Children's Advocacy Center model in the USA specifically (Herbert & Bromfield, 2019; Westphaln et al., 2021). But such research has mainly focused on specific outcomes, such as criminal justice outcomes (arrests, charges, prosecutions, and convictions), health care and support outcomes (referrals and completion of treatment), and child welfare outcomes such as measures and placements (Herbert & Bromfield, 2019); researchers have paid less attention to the varying institutional conditions for implementation and goal attainment.

This book, in contrast, draws the ideas and institutional manifestations of the Barnahus model to the forefront of the analysis in order to highlight both the potentials of the model and its tensions and dilemmas. The chapters build from a previous edited collection on the Nordic Barnahus model (Johansson et al. [Eds.], 2017a) that described and analysed the model during the first phase of implementation in countries that were "cultural peers" (Karstedt, 2015). Such peers already shared basic ideas and institutional arrangements for handling violence and abuse against children prior to the Barnahus implementation, for instance by accepting video-recorded forensic investigative interviews with children as "evidence in chief" in cases brought before the courts (Myklebust, 2017). As described below, the Nordic countries nevertheless exhibited variations in how they implemented and adapted the Barnahus model, as well as in terms of target groups and follow-up mandates (Johansson et al., 2017b). Since the time when the model was implemented in the Nordic region, both national regulations and guidelines and European standards for Barnahus have been issued. Such variations warrant further exploration of the model's continued development in the Nordic context, as well as on how Barnahus is debated, translated, and adapted in countries with other types of institutional setups and cultural legacies on how child victimisation should be handled.

In the following, we first detail how the Barnahus model has been diffused, adapted, and translated in the Nordic region (summarised in

Table 1.1), and we describe the ongoing European diffusion and translation process. We then expand on the institutional perspective that this book is grounded in and introduce the various types of institutional tensions illustrated in the book's chapters.

The Continuous Phase of Nordic Diffusion: Similar Contexts, Different Setups

The Barnahus model was first implemented in Iceland, in 1998, inspired by the Children's Advocacy Center model from the USA. The Icelandic model was then diffused, first to Sweden in 2006, followed by Norway in 2007, Denmark in 2013, and finally Finland, where a Barnahus pilot called LASTA was launched in Turku in 2014 and the Barnahus Project in 2019.[2]

Scope, Tempo, and the Role of the State

Our analysis of the Nordic diffusion process illustrates, firstly, how the *role of the state* has differed. The Icelandic National Agency for Children and Families (Barna-og fjölskyldustofa) (former National Agency for Child Protection, Barnaverndastofa), under the Ministry of Education and Children, introduced the Barnahus model in Iceland in 1998; Barnahus has thus undergone a centralised implementation from the start. In Sweden and Norway, nongovernmental organisations (NGOs) such as Save the Children and the World Childhood Foundation were important in pushing for change in the early phases, but they have not been further involved in the running of Barnahus or in securing funding, although they are still active in debates and as promoters of the model. In Norway, once the decision was made to pilot the model in 2007, the implementation process was state-driven, coordinated by the Ministry of Justice and the Police (Stefansen et al., 2023).

[2] The various Nordic autonomous regions have also implemented the Barnahus model: the Åland Islands in 2007, Greenland in 2011, and the Faroe Islands in 2014 (see Johansson et al. [Eds.], 2017a).

Table 1.1 Overview of variations in implementation among the Nordic Barnahus models

	Barnahus as a public institution: The role of the state	Roll-out and coverage	Sector affiliation and regulation	Evaluation
Iceland (1998)	• Centralised implementation from the start • Responsible national authority: The National Agency for Children and Families (former Government Agency for Child Protection)	• One Barnahus in capital city meant to cover the whole country + mobile units	• Affiliated with the child welfare sector • Mandatory to use according to Child Protection Act (CPA) from 2022; prior supportive legislation in both the CPA and the Law on Criminal Procedure (Barnahus not mentioned specifically) • No specific Barnahus law	• No national (state-commissioned) evaluations • Studies on particular parts of the model; ongoing study on children's experiences

	Barnahus as a public institution: The role of the state	Roll-out and coverage	Sector affiliation and regulation	Evaluation
Sweden (2006)	• NGOs active initially (Save the Children, World Childhood Foundation) • State-initiated pilot project in 2006 at 6 sites; locally initiated further diffusion • Responsible national authority: National competence centre "Barnafrid," Linköping University; est. 2015 to coordinate a national network for Barnahus professionals	• 32 Barnahus; good coverage in central areas, poorer coverage in the north • Fast roll-out initially; fewer new Barnahus establishments after 2013	• Primarily affiliated with the child welfare sector • Not mandatory to use • No specific Barnahus law • General guidelines and quality criteria since 2009	• National (state-commissioned) evaluations reported in 2008, 2010, and 2019 • Evaluation by NGO in 2013 (Save the Children Sweden in cooperation with Linköping University)

(continued)

Table 1.1 (continued)

	Barnahus as a public institution: The role of the state	Roll-out and coverage	Sector affiliation and regulation	Evaluation
Norway (2007)	• NGO active initially (Save the Children) • State-initiated pilot project in 2007 at 6 sites, followed by further diffusion • Responsible national authority: Ministry of Justice and Public Security; coordination lies with the Police Directorate	• 11 Barnahus, 3 with sub-units; 1 Sami Barnahus under development • Fast roll-out to all regions and national coverage; sub-units developed later	• Affiliated with the justice sector and police organisation • Mandatory to use from 2015 through amendments in the Criminal Procedure Act • No specific Barnahus law; general guidelines from 2016; guidelines for medical examinations from 2019	• Yearly national reports from the Barnahus/Police Directorate since 2013 • National (state-commissioned) evaluations reported in 2012 and 2021; ongoing evaluation of the role of Barnahus for adults with intellectual impairments

	Barnahus as a public institution: The role of the state	Roll-out and coverage	Sector affiliation and regulation	Evaluation
Denmark (2013)	• State-initiated implementation from the start in 2013 • Responsible national authority: National Board of Social Services	• 5 Barnahus, 3 with sub-units; national coverage • Fast roll-out through simultaneous establishment	• Primarily affiliated with the child welfare sector, but as a stand-alone institution • Mandatory to use from 2013 • Specific Barnahus law (Order on Children Houses), legal changes in the Consolidation Act on Social Services supporting the use of Barnahus, and exchange of information, since 2013	• No national (state-commissioned) evaluations of Barnahus specifically • Evaluation of the "Abuse Package" reported in 2015; studies on particular parts of the model (e.g. medical examinations)

(continued)

Table 1.1 (continued)

	Barnahus as a public institution: The role of the state	Roll-out and coverage	Sector affiliation and regulation	Evaluation
Finland (2014 / 2019)	• Active state, but building on existing collaborative services: primarily the Forensic Child Psychiatry Units at university hospitals in 5 sites, running since 2008; 1 Barnahus pilot (LASTA) at Turku University hospital in 2014 • The Barnahus Project ongoing between 2019–2025 • Responsible national authority: Finnish Institute for Health and Welfare	• Gradual and slow implementation process, still ongoing and related to previous collaborative forms and wider reforms	• Primarily affiliated with the health care sector, but part of reforms of the wider system of child welfare services • No specific Barnahus law • Ongoing standardisation work related to the Barnahus Project	• No national (state-commissioned) evaluations of the Barnahus Project • Forensic Child Psychiatry Units were evaluated between 2009–2015

In contrast, a pilot at six places was decided by the Swedish Ministry of Justice in 2005 and started in 2006, but within the further implementation process of the Barnahus model, the role of the Swedish state was rather passive, both during and after the pilot project. Instead, politicians, municipality officials, and other local authorities and organisations initiated Barnahus at various locations at different times. The implementation process in Sweden may in this perspective be interpreted as an example of a "mushroom model" of diffusion (Røvik, 2004, 2008). Local Barnahus opened in a scattered and seemingly random way across the country and with somewhat varying structures for collaboration, thus illustrating how a popular travelling idea may be adapted differently at local levels (Johansson, 2006, 2011).

In Denmark, the implementation was largely a top-down and state-driven affair. The five local Barnahus in Denmark were implemented simultaneously in 2013 in connection with a legal reform termed the "Abuse Package" (Overgrebspakken) and set up as independent units, supported and supervised by the National Board of Social Services. In Finland, the Barnahus Project was launched in 2019 by the Ministry of Social Health and Welfare in collaboration with the National Institute for Health and Welfare and the Forensic Child and Adolescent Psychiatry expert units, situated in university hospitals. The Finnish state seems active yet less top-down compared to Denmark and Norway, since the implementation involves and builds from already-existing professional collaborative models.

Secondly, the institutional conditions as well as the *scope and tempo* of the implementation have varied. In Sweden and Norway, the model was implemented as pilot projects at a few locations, successively diffusing and eventually becoming a more or less nationwide service, while in Denmark the service was nationwide from the start. This difference is probably linked to timing: Denmark implemented the model later and could draw on the experiences from Iceland, Sweden, and Norway when its model was designed. The need for a pilot was not as acute, since the Swedish and Norwegian models had already been evaluated, with mainly positive effects documented (Åström & Rejmer, 2008; Kaldal et al., 2010; Bakketeig et al., 2012; Stefansen et al., 2012). Being a smaller country geographically, the whole country also could more easily

be covered with only a few Barnahus, compared to Sweden, for example, where the whole country is still not covered despite having more than 30 Barnahus in operation. The majority of the 68 municipalities (out of 290 in total) that lack Barnahus in Sweden are located in the northern part of the country, where the distances between urban areas are large (Barnafrid, 2019).

In other Nordic countries, Barnahus "satellites" or "travelling units" have been suggested as a solution to reach less central areas, for example in Denmark and Greenland, as well as in Norway, where three Barnahus have established sub-units to reduce travel times for both children and professionals from collaborating agencies (Bakketeig et al., 2021). Such solutions have, to our knowledge, not been developed in Sweden to date. The Barnahus model was initially diffused rapidly in that country, but new establishments have been slower to emerge over time. Various observers have thus called for stronger state coordination and regulation of the Swedish Barnahus model (Landberg & Svedin, 2013; Barnafrid, 2019). An official governmental report (Official Reports of the Swedish Government [SOU], 2022: 70) presented a new national strategy to prevent and combat violence against children; identified several challenges related to the Barnahus model; and suggested strengthened regulation of the collaboration between the agencies involved. The report did not suggest any regulations that would mandate Barnahus specifically, however, or make the use of Barnahus mandatory. A special expert opinion included in the report also critiqued this aspect, acknowledging that Barnahus still was not a right that was accessible to all victimised children in the country (Official Reports of the Swedish Government [SOU], 2022: 70).

Finland has had yet another implementation trajectory. Similar services to the Barnahus had been in operation since 2008 at five Forensic Child and Adolescent Psychiatry and Social Paediatrics Units at two university hospitals (Johansson et al. [Eds.], 2017a; Korkman et al., 2017), at the same time a national Barnahus model had long been planned. The pilot project, initially suggested in a commissioned report in 2009, was not implemented until 2014. The pilot, located at the Turku University hospital, then led to the Barnahus Project, coordinated by the Finnish Institute for Health and Welfare, which started in 2019

and will continue until 2025.[3] The Barnahus implementation in Finland seems to have been partly characterised by the previous collaborative forms at similar and varied units for handling cases of suspected abuse in Finland (foremost the Forensic Child and Adolescent Psychiatry Units), and partly linked to larger state-initiated reform processes. One such reform was the Strategic Government Programme (2016–2018), which also included broader reforms of the child protection and family services in Finland. The Finnish Barnahus implementation may also be interpreted as being less material compared to the other Nordic countries. Instead of establishing new physical Barnahus locations at various sites, due to the already-existing units at university hospitals, the implementation was geared towards shaping a new service structure for the handling of victimised children by strengthening the competence in the broader existing institutional landscape of welfare services for children and families; and improve the interagency collaboration and coordination in suspected child abuse cases.[4]

Previous and sometimes similar collaborative working forms can thus affect the translation and adaption processes of the Barnahus model in different ways. In Sweden and Norway, collaborative forms of working with victimised children existed prior to the establishment of Barnahus, such as the multi-professional team called "BUP Elefanten" in Linköping and multi-agency consultation meetings in child sexual abuse cases that had existed in many municipalities since the 1990s. What sets these structures apart from the Barnahus model is, above all, the lack of localisation under one roof. In Sweden, prior collaborative forms were further built upon when establishing some Barnahus, while in Norway and other Swedish localities, Barnahus were more or less built from scratch, as a new measure. This situation illustrates how established collaborative

[3] See https://thl.fi/en/web/thlfi-en/research-and-development/research-and-projects/barnahus-project (accessed 9 June 2023).

[4] For example, such improvements include providing free evidence-based e-learning programmes for professionals, developing and disseminating methods and standardised forms for risk assessment or screenings in order to identify children at risk of abuse, and exchanging information and improving collaboration between the agencies and professionals involved.

structures can potentially both slow down and speed up the implementation processes of a new model such as Barnahus, depending on how it is perceived, adapted, and moulded into the existing institutional landscape, at both the national and local levels.

Sector Affiliation

Thirdly, the *sector affiliation* may differ in various ways. In Norway, the Barnahus model is closely connected to the criminal justice system and police organisation (Stefansen et al., 2023), while in Denmark and Sweden, Barnahus are linked to the child welfare system and the local municipalities' child welfare services, which often take on the coordinating role at Barnahus. In contrast, the permanent Barnahus staff in Norway (including social workers and psychologists) are employed as civilians by the police organisation.

Finland has yet another affiliation—with the healthcare sector—at least when considering the Forensic Child and Adolescent Psychiatry Units and the pilot in Turku located at university hospitals. But, as described above, Finland's Barnahus Project (2019–2025) is also related to reforms in the broader surrounding landscape of services, such as within the child welfare sector. How this arrangement will affect the model in the longer run requires further study. One hypothesis is that an affiliation close to the healthcare sector will not create the same barriers towards assessing and treating children's healthcare needs as is visible in models with other affiliations, for instance the Norwegian model (Stefansen et al., Chapter 4).

Why these different sector affiliations have manifested also remains to be studied. Stefansen et al. (2023) have suggested that the Norwegian state authorities' choice of a justice-sector affiliation may be understood as an instance of "path dependence", which refers to how "current and future states, actions, or decisions depend on the path of previous states, actions, or decisions" (Page, 2006, p. 88). Since the funding for the model came from the Norwegian Ministry of Justice, because of the ministry's overarching responsibility for the quality of forensic investigative interviews involving children, the model became linked to the police

by default, in part because of the urgency of the implementation process. Over time and because of changes in the police organisation, the model has become more deeply embedded within the justice sector: a scenario that has contributed to an ongoing "juridification process" (Stefansen et al., 2023), which Johansson (2011, 2017) defines as institutional dynamics that lead to tasks related to criminal cases being prioritised over tasks related to the safeguarding and recovery of children. The implementation in Norway thus illustrates how decisions made early on in the establishment of a national model can have unintended consequences in the longer term and may lead to imbalances between the model's two tracks.

Steering, Regulation, and Coordinating Mechanisms

Fourthly, the *steering and regulation* of the Barnahus implementation have differed between the Nordic countries, from a fairly loose regulatory regime without formal guidelines for a rather long period (such as in Sweden and Norway) to the implementation of a stricter regulatory framework prior to or simultaneous with the establishment, such as in Denmark. In Denmark, as part of the implementation process, several legal changes were made in the social welfare legislation, including making it mandatory for the municipal child welfare services to use Barnahus in child abuse cases where at least one additional sector (police or health care) was involved; the government developed a specific law authorising the Barnahus as well as guidelines for the tasks and duties of Barnahus.

The degree of regulation and steering at various stages of implementation seems to be related to timing. In those Nordic countries that first implemented Barnahus (Iceland, Sweden, and Norway), more regulations have instead been issued successively at later stages (Johansson et al., 2017b). Such regulations were issued both within national legislations (hard regulation) and/or through guidelines and standards (soft regulation). For example, in Norway, which introduced the Barnahus model in 2007, the Criminal Procedure Act was amended, and new regulations

regarding facilitated interviews came into force in 2015 (FOR-2015-09-24-1098), making Barnahus mandatory to use for forensic investigative interviews with children (and adults with intellectual disabilities). General administrative guidelines were issued in 2016 (Norwegian Directorates of the Police, Family, and Health, 2016), and in 2019, specific guidelines on medical examinations in Barnahus were issued (Norwegian Directorate of Health, 2019). The general Barnahus guidelines have been under revision for several years, possibly reflecting the complex system of governance set up around the model, which slows down the decision-making process (Bakketeig et al., 2021). In contrast, Denmark has a specific law that regulates the operation of Barnahus, and additional legal changes were made prior to the establishment in order to facilitate collaboration. For example, the agencies involved are allowed to share information without the consent of children's parents or legal guardians.[5]

Varying coordinating mechanisms are also apparent in the different countries. In both Iceland and Denmark, Barnahus supervision is a state-level task. The Danish National Board of Social Services is responsible in that country, while Iceland's Government Agency for Child Protection takes responsibility there. In Norway, the coordinating responsibility is delegated from the Ministry of Justice and Public Security to the Police Directorate, which supervises Barnahus and issues yearly reports on the number and types of forensic investigative interviews and medical examinations conducted at Barnahus, as well as the share of children who have received follow-up services. The Police Directorate also coordinates Norway's national Barnahus advisory board (Barnehusrådet), which includes representatives from the other directorates involved and the local Barnahus. Some have argued that the lack of ministerial-level coordinating mechanisms has contributed to the model's juridification (Bakketeig et al., 2021; Stefansen et al., 2023).

In Sweden, the lack of a central coordinating authority responsible for the steering and supervision of Barnahus has been the subject of much discussion since the early years of implementation. Since 2016,

[5] For links to all regulations related to the Danish Barnahus model, see https://sbst.dk/boern/overgreb/boernehuse/om-de-danske-boernehuse (accessed 29 October 2023).

the national centre known as Barnafrid at Linköping University coordinates a network for professionals involved in Barnahus and gathers and disseminates knowledge about violence against children. Swedish Barnahus still struggle with a number of problems, however, for example variations among the local Barnahus in terms of medical examinations, support, and psychological treatment, as well as unclear legal regulations for information exchange among collaborating agencies (Barnafrid, 2019).

Documentation and Evaluation

Fifthly, national authorities in the different Nordic countries have not been equally invested in *documenting and evaluating* the Barnahus model—which is a means to identify not only service efforts and outcomes, but also imbalances and other unintended consequences of the model's organisation, affiliation, and regulatory frameworks, and to instigate changes if necessary. In Norway, the national authorities have commissioned two evaluation studies (Bakketeig et al., 2012, 2021; Stefansen et al., 2012), both tasked with making recommendations on how to secure the dual mandate of the model and ensure equal provision across the country, and for different groups. A third evaluation study is ongoing and focuses on how the Barnahus model works for adults with intellectual disabilities, who also have the right to facilitate forensic investigative interviews. Sweden's national authorities have commissioned three evaluation studies of the Barnahus model (Åström & Rejmer, 2008; Kaldal et al., 2010; Barnafrid, 2019). The first evaluated the pilot project with Barnahus at six locations, while the second included the 22 local Barnahus that existed at the time. The third was more limited in the types of empirical data it gathered compared to the prior evaluations, yet it included all 32 local Barnahus in existence at the time (Barnafrid, 2019).

How the aim of the evaluation has shifted over time is interesting to note. While one central task in the initial evaluation was to assess effectiveness in relation to criminal proceedings (Swedish Ministry of Justice, 2005), the main aim for the third evaluation was to evaluate whether

the collaboration between agencies had fulfilled the national guidelines and criteria for Barnahus (Swedish National Police Agency 2009) and to identify good examples and potential deficiencies in order to improve quality and equivalence in the treatment of victimised children (Swedish Ministry of Social Affairs, 2018). In addition to the three commissioned evaluations, one evaluation by Save the Children Sweden in cooperation with Linköping University, financed by the Crime Victim Fund, was undertaken in 2013. This evaluation focused on evaluating and grading the 23 participating local Barnahus in relation to the criteria defined in Sweden's national guidelines (Landberg & Svedin, 2013).

To our knowledge, neither Iceland, Denmark, nor Finland have commissioned full-scale national evaluation studies of their Barnahus models as of 2023, although some studies do exist. The Danish Appeals Board (Ankestyrelsen) conducted an evaluation of the implementation of the "Abuse Package" (Overgrebspakken) in Denmark's municipalities in 2015. While almost all the municipalities used Barnahus and experienced them as beneficial, approximately half reported challenges with delays, coordination issues, and geographical distance (Danish Appeals Board, 2015, p. 3). Later, this picture seems to have become more multifaceted. In 2023, the Danish Appeals Board investigated the reasons for the regional variations in the use of Barnahus among Denmark's municipalities. The results indicated that variations were related to different interpretations of legislation, organisation, and capacity in the municipalities, motivation among children's parents, collaboration between the municipalities and Barnahus, and whether the municipalities experienced the involvement of Barnahus as being beneficial. A small-scale study, involving six children, has also been conducted about the children's experiences after being interviewed at Barnahus; the children's main message was that they wanted more of what Barnahus were already doing (Børnehusrådet, 2016). In addition, Spitz et al. (2022) have reported on the results from a pilot study related to the provision of medical examinations. The Danish National Board of Social Affairs and Health also monitors a national database in which yearly Barnahus-related statistics

are gathered and reported on in order to enable research and evaluation.[6] In Iceland, a study is currently being prepared on children's well-being both before and after they arrive at Barnahus and how they experience their arrival there; smaller-scale studies have been conducted on other issues, such as PTSD symptoms among children referred to Barnahus.[7]

The Cross-fertilisation of Ideas

While the establishment of Barnahus in the different Nordic countries has followed different implementation paths (Markina et al., 2019, p. 22), the national models are also affected by developments in the other Nordic countries: what may be interpreted as an ongoing cross-fertilisation of ideas. The model in Iceland inspired both the Swedish and Norwegian Barnahus models. In contrast to the Icelandic model, which for a long period of time was restricted to cases of sexual abuse (Johansson et al., 2017b), these models were implemented with a wider target group from the start, encompassing both sexual abuse and physical violence; in Norway, children exposed to violence among other family members, typically their parents, were also included. In 2015, inspired by the Barnahus models in the other Nordic countries, Iceland expanded its target group to include physical and domestic violence. Another example is how, following the implementation in Denmark and the legal changes that paved the way for the Danish Barnahus model, the issue of a specific Barnahus law was discussed in both Sweden and Norway. In Norway, the issue of a specific Barnahus law or regulation was part of the mandate for a commissioned evaluation study, which suggested that the issue should be discussed at a later point, since the Norwegian model was already highly regulated (Bakketeig et al., 2021).

As will be illustrated in the next analytical section on the Barnahus diffusion in Europe, the development in the Nordic countries has to a large extent influenced developments at the European level. More

[6] See https://boernehuse.dk/lovgivning/tal-og-undersoegelser/ (accessed 6 September 2023) and https://sbst.dk/boern/overgreb/boernehuse/igangvaerende-undersoegelser-med-boernehusdata (accessed 17 October 2023).

[7] Personal communication, Ólöf Ásta Farestveit.

recently, however, developments at the European level have also "fed back" towards the ongoing Barnahus development in the Nordic region. In the future, acknowledging cross-fertilisation tendencies from Europe to the Nordic region will also be important, with the Barnahus model moving towards a "transnational field" where exchange and translation loops can take place across many directions over time. One example is through the increased influence from the PROMISE network and the Council of Europe (CoE), which could potentially affect the Nordic Barnahus models as well.

Early European Diffusion: Different Contexts, Varied Setups

At both the European and global levels, guidelines and policy documents on child-friendly justice stress the importance of close multidisciplinary collaboration in child-friendly facilities (Council of Europe, 2007, 2010; EU Agency for Fundamental Rights [FRA], 2015; UN Economic and Social Council Resolution 2005/20; CRC/C/GC/12); some specifically mention Barnahus as an example of a promising, holistic practice (Council of Europe, 2010; Johansson et al., 2017b, pp. 1–5). The CoE also argues that the Barnahus model has inspired its standard-setting work and that the principles of the model today are reflected in a number of legal and policy instruments on the rights of the child: within monitoring committees such as the UN Committee on the Rights of the Child and the Lanzarote Committee, as well as in European Court of Human Rights case law (Council of Europe, 2023, p. 5). One of the objectives of the Council of Europe Strategy for the Rights of the Child (2022–2027) is to continue to promote the Barnahus model, including through cooperative projects with member states (Council of Europe, 2023). The diffusion of the Barnahus model both in the Nordic region and throughout Europe as a whole can thus be understood partly as flowing from these supra-national policies, although the timing of implementation is also related to specific national conditions and processes (Johansson & Stefansen, 2020).

In recent years, and supported by the EU and the CoE, the PROMISE stakeholder network, sometimes termed the "European Barnahus movement," has played a key role in promoting and facilitating the diffusion and implementation of the model throughout Europe (Johansson & Stefansen, 2020). The network consists of various organisations and actors—including state actors from the Nordic and European countries, professionals, experts, various NGOs (such as Save the Children, the World Childhood Foundation, and the Empowering Children Foundation), and more—all involved in the promotion of the Barnahus model. The members of PROMISE conduct advocacy work by arranging seminars and conferences and by providing study visits and links to research milieus; PROMISE has also created possibilities for countries to be supported through the implementation process, for instance by trainings, expert consultations, and webinars. PROMISE has also published a series of reports on the model's history, rationale, and potential (Wenke, n.d.); a compendium and links to international legal frameworks and guidance, such as the UN Convention of the Rights of the Child (O'Donnell, n.d.), a stakeholder strategy toolkit (PROMISE, n.d.), and a set of quality standards or guidelines that can be applied across jurisdictions when setting up and evaluating national Barnahus models (Haldorsson, 2019).

These policy-making and standard-setting measures are examples of the general trend towards transnational regulation within many policy fields. This concept captures how law increasingly extends beyond the borders of nation-states, particularly through the implementation of different forms of "soft regulations" such as standards, norms, and guidelines. These types of legal extensions are often intertwined with the diffusion of travelling ideas, such as the Barnahus model (Djelic & Sahlin-Andersson, 2006; Zumbansen, 2010; Cotterrell, 2012; see also Ponnert & Johansson, 2018; Johansson & Stefansen, 2020). This intertwining makes such extensions difficult to separate from the idea itself once they successively meld together, at least on a symbolic level.

In 2023, the PROMISE network had 26 member countries, mostly within Europe, involved in or working to implement the European

Barnahus quality standards in their respective national settings.[8] In addition, several countries are in the process of establishing the Barnahus model with the support of PROMISE. According to the CoE's mapping study (2023), as many as 28 CoE member states have established Barnahus and/or Barnahus-type services, and more states either are in the process of setting up national Barnahus, or public debate or advocacy is underway for establishing Barnahus. When PROMISE describes its vision, it emphasises Barnahus as an evolving model that can "be adapted to different legal, socio-economic and cultural contexts"; PROMISE notes that "all Barnahus and similar services progressively develop excellence in practice according to international law and to the Barnahus quality standards".[9]

In this section, we will sketch the ongoing diffusion and implementation of the Barnahus model throughout Europe by providing some illustrative country examples. These examples do not fill the purpose of describing each country's Barnahus implementation; rather, they illustrate tendencies and variations within the Barnahus diffusion, implementation, and translation process at the European level. We focus on some of the lines of division we have identified among the Nordic countries, including *steering and regulation*, *the role of the state*, and *sector affiliation*. The country examples are based on the PROMISE network's map and webpage documentation, as well as data from evaluations, reports, or reviews when available. We should note, however, that research on European Barnahus models is still very limited, probably due to the early phase of Barnahus diffusion and implementation in Europe; the CoE's mapping study also acknowledges this limitation, noting that "very few countries have proceeded with evaluations of the services they [have] put in place", which prevents monitoring, establishing an empirical base for development, and assessing impact (Council of Europe, 2023, p. 98).

[8] Network map: https://www.barnahus.eu/en/greater-network-map/ (accessed 17 October 2023).
[9] See https://www.barnahus.eu/en/vision/ (accessed 17 October 2023).

Steering and Regulation

Firstly, similarly to our comparison of the Nordic Barnahus models and their implementation processes, *steering and regulation* (both hard and soft) seem to differ. Some countries have focused on revising their national legislation and developing specific Barnahus regulations. As an example, Slovenia opened its Barnahus in 2022, as a partner country in PROMISE and with the Ministry of Justice as a founding member. The implementation followed a joint EU-CoE project that laid the groundwork and (according to PROMISE) developed a comprehensive Barnahus law, adopted in 2021, to include children who were both victims of and witnesses to crimes.[10] The Barnahus law was developed with guidance from the European Barnahus quality standards (Haldorsson, 2019) as well as specialist training (see Kaldal, 2020). The Slovenian Barnahus law targets Barnahus as a whole, including all activities in Barnahus. One important factor to note, however, is that the activities mentioned are mainly focused on the pre-trial forensic investigative interview with the child. The law thus is mainly applicable to the investigative interview and related activities, which includes assessing and providing the child with necessary psychological support in connection with the interview. The law does not, for example, focus on the events before or longer after the pre-trial forensic investigative interview, or the coordination of parallel criminal and child welfare investigations. The multidisciplinary collaboration depends largely on the court order to summon agencies to a preparatory consultation meeting before the pre-trial hearing of the child, to which the child welfare services will be summoned and in which the agencies involved have the right to exchange information. A representative from the child welfare services can also monitor the investigative interview from a separate room. The Barnahus law also states that Barnahus should include medical examinations, although the role of Barnahus in this respect is primarily supportive because Barnahus is not a medical facility and has no medical staff. The Slovenian Barnahus has child counsellors who follows children

[10] See https://www.barnahus.eu/en/slovenian-barnahus-law-in-english/ (accessed 17 October 2023).

through their visits at Barnahus and provides them with crisis support and psycho-social assistance as well as information (Kaldal, 2020).

Another example is Germany, where (according to PROMISE) the legislation on video-recorded interviews for victims of child sexual abuse has changed; such interviews are now mandatory, unless the child objects. Scotland is also making progress towards legal changes that support the European Barnahus quality standards. In 2020, again according to PROMISE, an NGO called Children First joined forces with Victim Support Scotland, Children England, and the University of Edinburgh to create a Barnahus in Scotland, supported by the People's Postcode Lottery. In both Scotland and Northern Ireland, researchers have closely followed the planning involved in the establishment of the Barnahus model (see Devaney et al., Chapter 9; Lavoie et al., Chapter 3). Due to the wider political situation, as of 2023, the adoption of the Barnahus model is only being considered in Northern Ireland; no announcement of the model has been accepted or rolled out so far. In Scotland, however, the first Barnahus opened in September 2023. The Scottish model lacks either a statutory or legal basis, but a roll-out of additional local Barnahus is being backed financially, and in policy terms by the Scottish government. The government has produced standards for Barnahus in Scotland,[11] informed by the PROMISE European Barnahus quality standards. In Scotland, the Barnahus model is planned plan to work with children who have experienced a range of harms, as well as those who pose a risk to others if aged under 12 years old, which is the age of criminal responsibility in Scotland.

The Role of the State

Secondly, *the role of the state* in the Barnahus implementation is not as tangible in the European countries as it is in the Nordic region. Rather, the importance of NGOs in terms of financing, establishing, and running Barnahus is more evident at the European level of diffusion and implementation. Barnahus in Poland, for example, are operated

[11] See https://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/bairns_hoose_standards.aspx (accessed 17 October 2023).

by local NGOs with a national network coordinated by the Empowering Children Foundation. Poland was a pilot country in PROMISE and set up Barnahus at five locations, launched between 2017 and 2019. Comparably, Germany was a pilot nation (and now is a partner country) in PROMISE. The first Barnahus in Germany launched in Leipzig in 2018, with support from the World Childhood Foundation and coordinated by the University Clinic Leipzig. Additional locations have opened in (or are opening in) seven locations in Germany to date. Overall, Germany's case seems to be a partial and slow roll-out of the Barnahus model, compared to countries such as Denmark for example, where the implementation was state-driven, nationwide, and simultaneous. The first Barnahus in Scotland is also funded by a philanthropic source and run by an NGO, although the Scottish government has committed to the model by providing funds to establish another five to six local Barnahus there. The local Barnahus are planned to be run by local authorities in partnership with police and NGOs.

Sector Affiliation

Thirdly, several country examples show how the healthcare sector seems to play a more central role in terms of *affiliation* in Europe's Barnahus implementation than has typically been the case within the Nordic region. In Germany, for example, the local Barnahus in both Leipzig and Heidelberg are affiliated with children and youth medicine divisions of university hospitals and are co-funded by the World Childhood Foundation, while in Berlin the Barnahus is affiliated with the six ambulances dedicated to child protection in the city (Markina et al., 2019). In England, the Lighthouse launched in 2018 in London, with the healthcare sector in the lead. England was also a pilot in PROMISE 2015–2017, and in 2016 the Havens opened, jointly commissioned and funded by the commissioners of health and the police.

By knowing how early affiliation can affect the continuous institutionalisation of the Barnahus model, as in the case of the Norwegian Barnahus model's affiliation with the justice sector (Stefansen et al.,

2023), we can further explore how an affiliation within the healthcare sector might influence the adaption and continuous institutionalisation of the Barnahus model in these European contexts.

Multiple Adaptations Across Europe

To summarise, large discrepancies seem to exist between the different European Barnahus established. The diffusion and ongoing implementation differ to a large extent among the different countries, including aspects such as funding, affiliation, and regulation. Several implementations appear to be more integrated in the healthcare system, and NGOs play a key role in many countries, not only in the promotion of the model but also in the actual implementation and running of Barnahus, at least at this rather early phase of the European diffusion and implementation. In other countries, the EU and PROMISE, or sometimes combinations of different grant fundings, have been more central to the establishment and financing. As an example, Latvia has a project funded by European Economic Area (EEA) and Norwegian grants that supports the establishment of Barnahus, quality improvements in crime investigations, and the furthering of the Barnahus model implementation. Another example is Lithuania, where the Support Centre for Sexually Abused Children opened in 2016, with support from EEA Grants and as a pilot country in PROMISE. According to PROMISE, the centre is unique among the European Barnahus models in that it enables children and their caregivers to stay overnight.

Another dimension of variation concerns the target group. Today, the target group of Barnahus in the Nordic countries includes children who are victims of both sexual and physical abuse, while several European countries that have launched Barnahus have limited the target group to sexual abuse cases. This situation is interesting, given the broad target group defined in the European Barnahus quality standards, which guide much of the European diffusion process; the standards include victims and witnesses of all forms of violence, according to article 19 in the UN-CRC (Haldorsson, 2019). The criminalisation of violence and abuse

against children also differs among the countries, which in turn will affect the scope of the target group.

Our comparative analysis, which illustrates major local variations related to the ongoing diffusion and translation process of the Barnahus model in Europe, is similarly reflected in the mapping study of Barnahus in Europe initiated by the CoE, which concluded that "the Barnahus model eludes a fixed definition" (2023, p. 5). The CoE's mapping study revealed that differentiating among Barnahus, Barnahus-type, and other multidisciplinary and interagency services is difficult; the study showed how the institutional setup, target groups, scope, and reach of the services varied among the member states (Council of Europe, 2023).

Theoretical Framework: Institutional Tensions and Logics

What then do the diffusion, implementation, and translation processes of the Barnahus model in different institutional settings mean in terms of institutional tensions and dilemmas? Johansson and Stefansen's (2020) previous analysis underlined the importance of how the model is adapted into different contexts due to varied institutional conditions, which contrasts with the arguments put forward by PROMISE, which emphasises the flexibility of the model in terms of multiple possible adaptions. Ponnert and Johansson (2018) noted how the implementation of the Barnahus model in different Nordic contexts has been characterised by an interplay between juridification and standardisation, developing differently in different countries, as well as over time. Given this background, the authors of the chapters included in this book dig more deeply into and discuss the institutional conditions of the model in various contexts, specifically focusing on which different institutional tensions arise and how they might possibly be balanced.

As an overall starting point, the institutional theory of organisations forms a fruitful base for exploring the *institutional tensions* that arise in inter-organisational collaborations such as the Barnahus model. Those who hold an institutional perspective argue that organisations are

influenced and permeated by their surrounding institutional environments—built up by rules, norms, and beliefs, including those codified in criminal and social welfare law—which also creates boundaries and interdependencies among organisations within a given field (DiMaggio & Powell, 1983; Scott, 2008). The institutional elements surrounding organisations within a given field shape how organisations think and act (Scott, 2008). Just as institutions have both symbolic and material sides, organisational life is both structurally determined and agency driven; in that sense, organisational life is not static but rather is constantly negotiated and undergoes changes and adaptions, as we have already shown is the case for the Barnahus model in the Nordic countries.

Increasingly, researchers and others have acknowledged that institutional environments are not homogenous but rather are contested and contradictory, often imposing conflicting demands on organisations and the professional actors within. Researchers have increasingly looked at power, strategic action, and translation processes. When a collaboration context spans several fields and jurisdictions—such as in the Barnahus model—the collaborative processes involved become more complex and can lead to various tensions. The Barnahus model may be said to be permeated by the institutional tension between *justice* and *welfare*: a tension that must be negotiated and balanced in collaboration (Johansson, 2011, 2017). But the Barnahus model is an institutional idea that has developed within the context of Nordic welfare states (Johansson et al., 2017b), which probably means that permeating tensions such as justice and welfare might be experienced and interpreted very differently in other contexts. The ways in which such tensions play out in different manifestations of the model thus need to be empirically investigated.

The concept of "institutional logics" refers to interpretative schemas associated with control structures and decision-making systems, as well as organising principles, comprising material rules of conduct and symbolic structures, all of which can be linked to individual organisations in a specific collaborative context (see Friedland & Alford, 1991; Thornton & Ocasio, 2008; Scott, 2008; Reay & Hinings, 2009; Thornton et al., 2012). In relation to collaboration in Barnahus, the tension between the *criminal law-oriented logic* and the *treatment/recovery-oriented logic* is perhaps the most central, yet these logics also have internal tensions, for

instance between the crime victim and the suspect/offender (within the criminal law-oriented logic), and, in the recovery-oriented logic, between child protection and family support (Johansson, 2011, p. 126). Such tensions are yet to be fully understood.

The Barnahus model also entails practices that are hybrid in nature; one example is the medical examination, which ideally should serve a dual purpose of securing evidence (for criminal cases) and identifying healthcare needs and providing treatment (for the recovery process). Members of the Barnahus staff, similarly, have tasks related to both criminal cases (such as coordinating the investigative interview) and the welfare track, such as identifying children's needs for protection, health care, and psycho-social support or treatment and providing or coordinating follow-up. These tasks may overlap in time or be more prominent in different stages of case processing.

In this book, we argue that the concept of institutional logics can be a useful lens for identifying and understanding institutional tensions. Several of the chapters in the book combine this overarching institutional lens with other theoretical and analytical tools, relevant for the specific type of tensions analysed in each chapter. For analytical purposes, we have divided the various institutional tensions into different dimensions or types of tensions, even though they often overlap in practice and are difficult to discern from each other.

Outline of the Book

The book is subsequently divided into four parts. In the first three parts, we examine different types of institutional tensions: legal, organisational, and professional-ethical tensions. In the fourth and final part, we explore how different tensions can be balanced in order to (ideally) reach the goal of holistic service provision in cases of violence and abuse against children. Finally, we discuss several key conclusions based on the contributions in this book. The importance of this final discussion is that it may provide guidance to countries that are currently considering implementing, or are piloting, the Barnahus model.

Legal Tensions

The first focus of the book is what we call *legal tensions*, i.e. tensions stemming from different laws and regulations related to the agencies involved, and to children being victims of or witnesses to violence and abuse. What is generally considered violence against children can vary between contexts, for example depending on whether corporal punishment of children is prohibited or not. In some legislations, causing a child to witness violence in the family is criminalised. In Norway and Sweden, for example, children who have experienced violence against their parents and other close family members are also formally considered aggrieved parties in criminal cases (in Norway since 2010 and in Sweden since 2021). A common feature in Nordic children's law is the growing emphasis on children as holders of individual rights. The implementation of the UN-CRC is one explanation for this emphasis, although we must acknowledge that such reforms have been implemented at different times, and with varying legal means and statuses within the Nordic region, such as by ratification, transformation, or incorporation. Even though the children's rights perspective has a strong standing in the Nordic region, these differences illustrate varied degrees of institutionalisation that may lead to different legal tensions. The UN-CRC contains several rights that in turn require balancing acts. Numerous studies have shown that the relationship between the two considerations of *protection* and *participation* is complicated, for example (Eriksson, 2012; Kaldal et al., 2010; Paulsen, 2016; Bakketeig & Backe-Hansen, 2018; Heimer et al., 2018). A tension might occur between children's rights to participate according to the UN-CRC and their position as victims. Victims (and witnesses) have limited control over their participation, and children's views are not decisive when performing investigative interviews. Furthermore, article 12 in the UN-CRC includes the right to be informed, which can collide with the investigative interests of a criminal case. Thus, the tension between children's capacity as witnesses and their right to a child-friendly approach, versus investigative interests and safeguarding the rights of the suspect, is a dilemma within children's access to (legal) justice (Stefansen et al., 2017, p. 340; Kaldal, 2023).

In the first part of the book, two chapters explore legal tensions in particular. Andersson and Kaldal (Chapter 2) apply a children's rights perspective in their analysis, based on the standpoint that Barnahus represents an outflow of children's rights to protection from all forms of violence and abuse, according to the UN-CRC. They discuss dilemmas related to the fact that the target group in the Swedish Barnahus model is defined by what constitutes a criminal act, and whether this close connection between what is generally considered a crime against children and the definition of the Barnahus target group may exclude children who are subjected to violence and abuse from gaining access to Barnahus services—in conflict with children's rights according to the UN-CRC.

Drawing on examples from Northern Ireland, Lavoie and colleagues (Chapter 3) broaden the discussion on the concept of justice in a Barnahus setting by underlining the significance of understanding justice from the position of children and their families. The authors discuss justice tensions related to the potentially conflicting needs of the victim and offender, between justice and welfare, and between child protection and participation. Some of the dilemmas they examine are the possible tension between securing child-friendly justice in Barnahus and how, in the UK system, doing so may involve a risk of reducing the evidential value of the child's statement, as well as between different perspectives on justice within the multidisciplinary systems involved in Barnahus.

Organisational Tensions

A second focus is what we call *organisational tensions*: those related to governance and organisational affiliations. As illustrated earlier, comparisons of the different Nordic Barnahus models have shown important variations in how the model has been implemented (such as being a pilot project or a permanent institutional setup), whether the government is involved, and how the model is regulated, affiliated, and coordinated. In some countries, for example, the model is strongly connected to the police, while in others the child welfare services or the courts are more involved, thus leading to different organisational tensions and dilemmas. As an interagency model, Barnahus also involves activities that belong

under different fields of governance and cooperation between several organisations. The Barnahus model is thus ideally a hybrid organisation, yet this hybridity is challenging and can lead to tensions, where some perspectives risk becoming more dominant than others within the collaborative practice.

In this part, three chapters investigate different aspects of organisational tensions. Stefansen and colleagues (Chapter 4) examine the role of medical examinations in Barnahus, using the Norwegian Barnahus model as an empirical example. Medical examinations have a dual mandate: to gather evidence for criminal cases and to identify people's healthcare needs. Although the goal is to offer medical examinations to all children referred to Barnahus, in practice such examinations are primarily conducted in the few cases where the prosecutor deems them relevant for a criminal case. Thus, they serve a limited role in the welfare track of this particular Barnahus model. Previous efforts to upscale towards universal provision have so far been unsuccessful. The authors argue that the *institutional inertia* (Aksom, 2022) or standstill that characterises the situation is linked to three types of institutional barriers: long-standing routines catered to criminal cases, regulatory complexity and inconsistencies, and a lack of resources.

Ponnert (Chapter 5) investigates how the Swedish social welfare services' investigations in cases of violence against children are affected both by internal structures and collaboration with Barnahus. She asks what happens with social workers' risk assessments when they are both filtered internally between different units and in relation to Barnahus and a criminal law-oriented logic. By using interviews with social workers as the empirical input and using institutional and discretion theory as analytical tools, she finds that the immediate protection assessment at the intake units may be affected (and delayed) by new intra-organisational interpretations of the legal framework, the division of work between different units, and the Barnahus procedure itself. She argues that multilayered juridification processes can represent an apparent risk for "accumulated silence" when children disclose violence, and as cases are passed on between professionals.

Andersen (Chapter 6) examines the work of the permanent staff of Barnahus to safeguard and support children in Barnahus, particularly in

the follow-up phase after an investigative interview—which she conceptualises as "interstitial work". Based on qualitative data from Norwegian Barnahus, she suggests that the loose regulatory regime of the Norwegian Barnahus model in the early years of implementation gave the Barnahus staff ample room for carving out a distinct and highly context-specific practice catered to each child's needs—although the model was affiliated within the justice sector. For this practice to continue, however, she argues that stricter regulation of the welfare mandate of Barnahus may now be necessary.

Professional and Ethical Tensions

Since the Barnahus collaboration implies a balancing of competing institutional logics, we must also address a third set of tensions, which we call *professional and ethical tensions*. Such tensions include the analysis of power dimensions and professional identities in the Barnahus collaboration as a way of furthering the knowledge and potential of multi-professional work against violence towards and abuse of children. Role conflicts and conflicting interests between the different professionals involved in the collaborative work of Barnahus are important factors to address; the same applies to ethical dilemmas in the treatment/reception of the children and families they meet.

In this part of the book, two chapters explore different dimensions of professional and ethical tensions. Johansson and Stefansen (Chapter 7) discuss tensions related to the target group of Barnahus by analysing policy documents (such as standards and regulations) as well as Barnahus practice (through evaluation and research reports). Using Sweden and Norway as in-depth cases, they focus on the inclusion and exclusion of different groups of children, acknowledging discrepancies between formal and actual target groups. Their chapter brings forward dilemmas related to the fact that children are positioned differently—as aggrieved parties, as vulnerable individuals, and as family members—all of which significantly affect both children's access to Barnahus and which services they may receive there. This situation illustrates the ethical dilemma of some children being eligible for Barnahus services while others are not.

Magnusson and Ernberg (Chapter 8) discuss professional and ethical dilemmas related to investigating and adjudicating cases of child sexual abuse against preschool children in the Swedish criminal justice system. Based on archival cases (both prosecuted and not prosecuted) and survey data with prosecutors, police interviewers, and Barnahus coordinators, they describe several challenges related to interviewing and assessing statements from preschool children. While Barnahus can potentially help alleviate some of these challenges, the existing system has several limitations, including the limited number of medical examinations, variations in practice regarding the presence of medical personnel in consultation meetings, and limited access to specialised staff to conduct forensic investigative interviews. They also discuss how time delays and limited access to specialised staff could adversely affect criminal justice investigations and young children's access to child-friendly justice.

Balancing Institutional Tensions

The legal, organisational, and professional-ethical tensions permeating the Barnahus model ideally all need to be balanced and, to some extent, also in relation to each other. In the fourth and final part of the book, we investigate how *institutional tensions* may be balanced in Barnahus, thereby advancing the field's knowledge and ultimately improving justice and recovery efforts for child victims of violence and abuse.

In this part of the book, two chapters especially discuss the balancing of institutional tensions. Devaney and colleagues (Chapter 9) highlight considerations related to introducing the Barnahus model in Northern Ireland and Scotland. Based on data involving policy-makers and senior managers with an interest in the child welfare and criminal justice processes, their findings indicate risks of a juridification tendency in various UK models as well. They find that the discussions have started from ideas of what Barnahus should deliver to ensure that the justice system can meet its objectives rather than starting with children's needs and rights; they argue for the need to shift the perspective to focus more on upholding children's rights, promoting child safety, and supporting children in their recovery.

Bakketeig and colleagues (Chapter 10) relate important lessons from the contributions in this book to key principles found in the PROMISE European Barnahus standards. One important message in this chapter is that the balancing of institutional tensions is a complex and ongoing task that requires closer attention to how the various national systems into which the model is implemented, adapted, and translated affect which tensions and imbalances manifest across jurisdictions and over time. In-depth national studies are important, but to understand how different institutional tensions may be balanced, comparative research is also necessary.

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Andersson, M., & Kaldal, A. (Chapter 2). Criminal law and children's access to Barnahus services.

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Stefansen, K., Bakketeig, E., & Johansson, S. (Chapter 4). Institutional barriers to medical examinations in Barnahus.

Ponnert, L. (Chapter 5). Accumulated silence when "passing the buck": Organisational tensions in child welfare investigations.

Andersen, L. C. (Chapter 6). Enabling and preserving situational social work in Barnahus: A vulnerable jurisdiction caught in the crossfire between juridification and psychologisation.

Johansson, S., & Stefansen, K. (Chapter 7). Included on paper, excluded in practice—Or vice versa? Formal and actual target groups of Barnahus across jurisdictions.

Magnusson, M., & Ernberg, E. (Chapter 8). Challenges, possibilities, and tensions when investigating child sexual abuse against preschoolers.

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Part I

Legal Tensions

2

Criminal Law and Children's Access to Barnahus Services

Malou Andersson and Anna Kaldal

Introduction

The aim of Barnahus is to provide children who have been victims of violence and abuse with support, protection, and access to justice. In Sweden, those children who have access to Barnahus services (the target group) are defined in national guidelines with reference to the Swedish Penal Code (Brottsbalken); in the guidelines, the target group is linked to what constitutes a criminal act (Swedish National Police Board, 2009). In this chapter, we explore the significance of this situation in relation to the UN Convention on the Rights of the Child (CRC), using Sweden as an example. The question we ask is if the close connection between what the state considers a crime against children and the definition of

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the Barnahus target group might exclude children who are subjected to violence and abuse from gaining access to Barnahus services. This scenario again might conflict with children's rights, according to Articles 19 and 39 of the CRC.

In this study, we apply a children's rights perspective, based on the standpoint that Barnahus is an outflow of children's rights to protection from all forms of violence and abuse according to the CRC, which also will be discussed. In our analysis, we focus in particular on children who are suspected victims of corporal punishment, children who have witnessed domestic violence, and children who have experienced psychological abuse.

Background and Research Questions

The position of children as holders of rights has been strengthened in recent decades, not least by the UN Convention on the Rights of the Child, from 1989. The view of children as right holders has brought with it a stronger focus on children's right to protection from physical violence and sexual abuse (Council of Europe, 2007, 2010; CRC/C/GC/12, 2009; Prop. 2017/18:186).[1] Article 19 of the CRC lists the rights of children to freedom from all forms of violence while in the care of parents, legal guardians, or any others who care for the child, and that no violence against children is justifiable. According to the article, states must take all appropriate legislative measures to protect children from any form of physical or psychological violence and abuse, including sexual abuse and witnessing domestic violence. Such protective measures should, as appropriate, include effective child-friendly and child-inclusive procedures for investigation, treatment, and follow-up of instances of child maltreatment and, as appropriate, for judicial involvement (CRC/C/GC/13, 2014; see also European Union Agency for Fundamental Rights, 2015; UN Economic and Social Resolution, 2005/20).

[1] The UN Convention on the Rights of the Child has been incorporated into Swedish law since January 2020.

The establishment of Barnahus in the Nordic countries is arguably among the most important political initiatives in recent years for children who are victims of crime in the Nordic region (Johansson, 2012; Johansson et al., 2017; Table 1.1).[2] The first Barnahus, established in Iceland, was inspired by the model of the US Children's Advocacy Center (CAC), a corporation that facilitates multi-professional collaboration for children who have experienced child sexual abuse.[3] The core purpose of the Nordic Barnahus model may be described as providing children who have been victims or witnesses of crime with support, protection, rehabilitation, and access to justice by multi-disciplinary and inter-agency cooperation in a child-friendly setting. The aim of supporting children as victims of crime and protecting them when necessary is intended to be realised by providing psychological treatment and including child-protection services in Barnahus. Giving children access to justice is intended to be done by interviewing them in child-friendly settings and according to recommended child forensic interview methods (Swedish National Police Board, 2009; Johansson et al., 2017; Kaldal, 2020b; Barnafrid, 2019).

The establishment of Barnahus in the Nordic countries has involved the question of determining which children should have access to the services offered by Barnahus (the target group). The Icelandic target group of the first Barnahus in the Nordic countries originally included only children suspected of being victims of sexual abuse. When Barnahus was established in the other Nordic countries, the target group was expanded to include child victims of sexual abuse and physical violence. In 2014, the Icelandic target group was expanded to also include children who had been subjected to psychical violence (see Johansson et al., 2017, p. 17 and appendix).[4]

[2] All Nordic countries (except Greenland) include children who are victims of both sexual abuse and physical (interpersonal) violence, while some countries include children who have witnessed a crime.

[3] The CAC is a private non-profit corporation that facilitates the teamwork essential for effective intervention and healing to help children who have experienced child sexual abuse.

[4] The target group still differs in some ways among the Nordic countries regarding the age of the children, the crimes that are included, and the question of whether both child victims of sexual abuse and physical violence are included.

Using the CRC as a guideline (especially Articles 19 and 39), in this chapter we discuss and analyse the tension between Barnahus's aim of providing support and protection to children who experience violence and how Barnahus's target group is currently determined by what Sweden's national criminal law considers a crime (Swedish Prosecution Authority, 2016, 2019). We will argue that we may view Barnahus as an outflow of children's rights to protection from all forms of violence, according to the CRC. But if a child's access to Barnahus services depends on he or she being a suspected victim of a crime according to the national criminal law, then that right can be challenged. We discuss how the target group of Barnahus is defined and how national criminal law affects the target group; this situation in turn decides which children will have access to Barnahus. To do so, we present three different scenarios on how criminalisation (or a lack of criminalisation) can affect a child's possibility of gaining access to Barnahus services. Finally, we discuss if the close connection between what the state considers a crime against children may exclude those who have been subject to violence and abuse from gaining access to Barnahus services. We also discuss if this situation might conflict with children's rights according to Articles 19 and 39 of the CRC.

Barnahus: A Realisation of Children's Rights According to the CRC?

We may think of Barnahus as an outcome of the increased awareness of children's rights as victims of violence and abuse. Several international documents and conventions have pointed to the Barnahus model (and similar child-friendly models) as best practices (Council of Europe 2007, 2010). One reason is that the aim of Barnahus in many ways correlates with children's rights according to the CRC. We therefore argue that we may view Barnahus—which aims to support, protect, and bring access to justice to children as victims of crime—as an outflow of children's rights according to the CRC, especially Articles 19 and 39.

Article 19 lists children's rights to protection from all physical and psychological violence while in the care of parents, legal guardians, or

any others who care for them; the article provides a wide spectrum of acts. The protection from violence includes any form of physical or psychological violence, injury, or abuse as well as neglect, ill-treatment, exploitation, and sexual abuse (CRC/C/GC/13, 2014; CRC/C/GC/8, 2006; UN Study on Violence Against Children, 2006; World Report on Violence and Health, 2002; Andersson, 2019). According to CRC Article 39, states are obliged to satisfy children's rights to mental rehabilitation and social reintegration if they have been subjected to neglect, exploitation, or abuse, and to do so in a child-friendly environment (CRC/C/GC/13 and 40; Kaldal, 2020b; Andersson & Kaldal, 2020). Thus, according to the CRC, when children are exposed to violence and/or abuse, they have the right to rehabilitation, and that investigative measures should not retraumatise the child (as in purportedly child-friendly justice) but improve the child's situation (Kaldal & Svedin, 2015).

According to the Committee on the Rights of the Child, implementation of the CRC places requirements within national laws on criminalisation, when appropriate. Article 19 of the CRC, however, does not state that member states must criminalise all violence against children, but rather that they should implement legislative measures for the protection and rehabilitation of children and for the education of their parents (CRC/C/CG/5, 2013; CRC/C/CG/8, 2006; CRC/C/CG/13, 2014). This state of affairs means that not all acts covered by Article 19 of the CRC must be subject to criminalisation, even if the child is a victim of violence or abuse, according to the convention. The next question that arises from this scenario is how it relates to the Barnahus model.

If the aim of Barnahus is to ensure that child victims of violence and abuse will receive necessary support and protection as well as facilitate their access to justice, then we may view the Barnahus model as a way to meet the rights of the child according to the CRC, as described above (see also Kaldal & Svedin, 2015; Landberg et al., 2020). If we view this objective in the light of Article 19 and 39, then there is a mismatch. This discussion also means that the international differences regarding what exactly falls under a criminal offence are important for children's access to Barnahus services. In most cases in the Nordic countries, the

target group is limited to children who are suspected of being victims and or witnesses of a crime.[5] In contrast to the Nordic Barnahus model, Article 19 of the CRC does not limit children's rights to protection from violence and abuse to what is generally considered a crime. This approach means that children who have experienced violence according to Article 19 of the CRC, and where the violence does not meet the prerequisites of a criminal act, will not have the same access to services offered by Barnahus.[6]

In the next section, we will use Sweden as an example to illustrate the importance of the Swedish Penal Code's definition of a crime and how the definition affects which children are granted access to specific Barnahus services.

Access to Barnahus: The Case of Sweden

Access to Barnahus and the Relation to Criminal Law

To a large extent, Swedish criminal law is influenced by children's rights according to the CRC. Children are viewed in the Swedish Penal Code as particularly worthy of protection and therefore, to a greater extent than adults, in need of protection by criminalisation. The code includes several crimes that directly extend such protection in comparison with adults when the act is committed against a child (Prop. 2017:18:186; Asp, 2014).[7]

[5] In Sweden, as an example, the goal of collaboration in Barnahus according to the national guidelines is to ensure that children who are suspected victims of a crime are given legal support and treatment, if necessary (Swedish National Police Board, 2009).

[6] The realisation of the right to protection is also affected by national child protective service legislation on child abuse, however, even if the child is not included in the Barnahus target group.

[7] The increased criminalisation of abuse against children—including the "child marriage offence" (*barnäktenskapsbrott*), "violation of a child's integrity" (*barnfridsbrott*), and "honour-based oppression" (*hedersförtryck*)—has strengthened children's status as victims of crimes. Another example from Sweden is that legislation regarding sexual acts against children has undergone major changes to correspond to technological developments and children's rights according to the CRC.

Acts against a child, covered by Article 19 of the CRC, can be illegal according to national law (e.g. corporal punishment, neglect, or maltreatment), even if such behaviours do not meet the prerequisites of a criminal act (Andersson, 2019). As mentioned above, Article 19 of the CRC covers a wide spectrum of acts to protect and support children who are suspected victims of violence and abuse. Children's rights, according to Article 19 of the CRC, may manifest in different ways within national legislations. Beyond criminalization, in the Nordic countries the child welfare services are responsible for providing the child with protection and support in cases of suspected violence and abuse, regardless of whether the child is a subject of a criminal process.

When deciding which children should have access to Barnahus (the target group), the definition in the Swedish Penal Code has proved to be crucial. From a criminal law perspective, a fine line exists between what is illegal and what constitutes a criminalised act. Given the strict standards of legality and predictability in criminal law, all the elements of a particular crime must be met, regardless of whether the act was committed against a child or an adult (Asp et al., 2013). And given the Swedish Barnahus definition of the target group as children who are victims of crime, the target group consist of children who have been subjected to acts that meet all the prerequisites of a provision in the Swedish Penal Code. The benefit of such a close link between the target group and criminal law is that which children are included in the target group is clear. One risk, however, is that many children who are subjected to violence or abuse that is *not* covered by a criminal law provision, or that does not meet the requirements for the criminalised area, are not included in the protection system that the Barnahus model is intended to constitute. We will illustrate this situation more closely by describing and analysing three types of abuse against children from a criminal law perspective: (1) children who are suspected victims of corporal punishment, (2) children who have witnessed domestic violence, and (3) children who have experienced psychological abuse.

Child Victims of Corporal Punishment

In Sweden, the corporal punishment of children is banned under the Parental Code (Föräldrabalken) but is not necessarily considered a crime according to the Swedish Penal Code. Criminal liability is somehow delineated for parents' duty of supervision as defined in the Parental Code. As an example, acts that are not more intrusive than necessary, considering the child's age and maturity and the consequences of the act in relation to the purpose of the act, may not entail criminal liability Official Reports of the Swedish Government (SOU, 2016: 19), correlating to CRC/C/GC/13, 2014; Andersson, 2019; Kankaanpää Thell, 2023).[8]

While corporal punishment is not necessarily a crime in Sweden, the prohibition in the Parental Code states that violence against a child as a method of discipline or punishment constitutes a crime against the child according to the Swedish Penal Code (Andersson, 2019).[9] The prohibition also emphasises that no exceptions may be made in terms of criminal liability simply because the victim is a child. Instead, a crime against a child, according to the Swedish Penal Code, may be considered more severe because the victim is a child.[10] This situation is only true, however, if the act meets the prerequisites of a criminal offence, for example assault (*misshandel*) or molestation (*ofredande*). If such is the case, then the police are formally obligated to initiate a criminal investigation (Swedish Code of Judicial Procedure chapter 23, section 1).

These cases, which make up the majority of cases in Barnahus, show how important the differences are between what falls within and outside the criminal area in cases involving corporal punishment (Andersson, 2019; Kankaanpää Thell, 2023). At the same time, children who are subjected to corporal punishment that is not covered by the offence still have the right to protection and follow-up under Article 19 and 39 of the

[8] Swedish Parental Code, chapter 6, provision 2.

[9] The prohibition applies in all Nordic countries.

[10] The Swedish Penal Code states that aggravating circumstances should be given special consideration in addition to what is applicable to each and every type of crime, for example whether the accused has exploited some other person's vulnerable position or if the crime is liable to harm the security or trust felt by a child in relation to a close relative.

CRC (Andersson & Kaldal, 2020; Swedish National Council for Crime Prevention, 2011; Johansson et al., 2017; Kaldal et al., 2010; Svedin & Landberg, 2013; Kjellgren et al., 2013).

In summary, we may conclude that the fact that corporal punishment of children is prohibited in Sweden only means that such punishment may constitute a crime, which in turn means that children who are subjected to corporal punishment can belong to the Barnahus target group and thus gain access to the Barnahus's services. But many cases of corporal punishment of children initiated at Barnahus risk not being considered a crime early in the process. The assessment of whether the act constitutes a crime is complex and may even be perceived as random. The clarity that criminal law can provide vis-à-vis the definition of which children should be included in the target group thus does not fully apply to this group. Instead, the close link between the target group and criminal law entails a risk that many children who experience corporal punishment at home will not have access to Barnahus, or, in any case, that these children will not be subject to equal treatment due to the assessment.

Child Witnesses of Violence in the Home

Children who have witnessed domestic violence in the home are included in the target group according to the national guidelines (Swedish National Police Board, 2019). As witnesses of violence, in practice this group of children were rarely seen in Barnahus (Johansson et al., 2017; Svedin & Landberg, 2013). This situation was likely due to the effects of the child's procedural status as a witness. The right not to testify against a family member (such as a parent) is stipulated in chapter 36, section 6, of the Swedish Code of Judicial Procedure and is an exception from the duty to provide testimony. Children's involvement as witnesses in criminal investigations therefore depends on their right to waive their right not to testify. The decision to waive the child's right to not testify and to participate in the investigation as a witness depends on the consent of both guardians if the child was under the age of 15 (Swedish Prosecutor Authority, 2016). As a result, a guardian as an alleged perpetrator could prevent a child from being interviewed by the police (Dir. 2018:48;

Svedin & Landberg, 2013).[11] This scenario may explain why few children who had witnessed violence in the home were not subjects for Barnahus services.

Since 2021, letting a child witness (i.e. see and/or hear) domestic violence is, under certain circumstances, a crime against the child known as a "violation of a child's integrity" (*barnfridsbrott*) in Sweden (Prop. 2020/21:170). One reason for implementing this offence was to give the child the status as *victim* of a crime instead of being a witness to a crime. Further, the child as a victim instead of a witness has the right to act independently in relation to his or her guardians through a specially appointed legal representative (*särskild företrädare*) in cases where the child's guardian is suspected of not acting in the best interest of the child.[12] While children as witnesses of domestic violence were already included in the target group of Barnahus, an increased number of children have been given access to the Barnahus's services since the law was introduced in the Swedish Penal Code in 2021 (Barnafrid, 2022).

In summary, the example above illustrates that the target group of Barnahus is related to children's procedural rights and how what constitutes a crime against the child can affect the child's right to support and protection. This scenario also is an example of how children's status in terms of being victims of violence can influence whether they are granted access to Barnahus services.

Psychological Abuse (Ongoing Governmental Investigation [DS 2022:18])

The last example relates to psychological abuse. In other Nordic countries, psychological violence is a criminal offence; when children are

[11] Although at this point in time witnessing domestic violence was not considered a crime against the child, Swedish criminal law viewed it as an aggravating circumstance within sentencing and the child could also be the only witness to the crime. In many cases hearing the child was important from both aspects.

[12] A specially appointed legal representative is appointed by the court and acts as the child legal representative during the criminal investigation and trial in cases of prosecution. The specially appointed legal representative e.g. gives his or her consent to the police interview and medical examination of the child.

exposed to such violence, they may be included in the Barnahus target group.[13] Influenced by the legislation in Norway and Denmark (and other countries), an investigation is currently (2023) underway in Sweden to determine how protection against psychological violence could be strengthened by criminal law (The government's Action Plan (Skr. 2016/17:10); Local Government act (Ds 2022:18). According to the proposal, the provision applies to both adults and children, but the vulnerability of children is especially to be considered in relation to psychological violence within the family and honour-related violence and oppression (DS 2022:18). This state of affairs is an example of how the criminalisation of an act can be an outflow of (e.g.) children's rights under Article 19 of the CRC and the legislators' intent to criminalise psychological violence.

The proposal addresses several circumstances that may constitute psychological violence with reference to the Committee on the Rights of the Child's general comment no. 13. The proposal also highlights other examples of children's special vulnerability (Ds 2022:18). Neglect and threats of violence against pets are used as examples of behaviour that may constitute psychological violence. Psychological violence can further consist of verbal abuse, disparaging judgement/mockery, shaming, negative social control, and social isolation and neglect (Ds 2022:18).

The example above shows how violence and abuse against children according to Article 19 of the CRC can affect criminal law. As of September 2023, the proposed criminalisation of psychological violence in Sweden is still just that: a proposal. If this proposal is accepted and results in the criminalisation of psychological violence, then the implication would be that such children would also be included in the target group of Barnahus, and hence given access to Barnahus services. This would mean a similar situation, described above, as in cases of corporal punishment. The assessment of whether the act constitutes a crime is complex due to the complexity in drawing a line between acts that fall within a parent's rights according to the Swedish Parental Code and acts

[13] As an example, in Denmark, Danish Penal Code (*Straffeloven*) § 243, and in Norway, Norwegian Penal Code (*Straffeloven*) §§ 282 and 283, are included in the definition of "mishandling".

that constitute a crime. Many cases of psychological violence of children initiated at Barnahus risk not being considered a crime early in the process.

Summary

The examples above illustrate how what constitutes a crime, as well as the child's procedural status in terms of being the victim of a crime, influence whether the child will be given access to Barnahus services. All three examples above relate to acts already covered by Article 19 of the CRC, however. As the examples of corporal punishment and psychological abuse show, in some situations, children are victims of physical and/or psychological violence or abuse but they risk not being granted access to the services of Barnahus simply because the act is not considered a crime in the individual case (for various reason related to the wide scope of interpretation, such as not severe enough not strong enough evidence) or has yet to be criminalised. The criminalisation of the violation of a child's integrity (where the child previously was seen as a witness of a crime and not a victim of a crime) clearly shows how having access to Barnahus, in reality, depends on criminalisation, especially in cases of domestic violence.

The Risk When Defining the Target Group in Relation to Criminal Law

One benefit of linking the target group to criminal law, as mentioned above, is that the question of which children fall within the target group of Barnahus becomes more clear. As we have shown above, the group of children with access to Barnahus has expanded in Sweden due to extended criminalisation over the past few years. This expansion is still ongoing, given the proposed criminalisation of psychological violence. In terms of children's access to the services of Barnahus, this development can be seen as a positive one.

But the question of children's rights to the services provided at Barnahus depending on whether the act against the child constitutes a crime or not. If a police report of a suspected crime is filed, and the child is interviewed in Barnahus in connection with that suspicion, and if the authorities establish that the act is not criminal, then the child is not considered the victim of a crime. The child's situation will not be investigated further in Barnahus, since the child is no longer a suspected victim of a crime. This state of affairs is not a question of children's credibility or evidence in the case, but the legal definition of the act. In these cases, the child's situation is not compatible with the target group or aims within the Barnahus model. Numerous children who face domestic violence and their families thus could potentially not be getting the help they need due to the Barnahus target group. Drawing a line between acts that fall within a parent's rights according to the Swedish Parental Code and acts that constitute a crime will still be difficult. The close link between the target group and criminal law, especially acts against children that are on the border to fall within a parent's rights or constitute a crime, will risk that these children will not be subject to equal treatment due to the assessment.

In summary, a large group of children that are victims of violence and abuse according to the definition of Article 19 of the CRC will not be included in the Barnahus target group. In addition, when access to Barnahus is closely linked to criminal law, such an approach risks strengthening the focus on criminalisation as a tool to realise children's rights to support and protection from violence and abuse. Having a focus on the investigation and prosecution of crimes against children, risks being seen as the main way to realise children's rights to protection from violence and abuse. This comes with dilemmas. The high standard of proof in a criminal case will always limit the cases of prosecution and conviction, this risks not only have disheartening effects or in other ways effect professionals working with child protection, but also be interpreted (e.g. by the parent) as the act being legitimate. A focus on criminalisation and the criminal proceeding in turn risk overlooking the value/utilisation of child-protection tools.

Final words

If we consider the Nordic Barnahus model to include access to support and protection as a fulfilment of children's rights, then we must also consider the Barnahus model to be both ideological and practical in nature. The model is ideological in the sense that its aim is to realise children's rights according to the CRC, and practical in the sense that Barnahus provides a model for how to realise these rights. In practice, however, a discrepancy exists in how the Barnahus target group is defined and how children's rights to protection from all forms of violence are defined according to the CRC. Many children are subjected to violence and abuse according to Article 19 of the CRC and are in need of support and protection. If the target group is closely linked to criminal law, then they will not gain access to the resources that Barnahus can provide. One solution would be to criminalise the whole scope of Article 19 of the CRC. But as we have pointed out, doing so would make children's rights to protection totally dependent on the criminal law system. As the Committee on the Rights of the Child have stated, procedural prosecutions and convictions are not, according to the committee, a goal. Instead, the focus should be on the protection and rehabilitation of children and the education of parents, Article 19 and 39 of the CRC. We believe that Barnahus can play an important role in this approach.

Our conclusion is that the future development and implementation of Barnahus would benefit from a greater awareness of the consequence of the definition of the target group. The close link to national criminal law will always create a dependence on the prerequisite in the provision itself. In contrast, having a wider target group could include situations that were not initially intended to be included within the resources Barnahus provides. Without having an obvious answer to this dilemma ourselves, we wish for policy-makers to look into the challenge of how to determine the target group of Barnahus. How the target group is determined in a national context could thus potentially have other consequences for which children will have access to Barnahus.

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3

Exploring Justice Tensions in the Barnahus Model

Jennifer Lavoie, Mary Mitchell, Camille Warrington, Louise Hill, and Peter Yates

Introduction

Justice is a prominent concept in Barnahus. One common reason for children and families to visit Barnahus is because the child has experienced abuse or violence, and one of the aims of Barnahus is to help children and their families through the justice and recovery process. The hope is that through the services and procedures within Barnahus, the children and their families will have enhanced access to safety, justice, and recovery and that their distress will be minimised. Inherent to this

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approach is the concept of justice. There is no one way to view justice, given the multiple people and perspectives involved. Importantly, justice is not limited to a question about a conviction for the person who has committed the abuse. Rather, justice could be a matter of the child and the family feeling they are better placed to move forward with their lives after the justice and recovery process in Barnahus than they did before Barnahus. The purpose of this chapter is to discuss some of the different facets of justice from multiple viewpoints, nested in ecological systems theory, to identify possible tensions and the potential for Barnahus to address such issues.

Barnahus is underpinned by children's rights, as outlined in the United Nations Convention on the Rights of the Child (UNCRC), including, but not limited to, the best interests of the child, the right to participation, and the right to recovery (UNCRC, 1989). Barnahus aims to include children and their family members in the process of justice and recovery and to reduce any difficulties in accessing the justice system as well as welfare and recovery services. Turning to the concept of justice, Barnahus has several embedded tensions between differing systems (e.g. justice and welfare) that carry competing mandates and formalised structures that may seem to be working against each other and hindering the flow of collaboration between the four "rooms" of Barnahus: child protection, criminal justice, physical well-being, and mental well-being (Johansson, 2017). Some evidence shows that the foundation of child rights and the design of Barnahus (including the co-location of services and multi-disciplinary working) have advanced and improved children's and families' experiences of justice, safety, and recovery after abuse has occurred, but the aforementioned unresolved tensions may limit the progress that the Barnahus model can make in this regard (Johansson, 2017). In this chapter, we discuss the perspectives of the different stakeholders involved with Barnahus, and we outline the justice-related tensions that can arise between the different systems in Barnahus and in the child's own experiences of justice, safety, and recovery as an early starting point to work toward resolutions to these tensions.

Our discussion of Barnahus in this chapter refers to the Barnahus model as outlined by the European PROMISE network—that is, as a

co-located, one-door approach that coordinates the investigative, therapeutic, forensic/medical, and child welfare and protection responses after a child has disclosed or experienced abuse. Our discussion of justice-related tensions is a broad reflection of tensions that can be experienced within Barnahus, which may be displayed differently in different country legislative contexts. Specific national contexts may either exacerbate or reduce some of the tensions we discuss.

Portions of the analysis presented in this chapter stem from learning that has been acquired through members of the authorship team's research and analysis (Lavoie et al., 2021a, b; Mitchell et al., 2023) on the current justice and recovery models for children in the United Kingdom (particularly Scotland and Northern Ireland), as well as the early considerations for system change through the introduction of a Barnahus model. The justice system in the United Kingdom is sometimes referred to as an adversarial system (Rab, 2022), in which the onus is on the prosecution to prove the guilt of the defendant. This system may affect (though not necessarily so) the implementation of the procedural justice aspect of Barnahus, though that has yet to be formally established. In our chapter, we discuss different perspectives of justice using the theoretical frameworks of ecological systems theory (Bronfenbrenner, 2005), systems theory (Von Bertalanffy, 1967), and McGlynn and Westmarland's (2018) construct of "kaleidoscopic justice"; we also reference the findings from our own research analysis throughout.

Theoretical Analysis of Justice for Children Through Barnahus

To begin to consider the multi-faceted aspect of justice, we must first identify the key stakeholders whose perspectives must be considered. We first situate key stakeholders within Bronfenbrenner's ecological systems theory (2005) to highlight the number of stakeholders and the diversity of their needs, which is one challenge of delivering such a complex service. We then turn to systems theory (Von Bertalanffy, 1967) to provide a framework for understanding how tensions are held between systems.

Ecological Systems Theory

Children at the Core Level. Ecological systems theory (Bronfenbrenner, 2005) provides a helpful framework to locate and understand some of the tensions, from the perspective of a child, on the journey of justice and recovery through Barnahus. At the core of this theoretical framework, the micro-level, are individuals and their specific characteristics. For children using Barnahus, one element that is nested in this core level is child development. Children accessing Barnahus have specific cognitive, social, emotional, and physical needs related to their developmental maturation. For example, children are still developing their self-regulation (Blair, 2010; Posner & Rothbart, 2000), their ability to see and hold multiple perspectives (Dumontheil et al., 2010), and their reasoning and decision-making (Reyna et al., 2012). These cognitive skills influence their communication ability, which is particularly relevant when they are recalling narratives and specifically their experience of abuse, not to negate the importance of the skill of the investigative interviewing team.

To add to the understanding of the child's cognitive development, we must also consider children's experience of trauma, which has further implications for their thinking and language abilities (Glaser, 2014) as well as their capacity to manage potentially threatening and stressful situations, such as being interviewed by police and social workers or being questioned by legal personnel (Glaser, 2014; Teicher et al., 2002).

Parents and the Micro-system. Moving immediately outward from the individual level, we next reach the micro-system, which includes the people who interact directly with the child, specifically parents and caregivers, teachers, coaches, and others who have had contact with the child. In terms of Barnahus, children's non-offending parents or caregivers are situated within this level, and they have their own particular set of interrelated needs and desires from the justice and recovery journey, which will in turn affect the children. Parents and caregivers/guardians are often both vital supporters (and legal guardians) of their children and can even be secondary victims or witnesses to their children's experience of abuse. The needs of parents who access justice and recovery services with their child include being informed of the process to be able to support their

child, receiving recovery services themselves, and feeling assured in their ability to care for their child once the justice and recovery journey at Barnahus is complete (Elliot & Carnes, 2001).

Parents' needs also influence their children's own experiences at Barnahus. For example, non-offending parents often desire to be able to support their children through each of the steps required (Elliott & Carnes, 2001), but at the same time, they express their own need for support as they mentally and emotionally process, for example, their own pain (or shock or disappointment) that their child has experienced abuse. The way that parents express their own emotions affects their children. Children whose parents believe their statements when they tell them they have been abused are more likely to proceed with the justice and recovery journey, whereas disbelief or lack of support from the parent is typically associated with higher rates of children recanting their testimony, for instance saying it did not really happen or that they made it up (Malloy et al., 2007, 2016).

Barnahus Professionals and the Meso-system. Progressing outward from the micro-system is the meso-system, which consists of the interactions between individuals in the micro-systems (e.g. parents and teachers or parents and social workers). For Barnahus, such relationships can include those with officers of the criminal justice system, medical and social work professionals within the health and social care sector, and professionals working in non-governmental organisations (NGOs). The relationships between such professionals and the child are important because they can create a sense of safety and trust for the child and facilitate information sharing and assessment procedures, as well as help to manage expectations and ensure that children's needs and desires inform decision-making processes.

Professionals within Barnahus have differing roles and responsibilities. For example, several roles should be considered within the criminal justice sector: law enforcement and, if a criminal case is proceeding, the prosecution and defence. From the viewpoint of law enforcement (police), public safety is paramount, and their mandate includes enforcing laws so that any individual who has violated a law will be held to account for the greater good of society. The prosecution must ensure that satisfactory evidence exists to meet the threshold standards for a

conviction, and that any conviction will be in the public's best interest. The defence considers the needs of their defendants and ensures that their interests and rights are upheld throughout the court process, which is also in the public's interest.

In terms of health and social care and child protection, professionals working in these domains support the needs of the child and family to ensure that the child is safe, their best interests are served, and that the child and non-abusing family or caregivers are supported in their recovery journey. The emphasis is on the safety and welfare of the family.

Society and the Exosystem. Continuing outward is the exosystem, which primarily exerts influence on children indirectly by affecting their micro-system. For children who are involved with Barnahus, this system can include their parents' workplace (and resulting ability to take time off to accompany the child), the neighbourhood (and whether they have wider support or face stigma), and the media (for example, whether any case information becomes publicised). The exosystem can also include the other systems that affect the child in Barnahus, for example, the justice system and the education, recovery, and health systems, all of which affect how children experience justice and recovery.

Culture and the Macrosystem. Further outward from the exosystem is the macrosystem, which consists of cultural elements such as how socioeconomic status, ethnicity, disability, and gender influence a child's experiences. Although Barnahus has its own culture of inclusion (Haldorsson, 2019), children continue to be affected by how the culture around them treats them based on the characteristics listed above, which informs whether abuse is recognised and whose needs come to the attention of services.

The Chronosystem. Finally, at the outermost level is the chronosystem, which relates to time and how the passing of time influences children's development, as well as how major life events and milestones influence the child. The chronosystem is highly relevant for children who are being seen at a Barnahus, as the judicial process, historically, has been very long—greater than a year in the United Kingdom (Gillen, 2019)—and children mature considerably within that time.

Systems Theory

Regarding the question of what justice looks like, we have opted to use systems theory (Von Bertalanffy, 1967) as a framework for holding the tensions between the different stakeholders in Barnahus. According to systems theory, it is not possible to understand an issue by examining one element of the issue alone. Rather, each of the elements, or systems, influences and affects the others. When applied to justice within Barnahus, systems theory allows us to hold each of the stakeholder viewpoints in tension, and to recognise that the question of justice is greater than the sum of each of the stakeholder viewpoints. For example, one of the systems is the formal criminal justice system, which differs by jurisdiction. The formal criminal justice system has a defined perspective of justice: specifically, the right to a fair trial, the presumption of innocence on behalf of the defendant until proved otherwise, the right to face one's accusers in court, and the right to legal counsel or representation, among others (Council of Europe, 1970; Human Rights Act, 1998). (Notably, the right to face one's accusers in court is not applied in Nordic Barnahus models.) Thus, justice has both a process and a defined outcome and endpoint in the criminal justice system.

At the same time, justice can have different perspectives and meanings for the child, family, and greater society. Justice for children can mean being part of the process, being heard, and being able to move on with their lives while feeling they have the support they need to do so (Hayes & Bunting, 2013; Hill et al., 2022; Lavoie et al., 2021a; Warrington et al., 2017). This multi-faceted aspect of justice can be likened to McGlynn and Westmarland's (2018) construct of kaleidoscopic justice, in which justice is a dynamic concept that can shift and change with time and new experiences or understandings. In this way, justice cannot be fully understood from only one stakeholder perspective, and the differing viewpoints must be held in tension to navigate the process and outcomes in a way that will benefit the various parties involved. And that is perhaps what creates the complexities and tensions among the needs of the individuals and service providers within Barnahus.

With these theoretical perspectives outlined, we turn next to discuss three of the prominent tensions that can arise within Barnahus, the first two of which are situated at the systems level, and the third at the child level.

Analysis of Justice-related Tensions

Systems Level: Tensions Between Victim and Defendant Needs

Barnahus has a key role in supporting children to recover and thrive following an experience of abuse or maltreatment. One substantial tension in Barnahus is that at various stages and within different processes, children are both victims of abuse and witnesses of abuse; in the case of sexual abuse in particular, children's testimonies are typically considered one of the most important pieces of evidence (Lyon et al., 2012) and hold great weight in court proceedings (Myers et al., 1999), especially in an adversarial court system such as the UK's. For this reason, courts may seek to assess, firsthand, children's credibility, for example, through hearing the child's testimony firsthand in court (Lavoie et al., 2021a). This debate has played out clearly through implementations of the Barnahus model in traditionally adversarial systems, given that the Icelandic model and the Nordic model, as well as the PROMISE network guidelines (Haldorsson, 2019), support a child *not* having to give testimony in court, whether live (in person) or through a closed-circuit television route. This tension is particularly important for children and families because when they feel as though their own needs are not being met through their involvement in the criminal justice system, they may halt their engagement entirely and withdraw from the formal element of justice procedures (Lavoie et al., 2021a). When this occurs, justice, from any perspective, is halted, and there is little benefit to either the professional legal services or the child and family, or greater society.

At the same time, the right to a fair trial is part of the fabric of society (Council of Europe, 1970; Human Rights Act, 1998). No one who is

accused of wrongdoing wishes to be treated unfairly or to have inaccurate accusations levelled against them. The purpose of the court proceedings is to establish beyond reasonable doubt (not just on the balance of probabilities) whether a person accused of a crime has indeed committed that crime. The intent is to uphold the rights of the defendant and the rights of the victim through due process. The nature of the system may therefore tend to skew the perception of fairness of court proceedings against the child (victim), who may feel that the wrongness of their experience is not being acknowledged by the authorities (Stefansen et al., 2017). In fact, the formality of the proceedings contrasts with the warmth and validation from recovery services, which can be confusing for the child because it can convey a lack of belief and questioning of the child's credibility. At the same time, supporting children through the welfare element of recovery can help to support them through the justice process, which may result in a better experience overall.

One important factor to note in analysing this tension is that the individual who has made the allegation of wrongdoing equally desires a fair trial in which their perspective will be heard. To disclose abuse, regardless of age, requires a great amount of courage. For a child or young person, there can be a power imbalance between an adult who has committed wrongdoing against a child and a child who discloses this wrongdoing. This power imbalance, in combination with the impartiality of the court proceedings, can lead to a sense that the child's (victim's) perspective is of less importance than the defendant's perspective. Barnahus, in some respects, aims to provide the child with all the necessary "tools" (e.g. support services and flexibility) to level the power imbalance between the child (victim) and adult (defendant) so that the justice process feels, and becomes, fairer.

As minors affected by abuse and maltreatment according to the UNCRC (1989), and to the Council of Europe Convention on the Protection of Children Against Sexual Exploitation and Sexual Abuse, known as the Lanzarote Convention (Council of Europe, 2014), children have rights to protection, participation, and provision and can expect their welfare to be the paramount concern. As child witnesses, children's primary role in the various legal processes is to provide evidence to establish the guilt or otherwise of the person alleged to have caused

them harm. At the same time, many cases of abuse concern an allegation against a family member or someone close to the child. Subsequently, children may be particularly reticent to disclose any information because of the anticipated consequences, such as those threatened by the perpetrator as a means of maintaining the child's silence, and separation from or creating a rift within the family (Goodman-Brown et al., 2003). Children have often reported that as witnesses, the court process may be even more traumatising than the initial injustice they have experienced (Warrington et al., 2017; Streich & Spreadbury, 2017).

Regarding children's rights as victims, victims' rights codes in the United Kingdom and the European Union largely overlap with child rights as outlined in the UNCRC (1989): for example, the right to be heard, the right to access information about the case and their involvement (both aligned to participation rights), the right to protection (EU, UNCRC), and the right to access victim recovery services. Given that Barnahus is predicated on children's rights, victims' rights codes are largely upheld through the model, and in fact, the Council of Europe recommends the Barnahus model as an appropriate recourse to justice and recovery for children who have experienced violence and abuse (2018). But for Barnahus models that are less aligned to court proceedings (for example, the child may still need to appear in court or via a live link), external justice processes should work to uphold children's and victims' rights to the same degree as the Barnahus model, in particular by recognising and responding to the particular needs of the children involved and ensuring that processes are responsive and the trauma informed. Victims' rights should be upheld throughout the justice process and proceedings.

Barnahus also aims to extend beyond victims' codes in simplifying and shortening the criminal justice proceedings for children, so that children can avoid being "stuck" in justice proceedings that will require them to live and re-live their experiences by actively bringing them to mind for recall purposes to officers of the court. Under Barnahus, children should ideally be able to speak about their experiences with trained forensic interviewers and to have such conversations video recorded, and for such material to serve as "evidence-in-chief" for any court proceedings (Haldorsson, 2019), as is the case in the Nordic model (Myklebust,

2017). This situation means that the child's video-recorded forensic interview will be used as evidence in court, and the child is not generally required to appear in court to testify in person.

One challenge that has arisen in stakeholder discussions (as outlined in Lavoie et al., 2021a) is the question of how new disclosures or evidence that come to light after the child's testimony has been recorded should be treated within the criminal justice system if the court proceedings have not closed. At the root of this question is the concern for a fair trial for the defendant, but the nature of the question highlights the tensions that are continually being navigated between the defendant's rights and a victim's rights in procedural discussions. In Norway, legal regulations in the criminal procedure outline that if a child discloses new evidence, the police will conduct a supplementary child forensic interview, which is a possible solution for other jurisdictions as well.

Systems Level: Tensions Between Justice and Welfare

Another system-level tension is that between justice and welfare. "Justice" in this case refers to the services and procedures related to the criminal investigation (e.g. the forensic interview, any court proceedings, and forensic medical examinations), whereas "welfare" refers to the recovery support and services (e.g. victim support services, medical examination when not for forensic purposes, child protection assessment, mental health assessment and services, and therapeutic services). The two systems have competing mandates—a fair trial for justice, and therapeutic support, safety, and well-being for welfare—which influence the tensions between these two systems (Johansson, 2017). Within Barnahus, both systems are important for the child and for the family, and the aim is a co-located structure where both can operate collaboratively to support the child.

At the same time, each system has its own internal structure, which includes procedural structures and a particular way of thinking. Such structures might include case management, data gathering, and information sharing. In addition, each of the multiple disciplines involved

has a particular way of thinking—that is, they have accepted viewpoints and values, or "external regimes of governance" (Emerson & Nabatchi, 2015). For example, in the case of Barnahus, the best interests of the child can represent safety and recovery or can represent formal acknowledgement of wrongdoing from the defendant through the court system.

These different viewpoints require effort on behalf of all staff to navigate meaning and power dynamics, both seen and unseen (Johansson, 2017), all of which can affect the child's experience within Barnahus. As Johansson (2017) explains, there can be a tendency for all systems within Barnahus to be skewed towards the justice system in a process called "juridification", given the nature of collaboration and co-location within Barnahus. Further, the formality of the justice proceedings and the rigidity of the internal systemic structure convey a high level of decision-making power, which can influence the decision-making of professionals in child protection and recovery (Johansson, 2017). In discussions with professional stakeholders in Northern Ireland about the challenges and opportunities of a Barnahus model, one key theme that arose was to keep in mind the needs of children and families and to involve them in the process of developing the specifics of a Barnahus model (Lavoie et al., 2021a). Such an approach could help to reduce some of the systemic challenges involved by bringing the focal point to children's and families' needs.

Navigating power dynamics is also possible through open communication and learning about the functioning (e.g. the professional practices as well as regulated mandates that incorporate structural and regulatory issues) of each of the disciplinary teams to support a greater understanding and empathy of the background processes and ways of thinking (Herbert & Bromfield, 2019). Other methods for effective team working include establishing clear goals and having a shared team identity, as well as having clear roles and responsibilities (Reeves et al., 2010). Of particular importance for inter-professional working is inter-professional education, reflection of daily practices, and evaluation to ensure that joint goals are being met (Broukhim et al., 2019).

Child Level: Tensions Between Child Protection and Participation

Children are the primary service users of Barnahus and are those who have experienced the greatest injustice in the form of abuse and violence. We have some knowledge about what children's needs are through the justice and recovery process. For example, children seek to be heard (Hayes & Bunting, 2013), to be included and participate in the process (Hill et al., 2022), and to have their experiences acknowledged in some way (Lavoie et al., 2021a).

Among the tensions that can arise with children's involvement in Barnahus is the tension that exists between children's protection and their participation rights. Although seemingly peripheral to justice tensions, children's experiences with the justice and recovery process can contribute to whether they feel that they have experienced justice, however that looks to them. Their experiences also contribute to whether they will continue with any criminal justice proceedings or withdraw entirely (Lavoie et al., 2021a). Their participation is key to this feeling. Thus, navigating a balance between the two is important.

With Barnahus being premised on children's rights through the UNCRC and the Lanzarote Convention, participation is a key element that is built into the Barnahus model. That is, Barnahus creates space for children to express their views (and be heard) through the justice and recovery processes, to the extent that they would like to be involved. Participation rights also include the child having access to meaningful information and being aware of what they can expect throughout the process, including the timing. At the same time, participation in any one process should never be construed as obligatory; children are invited to participate in the Barnahus processes as much as they are interested and able, given their age and maturity. At the same time, some jurisdictions will have legal regulations regarding participation in the penal track (including any potential court proceedings) that will work against this normative principle. With these elements of participation in mind, a tension can sometimes arise between children's participation and child protection.

The child protection element of Barnahus is concerned with ensuring that children are in a safe environment, free from abuse and violence, and that any abuse or violence that has occurred will not recur in the future. This element can, at times, mean that decisions are made without giving due weight to children's views, which is one of the practical challenges involved in upholding participation and protection rights simultaneously. This situation highlights, in a sense, a perceived tension between participation and protection that often influences practice and results in professionals prioritising protection. It is possible for the two to exist harmoniously together, however, such that children have space to speak their views, are heard by the professionals supporting them, and that they are provided with up-to-date information through the child protection process.

Recognising the tension is helpful for being aware of the inherent power dynamics in participation and protection, and professionals in Barnahus are consequently able to be cognizant of how these dynamics play out in practice. Recognition of the inter-dependencies between children's rights to protection and participation should also support the recognition that children's involvement in the process, according to their increasing capacity, is also likely to strengthen protection because it will help to enable informed decisions and children's engagement with the process (Mitchell et al., 2023).

Discussion: Advancing Child-friendly Justice

We have now outlined our analysis of the theoretical frameworks for situating three justice-related tensions. Together, these frameworks can help to situate different perspectives of justice: victim needs versus defendant needs, justice versus welfare, and participation versus protection. With these in mind, a helpful way to move forward is to consider perspectives from the broader body of knowledge of multi-disciplinary working and child participation that can help us to situate how a Barnahus model could support moving towards a conceptualisation of justice that supports the multiple perspectives we have outlined in this chapter.

The first learning point that emerged from our analysis was what is intended by child-friendly justice, and what does it look like in the Barnahus system? This was a key theme to emerge in our research with professional stakeholders in the UK—to determine whose needs for justice were being met in the current system and to be mindful of the different perspectives of justice moving forward (Lavoie et al., 2021a). That is, the intention of the Barnahus is that justice procedures and recovery services should be easily accessible and navigable for children and their families, but part of the adaptations to the justice procedures in making them more purportedly child-friendly can also put children's statements at a disadvantage relative to other pieces of evidence that may be presented in courts. For example, in many European Barnahus, an accepted practice is for the courts to see the child, and hear the child's testimony, at Barnahus, and not at a formal court building. When this occurs, however, the child's statement is given lower evidentiary value. Although not subjecting the child to formal court processes, either by necessity or design, does seem more child-friendly, the fact that the child's statement has lower evidential value enhances the power imbalance between the victim and the defendant. As a result, a relevant future direction that has arisen is to explore how proposed or real (depending on the jurisdiction and accompanying legislation) changes to the justice procedures within Barnahus may contribute to child-friendly justice or perhaps, in some ways, detract from them. If the latter, we must also consider ways to mitigate any detraction from child-friendly justice through the Barnahus model.

Related to this point, in moving forward, it will be important to have a clearer sense of what justice looks like within the family after abuse has occurred. Previous interventions have explored the possibility of restorative justice approaches (Julich, 2006; McGlynn et al., 2012), but perhaps one area of learning to be highlighted first before establishing interventions should be to understand, from a child's and family's perspective, what justice looks like to them, in terms of an outcome or a process toward an outcome. Professional stakeholders in Northern Ireland have indirectly highlighted this element, through ensuring the involvement and co-production of children and families in the development of the

specifics of a Barnahus model (Lavoie et al., 2021a). By coming alongside children and their families to assist them through the justice and recovery process through Barnahus, we may be more likely to disrupt a cycle of violence and victimisation so that children and their families can truly thrive post-abuse. This understanding would also contribute to refining the support provided to children and their families throughout the justice and recovery process via Barnahus. Given the implications for recovery, this should be a priority area moving forward.

Another element highlighted in our analyses is the power dynamics and power imbalance inherent within the justice tensions in Barnahus (Johansson, 2017), and the need to be aware of whose needs for justice are being met through the current systems (Lavoie et al., 2021a). The power imbalance stems from the hierarchy of power within each of the tensions; we have noticed that the more formalised the structure, the higher the perceived power. The tendency towards a hierarchy of power within each of the tensions is not inherently problematic, but it is important that these elements be acknowledged and addressed explicitly as much as possible so that power dynamics can be discussed to achieve a greater balance across systems and perspectives. The multidisciplinary team members of the Barnahus must also come to a shared understanding of their goals and values, as well as each other's different but inter-dependent roles and responsibilities in achieving those goals (Reeves et al., 2010). Undertaking joint training, reflection, and evaluation of the services would also support such inter-professional working (Broukhim et al., 2019). In this way, the Barnahus model could provide a space (both physical and in terms of human resources) where the different needs and perspectives for justice may be navigated through careful attention to inherent power dynamics and through open communication of the needs of each of the parties involved, whether they are the child and family or professionals working in child justice and recovery.

Finally, we must also highlight that there are ways to navigate justice tensions. Formal mediation is one approach that can help to balance out imbalances in power dynamics and can give each side the chance to contribute to discussions and to be heard (Ashford & Faith, 2004; Hart, 2009). In Barnahus, this balance is possible to achieve through the central coordination system, when that system is not directly housed by

one of the four systems involved. Mediation also helps to ensure that each side has recourse when difficulties arise so that power imbalances can be negotiated through discussion.

Even though we have discussed the benefits of mediation in navigating power imbalances, we should note that Barnahus has no formal element of mediation, and we highlight mediation rather because it can provide learning points for moving forward in addressing tensions within children's justice experiences within Barnahus. In other words, the Barnahus model may support the implementation of formal, or informal, ways to navigate justice tensions so that each perspective is held in balance throughout the procedural elements of the criminal justice process. Assessing the benefits of mediation, as well as other approaches to navigating justice tensions, is one key area for future research and knowledge production.

Conclusion

In sum, the goal of children's experiences in Barnahus is that they will feel that a sense of justice has been achieved and that they will be well established on a recovery journey with their families. Throughout this journey are a child's perspective of justice, a multi-disciplinary perspective, and a system perspective. Tensions can arise between these differing viewpoints, including those between a victim's needs and a defendant's needs, the justice versus welfare approach, and child participation versus child protection. Awareness of these tensions and how they play out in a practical way can help to inform discussions moving forward about how to navigate such tensions as they arise, while always keeping the child at the centre.

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Part II

Organisational Tensions

4

Institutional Barriers to Medical Examinations in Barnahus

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Introduction

The present chapter scrutinises the role of medical examinations in the Barnahus model: a topic that has received limited attention from researchers to date. According to the quality standards for Barnahus issued by the PROMISE network,[1] medical examinations are a key component in setting up a holistic service for victimised children. The standards specify that medical examinations and treatment should be offered routinely at Barnahus and that the medical staff should be present

[1] The PROMISE Barnahus Network is a member-led stakeholder organisation that aims to harmonise and consolidate good Barnahus practice across Europe. The organisation's quality standards were issued in 2017 and are available online, in different languages: https://www.barnahus.eu/en/the-barnahus-quality-standards/.

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in consultation meetings and case reviews when appropriate. In line with PROMISE's core idea of the model as a flexible and adaptable structure for the provision of child-friendly justice and recovery (Johansson & Stefansen, 2020), the standards do not describe *how* its medical mandate can be achieved.

Our empirical setting is Norway, where the Barnahus model was implemented starting in 2007; today, Barnahus is a national service that is mandatory to use in police-reported cases of violence and abuse of children (as well as adults with intellectual impairments). As with many national Barnahus models, the Norwegian model is a hybrid institution that combines two "tracks," whose boundaries may shift over time and be blurred in practice: the penal track that refers to the processing of criminal cases, where the child forensic interview is the primary task to be coordinated, and the welfare track which refers to psycho-social work such as needs assessment, support, and recovery services for children and their families (Johansson, 2011; Johansson et al., 2017; Stefansen et al., 2023).

Medical examinations have been part of the Norwegian Barnahus model from the outset (Bakketeig et al., 2012; Stefansen et al., 2012), but they are primarily conducted in the small percentage of cases where the prosecutor sees them as relevant for the gathering of evidence for a criminal case; this situation primarily links medical examinations to the penal track and mandate of the model. But because medical examinations also when ordered by the prosecutor are performed according to an extensive social paediatric protocol, they can also identify healthcare needs and thus serve a purpose in the welfare track of the model.

Still, the potential of medical examinations in Barnahus to contribute to securing the welfare of victimised children more generally is presently unfulfilled in the Norwegian context. The large majority of children who are referred to Barnahus in Norway are not offered a medical examination, although scaling up the offer of medical examinations is a goal, as

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explicated in the formal guidelines for Barnahus from 2016 (Directorates of Police, Family and Health, 2016). The offer of medical examinations in cases where they are not ordered for forensic purposes has generally been understood as important primarily for two reasons: an examination can alleviate the worries of children and their families about irreparable harms, particularly in cases of sexual abuse, and an examination can identify any needs for the treatment of illnesses and conditions both related and unrelated to the violence or abuse the child has suffered (Bakketeig et al., 2012).

National authorities have recognised the limited role of medical examinations in Barnahus since the early-adoption phase of the model, but measures to increase the usage, such as the establishment of funding programmes and guidelines, have had limited effect to date. The aim of the present chapter is to examine why this situation of *institutional inertia* (Aksom, 2022; see also Firsova et al., 2022), or standstill, has materialised in an otherwise innovative and evolving organisation (Johansson & Stefansen, 2020, 2024) that has contributed to a more holistic approach to victimised children and their families (Stefansen et al., 2023), for instance through the practice of interstitial work (Andersen, 2019, 2022, 2024).

Our analysis is grounded in an institutional perspective that is sensitive to how organisations are embedded in wider institutional fields. We draw on data from two national evaluation studies; the first was conducted in the adoption phase of the model (Bakketeig et al., 2012; Stefansen et al., 2012), while the second was conducted in the post-adoption phase (Bakketeig et al., 2021). We identify three types of institutional barriers that together hamper the realisation of the potential of medical examinations, especially in the welfare track of the model: *established routines*, *regulatory issues*, and *lack of resources*. Having improved knowledge about these barriers is relevant not only to the Norwegian authorities (who have struggled to find solutions to the ongoing neglect of victimised children's healthcare needs in Barnahus), but also for countries that are in the process of adapting the Barnahus model to their specific institutional context.

As a background to the analysis, we first describe how medical examinations are organised and regulated in the Norwegian Barnahus model.

Medical Examinations in Norwegian Barnahus

In Norway, the use of Barnahus for forensic interviews is regulated by law (Criminal Procedure Act 22, May 1981, no. 25). The target group is children up to 16 years of age who may have experienced sexual or physical abuse, genital mutilation, violence in close relations, or homicide, or they may have witnessed such incidents (Directorates of Police, Family and Health, 2016). All Barnahus (11 in total in 2023) have a room for medical examinations that is equipped for the purpose and designed to be as child-friendly as possible, with pictures on the walls and other decorative elements. The examinations are conducted by doctors specialised in paediatric medicine who do their daily work at children's wards in local hospitals and are summoned to Barnahus (which are located elsewhere) when their services are needed. Medical treatment and follow-up are not offered at the Barnahus and must be done in hospitals or within the primary healthcare sector.

All medical examinations in Barnahus follow an extensive social paediatric protocol, which means they include a thorough clinical examination as well as a comprehensive mapping of the child's medical history, general development, family situation, daily activities, and psycho-social well-being. When the prosecutor orders a medical examination, the examination also includes the securing of evidence that can be used in a possible penal case. For this part of the examination, the doctor receives a mandate from the prosecutor and writes a forensic report on the issues specified in the mandate. (In the following, we refer to medical examinations that are ordered by the prosecutor for forensic purposes as "forensic medical examinations" and those that do not include such a purpose as "non-forensic medical examinations.") Forensic medical examinations are funded by the police on a case-by-case basis. Funding for non-forensic examinations was unresolved until 2017—ten years after the first Barnahus opened—when a corresponding funding programme was

established. These examinations were then placed under a section in the Health Personnel Act (2 July 1999, no. 64), and the responsibility for the funding of all non-forensic medical examinations was placed with the regional health authorities.[2]

The provision of medical examinations in Barnahus is regulated in two formal documents: the general Barnahus guidelines (Directorates of Police, Family, and Health, 2016) and the specific guidelines for medical examinations in Barnahus (Directorate of Health, 2019). Both documents describe the target group for medical examinations, while the latter also details competence requirements for the professionals involved, as well as procedures. Each Barnahus also has a formal agreement with its health region that specifies the responsibilities of the parties: while the Barnahus is responsible for providing equipment and facilities for medical examinations (which include functioning IT systems) and for summoning medical staff to scheduled examinations, the health sector is responsible for recruiting and qualifying doctors and nurses to conduct medical examinations in Barnahus, establishing supervision and mentoring systems, and ensuring the existence of necessary resources for conducting medical examinations and writing forensic reports.

The share of Barnahus cases that include a medical examination has been consistently low among Norwegian Barnahus, although the number has gradually increased. In 2012, 13% of all Barnahus cases included a medical examination (Stefansen et al., 2012); in 2019, after the guidelines from the Directorate of Health had been implemented, the corresponding share was 24%. The share dropped to 21% in 2020, and then to 19% in 2021—most likely because of the COVID-19 pandemic (Directorate of Health, 2022; Police Directorate, 2021).

During the whole period from 2012 to 2021, most of the medical examinations conducted in Barnahus were forensic medical examinations ordered by a prosecutor. Non-forensic medical examinations are rare and are primarily carried out in one Barnahus. In 2021, less than 1% of children referred to a Barnahus received a non-forensic medical examination. The present situation in Norway is thus that, although a

[2] "Health personnel must ensure that the health care does not cause unnecessary loss of time or expense to the patient, health institution, social security system, or others" (section 6, our translation).

system of provision and funding is in place on paper for both forensic and non-forensic medical examinations, approximately eight out of ten children referred to Barnahus are not offered a medical examination at the Barnahus following the forensic interview.

The issue of limited use of medical examinations and the dominance of forensic medical examinations in Barnahus is not exclusive to Norway. Researchers have described a similar situation in Sweden (Åström & Rejmer, 2008; Barnafrid, 2019), and Iceland is currently revising its system of provision. In Denmark, as well, very few children are offered medical examinations in Barnahus when standard procedures are followed (Spitz et al., 2022).

Theoretical Grounding

The Barnahus model has been described as a social innovation (Johansson & Stefansen, 2020), i.e. a new way of approaching an existing social problem that has the potential to drive change in its surrounding field of services as well. But from an institutional perspective, which we apply here, while organisations are malleable and can adapt to new challenges, they are also resistant to change when practices are and become routinised. Standstill in professional development is thus something that will become visible over time as an organisation becomes more settled—which the Norwegian Barnahus model is. To understand how institutional resistance to change is produced in Barnahus we draw specifically on the concept of *institutional inertia*, as it directs attention to "when and why organizations ignore, adopt, modify, maintain and abandon practices and the way intra-organizational institutional pressures shape, direct and constrain these processes" (Aksom, 2022, p. 464). The concept of institutional inertia is particularly relevant for our empirical case as it emphasises how resistance evolves over time, and not only during the adoption stage of new ideas and practices but also, more importantly, during the post-adoption stage (Aksom, 2022). According to Aksom (2022), initial change can occur, but it may lead to organisations reverting back to previous and familial routines, practices, and

structures, illustrating how intra-organisational resistance can be understood as having long-lasting impacts on existing institutional routines (Aksom, 2022; Firsova et al., 2022). Following Aksom, our analysis spans the adoption and post-adoption phase of Barnahus in Norway and is based on empirical data gathered in 2012 and 2021.

In understanding resistance to change in the Barnahus model, it is important to recognise the model's hybridity (Johansson & Stefansen, 2020; Stefansen et al., 2023). The Barnahus model brings together professionals who are simultaneously committed to the joint task of providing justice and support to victimised children and to their own professions' standards, core values, and ideals. These factors again serve different public value goals—which are embedded in different external "governance regimes" (Emerson et al., 2012). And since Barnahus is a hybrid organisation, the analysis of institutional resistance needs to encompass how different mandates (and their respective organisations and practices) become institutionalised—or non-institutionalised—to a varying extent, as well as over time (Aksom, 2022).

Mair et al. (2015) underline how hybridity simultaneously represents a possibility for innovation and new practices and is easily challenged. Drawing on Battilana and Dorado (2010), Johansson and Stefansen (2020, p. 6) have suggested that the Barnahus model "can be seen as a somewhat unstable hybrid organization," since the balance between the penal and welfare tracks of the model may shift over time. Researchers have proposed that the Barnahus model in both Sweden (Johansson, 2011, 2017) and Norway (Bakketeig, 2017; Stefansen et al., 2023) is skewed towards the penal track, since activities within this track tend to become prioritised over activities in the welfare track, especially when the case load increases; this scenario is often conceptualised as a process of *juridification*. In Norway, the potential of medical examinations to contribute more within the welfare track is currently hampered because of such examinations' strong link to the penal track (Stefansen et al., 2023). The institutional dynamics that have produced this situation have yet to be further explored.

Methods and Data

The analysis presented below draws on data from two evaluation studies led by the first and second authors of this chapter (Bakketeig et al., 2012, 2021; Stefansen et al., 2012). Both studies were commissioned by the Police Directorate and were designed as mixed-methods studies. In 2012, six of the then seven existing Barnahus were included in the study, while all 11 Barnahus (with sub-units) across Norway were included in 2021. For both studies, we made field visits to the Barnahus as well as conducting individual interviews with Barnahus leaders and focus group interviews with the social workers and psychologists who were employed as permanent staff. The interviews were broad, and they covered all aspects of the Barnahus model, including the organisation and purpose of medical examinations in Barnahus. We also gathered data from collaborating partners both through interviews and surveys. For the analysis in this chapter, we draw particularly on the interviews with the Barnahus leaders.

Our analysis also builds on key policy documents issued starting from the early-implementation phase through today, as well as a survey study among doctors affiliated with Barnahus in Norway. The set of documents consists of policy proposals, working group reports, and formal guidelines and legal provisions. The survey data was collected for the 2021 evaluation study. Of the 40 doctors who were affiliated with a Barnahus at the time, 36 answered the electronic questionnaire. The majority of the participating doctors were specialists in paediatric medicine and had substantial experience with conducting forensic medical examinations in Barnahus. The survey covered the doctors' professional background and competence and their work at the Barnahus, as well as systems for supervision and peer support, collaboration with other Barnahus professionals, and viewpoints on different aspects of conducting medical work in a Barnahus setting. Many questions allowed for the possibility of providing written comments, and these comments have also informed our analysis.[3]

[3] The quotes in this chapter have been lightly edited for clarity in English.

We have approached the interviews, documents, and written comments with a primary focus: What can explain the continuous marginalisation of the role of medical examinations in the welfare track of the Norwegian Barnahus model?

Institutional Barriers

Our analysis points to three interlinked institutional barriers towards fulfilling the dual mandate of medical examinations: longstanding *routines* catered to criminal cases, *regulatory issues*, and a lack of *resources* for upscaling.

Routines: From Holistic Idea to Practices Catered to the Penal Track

When the idea of establishing a Barnahus model in Norway was first launched, medical examinations were understood as vital both for securing forensic evidence for criminal cases and for ensuring children's welfare by identifying their healthcare needs. The idea of a medical examination with this dual mandate is evident in (1) the initial private member motion to Parliament in 2004 that Norway should implement the Barnahus model (Document 8:86, 2003–2004), (2) the report issued by Save the Children Norway suggesting that a Barnahus model similar to that in Iceland should be piloted (Skybak, 2004), and (3) the report from a working group appointed by the Ministry of Justice and the Police and tasked with outlining a model that could be piloted (Ministry of Justice and the Police, 2006). The working group report resulted in the establishment of a pilot project with five Barnahus in different cities. Local working group reports described how the model was to be organised, where it was to be located, and what the procedures would be for case processing. In the first of these reports, from the local working group based in Bergen (Barnehuset Region West, 2007), it was suggested that children should be medically examined if relevant to secure evidence, provide treatment, or take other follow-up measures, thus reflecting a

holistic understanding of the role of medical examinations in Barnahus. The group also underlined that the medical examination needed to be of good quality in order to secure not only the forensic value of the examination but also the well-being of the child.

When the first six Barnahus were evaluated in 2012, all were equipped with a medical examination room and had established routines for summoning doctors from local hospitals to conduct the examinations when ordered by the prosecutor. But some observers expressed concern about the rare usage of medical examinations. The Barnahus leaders voiced that prosecutors were too restrictive when considering the possibility that the examination could yield forensic evidence and therefore requested too few examinations, thus suggesting that the leaders did not see requesting medical examinations to be part of their mandate—which at the time was not formally regulated. More recent research from Norway has also pointed to physical health issues as being more or less overlooked in the welfare track, since the clinical Barnahus staff rarely ask children about physical symptoms (Myhre et al., 2019). This situation is not surprising, since the staff's follow-up mandate (according to the Barnahus guidelines) revolves around identifying and relieving psychosocial problems, which is reflected in both their understanding of their role and the practices that have developed over time (Andersen, 2019, 2022, 2024; Bakketeig et al., 2021).

In practice, the routines established during the adoption phase of the model continued through the latest evaluation in 2021. In the whole period, medical examinations have primarily been ordered by the prosecutor and conducted on a case-by-case basis. Only one Barnahus has taken a different approach by offering non-forensic medical examinations on a regular basis. As yet, no system is in place to assess whether a non-forensic medical examination should be conducted in cases where the prosecutor has not ordered a forensic medical examination, aptly illustrated in the following doctor's comment from our survey study:

> Today it's primarily the prosecutor who requests medical examinations. So it's mainly forensic medical examinations that are requested, and many children are not offered a medical examination where their health is the main purpose. I suggest the following [solution]: Health personnel should

> be included in the consultation meeting and provide recommendations on [children's] health care needs.

The survey also documented how the doctors became involved late in the case processing at the Barnahus, and that they only followed the case for a short period of time. The doctors were either present at the Barnahus one day a week to do scheduled examinations or were summoned to the Barnahus on a case-by-case basis. Rather than being involved in discussions about the need for medical examinations, either for forensic or welfare purposes, they were on standby. At the Barnahus, their time was primarily dedicated to the actual examination, and they most often returned to the hospital to write the forensic statement.

A recent report from the Directorate of Health (2022) points to the problems that can arise from the current routines: "The health personnel in our material feel that they are not very involved and are not very integrated in the Barnahus services, and medical examinations are presently a downgraded part of the services" (p.12, our translation). Routines for passing on medical information to professionals involved in the case from the welfare track side are also generally lacking in many Barnahus—which hampers the possibility to follow up on a child's healthcare needs, as illustrated in this doctor's description:

> There's also a missing or unclear connection to the responsibility to follow up on possible findings, because it's not always the case that what you find gives the child a right to follow-up [treatment] in the secondary health care service. To discover health care needs in otherwise healthy children is normally the responsibility for the primary health care service, and it feels unfortunate and incorrect to jump over this element for most children [who are referred to Barnahus]. The link to the child's legal guardian (in cases where a legal guardian is there for the examination) is also unclear and difficult to follow up after the examination.

But different practices may have been in place among the various Barnahus in this respect; some doctors described well-functioning routines for receiving and passing on medical information, which suggests that room for improvement does exist within the current system:

> We have good routines at the Barnahus for what's included in the case file [which the doctor receives prior to the medical examination]: the notification of concern [to the child welfare service], the mandate for the forensic medical examination, and a short summary of the forensic interview. We also provide a short briefing to the Barnahus staff and the child welfare services if they accompany the child, and to the prosecution if the examination reveals findings [relevant to the criminal case].

The weak link between the medical examination and the welfare track was however evident in the lack of routines in most Barnahus for passing on medical findings to the Barnahus staff and other professionals. Doctors generally did not participate in follow-up meetings between the professionals involved in the criminal case after the forensic interview has been conducted (the second consultation meeting) even though medical personnel who have performed the medical examination are mentioned among those who should participate in these meetings in the general Barnahus guidelines (section 5.3.5.1).

Regulatory Issues: Inconsistencies in the Scope and Integration of the Dual Medical Mandate

Our analysis also points to several regulatory issues that hamper the possibilities of offering medical examinations in Barnahus on a broader scale. One issue relates to inconsistencies about the target group for medical examinations, or the form of universality that is to be applied. The general Barnahus guidelines issued in 2016 by the Directorates of the Police, Family, and Health are unclear about whether medical examinations *should be* offered to all children who are interviewed as aggrieved parties[4] (as stated in section 2.2), or if an examination *can be* offered, as stated in section 4.2.2. The guidelines also state that the implementation of this new obligation—to offer medical examinations on a standard basis—must await a plan of action from the Ministry of Health and Care

[4] Children who witness violence against a family member are also considered victims in the Norwegian penal act (Directorates of the Police, Family, and Health, 2016) and thus are included among the aggrieved parties mentioned in the general Barnahus guidelines.

Services to increase capacity, which suggests that the intention is to scale up to a more universal offer, albeit one that is restricted to children who are referred to Barnahus as aggrieved parties.

The 2019 national guidelines for medical examinations in Barnahus issued by the Ministry of Health and Care Services are also inconsistent in terms of the target group. The guidelines first state that "all children" (p. 4) referred to Barnahus for a forensic interview should be offered a medical examination, hence indicating that children who have a prosecutorial status as witnesses, and who are not suspected of being victims of violence and abuse themselves, should also be included in the target group. But the guidelines also describe that Norway's health regions have been instructed that medical examinations in Barnahus should be offered to children who have "experienced abuse" (p. 4), thus indicating a narrower target group more in line with the general Barnahus guidelines. Similar inconsistencies also exist in the report on medical examinations in Barnahus issued by the Directorate of Health in 2022, which may be linked to different views on the scope of the medical mandate in Barnahus among the health and justice authorities. For Barnahus, the different expectations produce regulatory vagueness about the target group for medical examinations, as well as which types of procedures and routines should be developed for a more universal provision of medical examinations that caters to the dual medical mandate.

Another regulatory issue concerns the possibility for doctors (and other medical personnel) to participate in the formal multi-professional consultation meetings at Barnahus, where participants plan the forensic interview and discuss further case processing. Earlier, we described doctors' frustration that their current role was restricted to simply conducting the medical examination. In their view, their earlier involvement could ensure that the medical health perspective would be given more weight in the processing of cases, which could possibly lead to an increase in both forensic and non-forensic medical examinations.

The general guidelines for Barnahus from 2016 do not include medical personnel among those who can attend the initial consultation meeting, and our survey showed that the current practice was in accordance with this regulation. But both the recent report from the Directorate of Health (2022) and the national medical guidelines

from 2019 recommend that medical personnel should participate in the formal consultation meetings. According to the medical guidelines, full integration in the Barnahus collaboration, including consultation meetings, is necessary to assess whether a medical examination is needed. The medical personnel also need to receive necessary medical information about children and their cases in order to adapt the medical examinations to specific children and their psycho-social situations, as well as to secure forensic evidence and medical documentation. Allowing doctors to participate in the initial consultation meeting, however, would require a change in the statutory provisions on facilitated interviews (FOR-2015-09-24-1098, §7), since medical personnel are not mentioned among those who can be present. Medical personnel are also not among those explicitly mentioned in the Criminal Procedure Act (see §239d) among those who are allowed to observe the investigative interview, which also excludes them from this part of the case processing. Hence the Barnahus cannot change their routines before these regulations allow for the participation of medical personnel.

The Barnahus model is also regulated by a complex set of other legal provisions, which can pave the way for misunderstandings. The report from the Directorate of Health (2022) shows that some Barnahus employees feel that the Norwegian legislation is vague about who has the authority to refer a child to non-forensic medical examinations. According to the same report, however, this question is partly resolved through the National Insurance Act (28. February 1997 no 19) and the statutory provision about out-patient health services in the specialist health service (FOR-2007-12-19-1761), which regulates who has the authority to claim reimbursement and claim equity of patients within specialist health services. Beyond this provision, however, no legal regulations stipulate who can refer people to medical help—which, according to the Directorate of Health, implies that anyone employed at a Barnahus can refer a child to a medical examination. The lack of knowledge in Barnahus about who holds the legal authority to refer a child to a non-forensic medical examination has likely contributed to the rarity of such examinations, which is an understanding also shared by the health authorities. The report from the Directorate of Health (2022, p. 19) thus underlines the necessity for developing routines within the Barnahus

to ensure that children are offered a medical examination based on a thorough assessment. But for Barnahus to take on this responsibility, it would need to be included in the general Barnahus guidelines, which is currently not the case.

Another area where the regulations are insufficiently clear among Barnahus employees relates to who has the legal authority to consent to non-forensic medical examinations on behalf of children in cases where one or both parents are suspects in the criminal case. Starting at age 16, children can consent on their own behalf; for younger children, their parents hold the right to consent on their behalf due to their parental rights. In this situation, however, the parents and the child may have conflicting interests. When this is the case, a legal guardian may be appointed according to the Guardianship Act (26. March 2010 no 9, section 16) and issued the authority to consent on behalf of the child. A widespread understanding in Barnahus is that the legal guardian lacks the authority to consent to a non-forensic medical examination on behalf of a child. The Directorate of Health report (2022), however, points out that this interpretation is incorrect, at least in terms of medical examinations conducted on the same day as the forensic interview at the Barnahus, since both the Guardianship Act and its preparatory work indicate that this authority lies within the mandate of the legal guardian. The non-forensic medical examination is also explicitly mentioned in the standard text on mandates for legal guardians, appointed by the county governor in Oslo and Viken Counties, thus mirroring the same view. If the medical examination is to be done sometime after the forensic interview has been performed, then the situation might be different, since the reasons prohibiting the parents from consenting on behalf of the child might no longer be present. Under these circumstances, the parents' consent would be required if they are holders of parental rights and if the child is younger than 16. Even though the question of consent according to the health authorities is at least partly resolved in the present regulations, the current practice in Barnahus reflects a need for more information on how the regulations should be interpreted, as well as guidance on the routines that must be in place for obtaining a valid consent to non-forensic medical examinations. This situation again

would require clarification of the target group for such examinations: whether they should be offered to all children interviewed in Barnahus or only to those interviewed as aggrieved parties.

Resources: Little Capacity for Upscaling

The rarity of cases that include a medical examination has been a continuous source of concern ever since the Barnahus model was implemented, and an explicit goal from national authorities is to upscale this part of the Barnahus operation. But what, exactly, medical examinations in Barnahus should entail is not part of the discussion. As mentioned earlier, medical examinations today are performed according to an extensive social paediatric protocol, regardless of the purpose of the examination (forensic or not). Most Barnahus observers take for granted that upscaling means a more universal offer of social paediatric medical examinations, which require specialist training and is time consuming. This view is explicated in the national medical guidelines from 2019 and is supported by Barnahus leaders and doctors alike.

For doctors, setting the protocol aside would mean going against agreed-upon medical standards for the assessment of vulnerable children's healthcare needs, as illustrated in this quote from our survey study: "It's important to sustain the quality of what we deliver and not increase the number of cases at the expense of quality." To date, no one has fully acknowledged the resource requirements for upscaling to a universal offer of medical examinations, based on the social paediatric protocol. Upscaling would require investments on the Barnahus side, and thus for the justice sector where Barnahus is affiliated. Investments would include additional examination rooms and medical equipment, which are minor costs compared to the costs involved for the health sector. Even though not all children summoned to Barnahus will need a medical examination, the goal of having a more universal provision of medical assessment in Barnahus is hardly within reach in any foreseeable future: Only one in five cases presently include a medical examination, and qualified doctors are already a scarce resource in Norway's health regions (Bakketeig et al., 2021; Directorate of Health, 2022). Such is the situation, despite the fact

that Norway's health regions in 2016–2017 were instructed to develop sufficient competence and capacity in order to be able to offer children interviewed at Barnahus medical examinations (Directorate of Health, 2022, p. 13).

In our survey, we asked the Barnahus doctors about how realistic they thought the plan to upscale to more universal provision in their respective health regions was. Close to half the doctors indicated the capacity to do more forensic medical examinations in their health region. Their answers most probably reflect their experience that prosecutors are generally restrictive when considering the need for forensic medical examinations, and that upscaling would not mean a considerable increase in such examinations—at least not in the short term. The possibility of upscaling to offer medical examinations in *all* Barnahus cases was another matter. Six out of ten doctors answered with a definitive "no" to this question, while only a quarter answered with a definitive "yes." The positive answers should be interpreted with caution, however, given the rarity of cases that include a medical examination today.

We should note that the doctors differed somewhat in their view about the universal provision of full medical examinations in Barnahus. Some doctors were open to alternatives, for instance, the use of a screening model, or the idea that medical professionals should be more involved in deciding which children should be examined:

> Medical examinations should be mandatory to offer to all children who come to Barnahus. Alternatively, health personnel should play a larger role in decisions on who should be given the offer of a medical assessment.

Some doctors also stated that medical examinations were unnecessary in certain types of cases and that, given the limited resources, more serious cases should be prioritised. The Directorate of Health report (2022) also brought up the issue of differentiation, or finding the right level of universality. According to the report, medical examinations in Barnahus could be unwarranted in cases where the health of the child has been assessed elsewhere, the child does not belong to the target group, or the incident happened a long time ago.

The doctors' survey answers also indicated the existence of unresolved resource issues in the present situation, which provides important context to their answers about upscaling: 22% indicated that they sometimes had too little time for a medical examination, and only 19% stated that they always had enough time to write the forensic report. For most (61%), whether they had enough time varied, while 17% usually experienced problems finding the time. The following quote from one doctor is illustrative of these findings:

> We have the capacity to do more forensic medical examinations, but it's a challenge to write the reports from them. [If we were to upscale], the hospital would need to allocate enough time for report writing, court appearances, consultation meetings, and so on.

In addition, the doctors' answers indicated major differences between hospitals in terms of their quality control and psycho-social support systems, which also points to a lack of priority for medical work in Barnahus in Norway's health regions. Only four out of ten doctors answered that their hospital units regularly conducted case reviews—which is a well-established method for quality assessment and knowledge transfer. Some doctors described how quality control routines were lacking altogether in their hospitals:

> We don't have any systematic quality control of forensic medical examinations. No time is allocated to training, reviewing reports, or supervising [inexperienced doctors'] writing or preparation before [they] must give testimony in court. We really need to establish a system for these things. Managers who don't have experience with this field of expertise don't understand this need, and as long as there aren't any official recommendations, they won't follow through.

As illustrated, the issue of funding of non-forensic medical examinations is much more complex than simply funding doctors' time so they can conduct medical examinations and write reports. The issue also involves recruiting and qualifying doctors and resources for supervision and quality control as well as ensuring their participation in collaborative work throughout case processing.

Concluding Remarks

Drawing on the concept of *institutional inertia* (Aksom, 2022), in the present chapter, we have examined how resistance or standstill can occur within a system designed to work innovatively and to provide momentum to broader societal changes in response to child victimisation (Devaney et al., 2024, chapter 9). Despite clear aims and efforts to the contrary, in the Norwegian Barnahus model, medical examinations have become closely intertwined with the penal track, while their role in the welfare track has been sidelined. The reasons for this development are complex. While the professionals and agencies involved generally understand that medical examinations in Barnahus have a dual mandate and serve important roles in both the penal and welfare tracks of the model, the established system of institutional routines, regulations, and funding programmes seems to have facilitated more of a bifurcation in how the system "thinks" about medical examinations in Barnahus.

Our analysis shows some of the challenges involved when a hybrid practice is to be implemented in an "unstable" hybrid organisational model (Johansson & Stefansen, 2020) that (in the case of Barnahus) has become increasingly skewed towards the penal mandate (Stefansen et al., 2023). When the Barnahus model was first implemented in Norway in 2007, these challenges were only partly understood, and many of the routines for case processing through the Barnahus were established according to the logic of criminal cases, with the forensic interview as the primary task to be coordinated. The room for integrating the medical staff—and making use of their expert competence in the whole process of the case—has been hampered from the outset. Progress has been held up by legal and administrative regulations that exclude medical staff from key collaborative arenas in the preparatory stage of case processing (such as the formal consultation meeting) and by weak or absent routines for information sharing and collaboration with the professionals responsible for children's recovery and welfare during the follow-up phase. Their possibility of offering medical assessments to a broader group of children is also restricted due to the perceived lack of clarity in which circumstances Barnahus staff must refer children to non-forensic medical examinations and their perception of their role in

terms of follow-up. Non-forensic medical examinations are thus a largely non-institutionalised practice, even though they are clearly included in the idea behind the Barnahus model as a holistic service.

All in all, the present guidelines do not sufficiently explicate the Barnahus mandate to coordinate and facilitate medical examinations within the welfare track. The Barnahus staff also see their role as primarily linked to ensuring the psycho-social welfare of children and their families. In addition to securing the necessary legal basis for medical examinations, including having sufficient legal clarity, the incorporation of the medical mandate across the penal and welfare tracks thus entails changes both in organisational routines and professional "gaze" and practices, both of which are more difficult to achieve when a practice has become more set. In the Norwegian context, the medical examinations have become more institutionalised within the penal track than the welfare track. The barriers can be understood as a clash between external governance regimes (Emerson et al., 2012) and existing institutionalised intra-organisational norms (Aksom, 2022) related to the respective collaborating agencies and professionals. Medical staff often struggle with long-lasting intra-organisational routines, established within their ordinary healthcare organisations, while non-institutionalised routines for practices that fulfil the dual medical mandate within the hybrid Barnahus organisation present their own challenges. As Aksom (2022) acknowledges, this scenario tends to push organisations back towards previously routinised practices and structures, thus making successful changes difficult to achieve.

Another contributor to institutional inertia is the resource situation in the healthcare sector and the fact that qualified doctors are a scarce resource. Even if Barnahus do succeed in establishing new routines for needs assessments and referrals to non-forensic medical examinations, the goal of upscaling to the universal provision of full-scale social paediatric medical examinations at the Barnahus is not within reach in any foreseeable future. To date, policy documents have not sufficiently addressed this issue. Such documents include the Barnahus guidelines and the latest report from the Directorate of Health (2022), which assumes that medical examinations in Barnahus should be done according to the social paediatric protocol and do not discuss alternative systems of provision.

Universal provision can be achieved through other organisational setups, however. In a trial project in Denmark, all children suspected of having experienced violence and abuse in close relationships, and who were referred to the Barnahus via the Copenhagen police for an investigative interview, were offered a forensic medical screening (Spitz et al., 2022). One of the aims of that project was to strengthen the child's rights by documenting traces of physical harm to the child caused by being exposed to violence, and, on a qualified basis, optimising further follow-up of the child within the legal, medical, and social systems. Based on parental consent, the examination consisted of a comprehensive forensic examination combined with an examination of the child's general health and well-being, consistent with what we have referred to as Barnahus's "dual medical mandate." Within three days, the forensic examinator issued a preliminary conclusion that was shared with the prosecutor; based on this conclusion, the prosecutors decided if they would ask for a full forensic medical statement, which could be used as a legal document. Among the children who were examined for the trial project, almost half showed traces of abuse and/or illness. The report concluded that the project had contributed to a stronger evidential basis in criminal cases, as well as securing more children's medical follow-up after the investigative interview. The strength in this trial project seems to lie in its universalism, since all children who are interviewed at Barnahus are offered an examination and are examined if their legal guardian consents. This routine removes the assessment of whether an examination is necessary and gives the prosecutor a better foundation for deciding if any medical evidence is relevant to the penal case.

One question that could be raised from our analysis is whether children who are referred to Barnahus for a forensic interview should have a legal right to a medical examination. Making medical examinations a legal right would strengthen Barnahus's obligation to offer such examinations, and to establish necessary routines for the follow-up of any healthcare needs that are identified in collaboration with medical personnel. How such a right could be regulated within the Norwegian legislation would first need to be assessed. Another necessary precondition for such a system to function is that sufficient resources must exist in the healthcare sector to educate and allocate medical personnel to

conduct medical examinations in Barnahus on a much larger scale than is the case today.

Legal changes take a long time. In the short term, progress is possible by implementing new guidelines that explicate the responsibilities of the Barnahus staff for referrals to medical examinations, and the possibilities of acquiring consent from a child's legal guardian in cases where the parents and the child have conflicting interests. More can be done within the present regulatory system to involve doctors in multi-professional consultation meetings at Barnahus and to develop routines that ensure that any medical health needs that are identified are attended to after the forensic interview has been completed.

For countries that are piloting or implementing the Barnahus model, some general advice from our analysis is that the role of Barnahus staff in medical matters must be explicated in Barnahus guidelines as part of the coordinating responsibility. The quality standards from PROMISE can be a starting point for how to carve out the medical mandate of national Barnahus models. Such standards are general in nature, however, and must be complemented by context-specific analyses of both the formal and practical obstacles to fulfilling the dual aim of medical examinations.

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5

Accumulated Silence When "Passing the Buck": Organisational Tensions in Child Welfare Investigations

Lina Ponnert

Introduction

Child welfare caseworkers operate in a professional field characterised by juridification and hard-law initiatives as well as increased standardised procedures (Ponnert & Johansson, 2018). Although the use of Barnahus is not mandatory by law in Sweden, the model has rapidly become a standard normative procedure.[1] Specialisation and professionalisation tend to result in increased functional and structural differentiation of organisations (Axelsson & Bihari Axelsson, 2006), examples of which include both Barnahus and increased organisational specialisation into different

[1] In 2018, approximately 77.6% of the 290 municipalities in Sweden were connected to a Barnahus (Barnafrid, 2019).

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units within the child welfare services. This chapter examines these developments by using the perspective of child welfare caseworkers,[2] with a focus on child welfare investigations (henceforth "child investigations" or "investigations") in cases of suspected violence.

For almost a decade, Sweden's child welfare services have been required by law to initiate an investigation when they receive knowledge that a child might have been exposed to, or witnessed, violence, or other abuses by or directed to a close relative (SOSFS, 2014:4, 6:1). We might look at this legal regulation as an attempt to strengthen the protection of children from violence and to reduce the risk that children who are referred to the child welfare services will not be thoroughly investigated. But an obligation to initiate a child welfare investigation might also create legal, professional, and ethical tensions (Ponnert, 2023). As of November 2022, initiating an investigation is no longer mandatory, partly due to interpretation problems in practice discovered in a follow-up and analysis by Sweden's National Board of Health and Welfare (2021, 2022).

Violence in close relationships, however, is an area where the law is still complemented by binding regulations and general advice from the National Board of Health and Welfare (HSLF-LF 2022: 39), including a reminder to initiate investigations of children when appropriate, and an obligation to provide support to children who have been exposed to or witnessed violence in close relationships. The child welfare service's responsibility in the event of violence has accordingly come to be emphasised and regulated in more detail in legislation in recent years. Since August 2021, such legislation also includes a legal responsibility to ensure that those who have subjected relatives to violence or abuse will change their behaviour (Prop. 2020/21:163; 5:11a Social Services Act [SSA][3]). Subjecting a child to witnessing violent acts between people close to the child is also now a crime, as of July 2021 (Prop. 2020/21/21:170; 4:3 Criminal Code), which may result in an increased number of children

[2] I use the phrases "social worker" and "child welfare caseworker" synonymously in this chapter, both of which refer to social workers who have the legal authority to conduct pre-assessments and/or child welfare investigations within the child welfare services. In Sweden, this work requires a 3.5-year education which results in the professional title *socionom,* or a corresponding relevant degree (3:3a Social Services Act [SSA] 2002: 453).

[3] SSA 2001: 453.

being subject to parallel investigations and hence referred to Barnahus in Sweden.

Although one aim of Barnahus is to provide an integrated and child-centred model for investigating suspected child abuse by using a "one-door principle" to avoid secondary victimisation, the opposite development may occur in how the child welfare services are organised. Today the services are characterised by an intra-organisational specialisation (Blom et al., 2009; Grell et al., 2022). In Sweden, municipalities have specific intake units (sometimes called reception units[4]), which specialise in making the immediate risk assessment of referrals/reports concerning children at risk, to make a pre-assessment, and (within 14 days) to decide whether an investigation should be initiated (National Board of Health and Welfare, 2019, pp. 8–9 and 53). If an investigation is initiated, the case is then transferred to a specific investigation unit, where another child welfare worker (henceforth "social worker") conducts the actual investigation. Social workers at separate support/intervention units also provide support to children and their families and follow-up children in care. When they have reason to believe that a child has been subjected to violence, social workers thus need to collaborate within the child welfare services and to do so in accordance with their own legal obligations and organisational procedures; they must also collaborate with the police and Barnahus. The challenges found in child investigations from a social worker's perspective are thus important to highlight.

While research on Barnahus from the perspective of social workers is scarce, Mosegaard Søbjerg (2017) has shown that, from a broader holistic approach, social workers in Denmark may experience challenges while working with children and their families when Barnahus is involved, and police reports may also challenge collaborations with families (Mosegaard Søbjerg 2017; Johansson, 2011). Johansson (2011, 2017) has found that the inter-professional collaboration in Barnahus in Sweden is generally characterised by juridification, in the sense that a logic oriented on

[4] Based on a survey answered by 251 municipalities and neighbourhoods (of 312 in total), a total of 82% had a special intake unit concerning children and youth. In 61%, the intake unit only concerned children and youth, but 21% of the municipalities had intake units directed towards children as well as adults (p. 53).

criminal law tends to guide work and override an approach oriented on social work. In my own thesis (Ponnert, 2007), which was carried out before Barnahus and specific intake units became standard in child welfare services, I also found several aspects of juridification influencing the compulsory care process within the child welfare services. For instance, as decisions were handed over to the administrative court, social workers expressed a need to await enough "legal evidence" before intervening, although they were morally and professionally convinced that compulsory care was required.

One question that then arises is the question of what happens with social workers' risk assessments today, when they are both filtered internally at different levels within the child welfare services organisation and in relation to Barnahus, and a logic that is oriented towards criminal law (Johansson, 2011, 2017). In this chapter, I will explore a few organisational tensions within the child welfare services (intra-organisational tensions) and in the collaboration with Barnahus and other agencies (inter-organisational tensions), and how these tensions might affect child welfare investigations and practice concerning suspected violence. I ask which dilemmas can be discerned when it comes to violence from a social worker's perspective and in relation to Barnahus, and what are the possible consequences from a child's perspective?

This chapter's discussion and results are based on a Swedish research project on social workers' interpretations of violence in child investigations.[5] The Swedish system has been described as being oriented towards family service (Gilbert, 2012), with low legal thresholds for mandatory reports and for child welfare investigations. A child investigation proceeds most interventions from the child welfare services in Sweden, and interventions are rarely possible as a "service" without previous investigation. Hence not only are the most serious cases or referrals investigated, but so are cases where the family applies for, or only needs, minor support, such as counselling. Voluntary support, however, is preferred

[5] The research project is titled "Child welfare investigations when violence is suspected: Social workers' interpretations of violence, assessments of the best interests of the child, and consequences for practice" (Barnavårdsutredningar vid misstanke om våld: Socialsekreterares tolkningar av våld, bedömningar av barnets bästa och konsekvenser för praktiken). The project is financed by the Swedish Crime Victim Authority (Brottsoffermyndigheten).

and is often used in cases of maltreatment as well, if the child's custodians give their consent. As an example, babies are primarily removed to foster care as a result of voluntary or emergency measures (Hestbaek et al., 2020), and the division between support/welfare and protection vis-à-vis interventions can accordingly be blurred in practice. Pösö et al. (2014) have problematised the family-service orientation in Nordic countries due to its principle of providing the "least intrusive" form of intervention, since this approach may result in an overly high threshold for providing out-of-home care, even when children experience adverse home conditions. The large number of teenagers with behavioural problems in out-of-home placements in the Nordic countries may be an unintended consequence of a lack of sufficient protective interventions at an early age (Pösö et al., 2014).

Theoretical Framework

The analysis presented below is grounded in two theoretical frameworks: institutional theory and perspectives on professional discretion. I argue that both approaches are necessary to understand the challenges and consequences of different collaboration practices regarding child welfare investigations.

Institutional Theory and Organisational Perspectives

Institutional theory focuses on how organisations adapt to the institutional context (Di Maggio & Powell, 1983; Meyer & Rowan, 1977). Researchers have elaborated on the concepts of integration and specialisation from different perspectives to understand such adaptions. Lawrence and Lorsch (1967), for instance, claimed that organisations tend to become differentiated into parts in order to correspond to changes in the institutional environment, but they also found that these parts need to be integrated and provide a unified perspective for the organisation to thrive. Today, the child welfare services in most Swedish municipalities are also characterised by an intra-organisational specialisation that

can be described as both problem-based and function-based specialisations (Blom et al., 2009). In a problem-based specialisation, separate units manage different social issues or target groups (such as children), whereas a function-based specialisation usually refers to the separation between authoritative work and decisions (such as conducting investigations and making decisions) and the provision of social support and treatment (Blom et al., 2009).

Axelsson and Bihari Axelsson (2006) relate the increased specialisation and professionalisation in public health to increased differentiation on different levels, both within organisations and at the inter-organisational level. They claim that functional differentiation results in structural differentiation, which may cause a fragmentation of responsibility, which in turn may result in a need for horizontal and vertical integration between organisations or units through coordination, co-operation, contracting, and/or collaboration. Integration, however, is a broadly used concept (Fisher & Elnitsky, 2012) that has also been used to describe organisational structures and specialisation (Grell et al., 2022; Smith et al., 2018). In this chapter, "organisational integration" refers to an organisational structure that avoids the differentiation of work into different specialised units, while "integration practices" are defined as collaborative forms of integration work.

Drawing on previous studies on collaboration in Barnahus, one starting point for the analysis is also that the collaboration in Barnahus has often been characterised by juridification, in the sense that the power dynamics result in a logic oriented on criminal law primarily setting the agenda, whereas the treatment-oriented logic (represented by social workers) tends to take a back seat (Johansson, 2011, 2017). In Johansson's study (2011) and in interviews with staff at six local Swedish Barnahus, she showed that social workers may be excluded from co-hearings due to the secrecy of the criminal investigation; she also found that Barnahus coordinators might propose that social workers not inform a child's custodians about police reports before the investigative interview at Barnahus has been conducted (Johansson, 2011, 2017). King and Piper (1995, pp. 132–138) have described such a juridification phenomenon whereby the legal system becomes the dominant discourse once the law or justice perspective "enslaves" child welfare knowledge.

But juridification is a broad concept that may relate to many different dimensions, including increased legal regulations and judicial power or a tendency for people to think of themselves and others as legal subjects (Blichner & Molander, 2008). In this chapter, I refer to juridification as a regulatory process that tends to result in increased "instrumental orientation" (Teubner, 1987), which occurs as a result of both legal and organisational rules and norms for practice.

Social Workers' Discretion

Discretion has been described as a doughnut hole, surrounded by a belt of restrictions (Dworkin, 1977). Social workers belong to a professional group that is usually associated with considerable discretion or room for manoeuvring to make assessments and decisions based on their specific knowledge and judgement. But researchers often distinguish between the actual room for manoeuvre, or "discretion as granted", and the "discretion as used" (Hupe, 2013), as well as between professionals' "discretionary reasoning" within their "discretionary space" (Molander, 2016). Molander (2016) claims that when discretion is split up among several actors, the power of each person is reduced. Such "divisive mechanisms" thus narrow the discretionary space and may also (either by intention or otherwise) function as a delaying mechanism. Hood (2020) has elaborated on how sharing discretion can be seen as a way of spreading responsibility. He uses the concept of "pooled discretion" or "hanging together" to describe situations where the responsibility for decisions is shared but not avoided. The functional specialisation of social services into several units may be seen as an example. Another way to spread responsibility is by "semi-delegated discretion", where the discretion is fully or to some extent, passed on and delegated to another actor, also referred to as "passing the buck" (Hood 2020). In this chapter, this situation may be related to how the main authority to talk to children who have disclosed exposure to violence is passed on or transferred between agencies: either vertically (from mandatory reporters to child welfare services, and from child welfare services to Barnahus) or horizontally, between different units.

Method and Empirical Material

The analysis in this chapter is based on qualitative interviews conducted with 16 social workers in seven municipalities of different sizes in Sweden. One interview was conducted in each municipality. Six of the interviews were minor group interviews with two or three social workers, and one was an individual interview. In all municipalities, the child welfare services were organisationally specialised, and reports/referrals were first handled by an intake unit and transferred to an investigation unit (if an investigation was seen as necessary). All municipalities were also connected to a Barnahus (three different local Barnahus). The participants in the interviews all worked with, or had previous experience of, conducting child investigations. At the time of the interviews, 11 social workers worked at intake units, four at investigation units (of which one had previous experience of intake units), and one with following up children in care. The interviews lasted approximately 60–80 minutes and took place during 2020 and January 2021. Six interviews were conducted at the caseworkers' workplaces, while one was a digital interview. A semi-structured interview guide was used guided by different themes; the organisation of the investigative work, the interpretation of legal regulations for child investigations in cases of violence, the various risks and opportunities involved in child investigations, and any legal tensions. Specific questions were also related to if and how Barnahus and police reports were used, as well as possibilities and challenges related to that aspect. All interviews were recorded and transcribed verbatim. The author translated the quotes used in this article into English; the quotes were then lightly edited for clarity.

The focus in the analysis is on illuminating intra- and inter-organisational tensions in social investigative work in cases of suspected violence, including the pre-assessment that occurs prior to a child investigation being formally opened. The interviews were analysed according to the principles of thematic analysis (Braun & Clarke, 2006), guided by the specific questions and theoretical approaches described in this chapter. I searched for quotes that displayed organisational and legal tensions in relation to Barnahus and the work within the child welfare services, noting initial codes. I then reread the transcriptions and

searched for any overarching themes before finally reviewing, defining, and naming the themes. The study has been approved by the ethics review authority in Sweden. In the presentation, each social worker is represented by a randomly chosen letter (A-P).

Analysis

I will start by discussing how the organisational specialisation within the child welfare services affects the work with investigations, as well as showing examples of the integration practices that social workers use to avoid performing fragmented work. I then show how the immediate protection assessment conducted at intake units may be affected (and delayed) by new intra-organisational interpretations of the legal framework, the division of work between different units, and the Barnahus procedure itself. This organisational process involves the risk of what I call "administrative thresholds" for taking the child into care. Instead, social workers use different integration practices to try to keep the child secure before and after the experience with Barnahus. Finally, I discuss child investigations and professionals who respond to children's disclosure of violence from an inter-collaborative perspective, also taking mandatory reporting into account, and the risk of what I refer to as "accumulated silence".

The Administration and Integration of Work

The tasks at intake units in most municipalities include receiving reports, making immediate protection assessments, deciding on investigations and police reports in the event of violence, and, if necessary, making immediate arrangements (National Board of Health and Welfare, 2019), which was also the case in this study. In one municipality, however, the social workers stated that whether or not a police report was to be made was decided at the investigation unit. The work involved at intake units also in general (not only in cases of suspected violence) allows limited time for contact with children and parents, since the pre-assessment is

restricted by law to 14 days. Also, within a pre-assessment, the social workers are only allowed to talk to the children and their custodians and the person who made the referral; further contacts are only allowed if a child welfare investigation has been initiated (11:2 SSA). As one social worker said, "We usually only have the chance to meet with them *once* during a pre-assessment". Since initiating a child investigation in the event of suspicion of violence was also mandatory at the time of the study, the function of the intake units primarily seemed to be to urgently assess and then administer the violence by passing the case on to the investigation unit and, where appropriate, reporting to the police and contacting Barnahus.

> F: So, with pre-assessments concerning violence, there it happens that the intake unit doesn't meet the families at all; they only do the first bits of processing the care—to actualise the case and make a protection assessment if you choose to do so. And to make the decision to initiate [a child welfare investigation] or hand it over to the head of unit.
>
> —Interview 3, intake unit

At the same time, some emphasised that immediate protection assessments required more professional expertise and experience, and that those working at intake units often had long experience as investigators. Not talking to the family or the child before transferring the case may also be seen as a form of integration practice, to avoid the involvement of too many social workers. But some social workers could view the limited time for pre-assessments at intake units (14 days, according to 11:1a of the SSA) and the organisational specialisation as problematic and as causing unnecessary delays, since each unit has its own routines for case distribution.

> B: I think [things are] going *too* fast, because we have a case for 14 days. As well as having an investigation for four months, we'd need to have [the case] a little bit longer than a few days, because that's a process as well. I'd have to meet the woman or the child who's experienced threats and violence one more time. But as you say [case worker], it should be farmed out [from our unit] as soon as possible.

A: As soon as possible, because it's so obvious that we're going to start [a child welfare investigation], and then we're not going to have the case anymore.
B: And then it might still be in the pile, because they [the investigation unit] only distribute the cases once a week, and then it'll still be a week [where nothing happens]. If you transfer the case [to the investigation unit] on a Friday, it won't be handed over [to a social worker] until the next Thursday or Friday anyway.
—Interview 1, intake unit

The social workers above also noted that the process was set in motion once they had met a child and parent, and that this process then ended abruptly after a meeting; they also expressed how the division of work could result in what Molander (2016) calls a "delaying mechanism". Hjärpe (2022) has analysed how social workers can relate in various ways to the time limit of four months for child investigations, including task-oriented, relational, or clock-oriented approaches. The discussion above indicates a task-oriented organisational specialisation, where the case should preferably proceed quickly when the task of the respective unit has been conducted. The social workers themselves, however, could perceive a need for a relational perspective that typically requires time. In general, the strictness of the formal boundaries between the intake unit and the investigation unit may differ slightly between municipalities. In some municipalities, the case could remain in the intake unit somewhat longer, which may also provide discretionary space for integration practices. Social workers at intake units and investigation units could also collaborate when a need existed for immediate protection of a child and urgent compulsory care.

Interviewer: So, if it's about immediate compulsory care, then you [social workers at the intake unit] do it [the out-of-home placement]?
C and D: Mm…
E: But usually we also connect a social worker from the investigation unit.
D: Yes.

E: We [case workers at the intake unit] do it [the out-of-home placement] together with the investigating social worker. / …/ [The case may involve] a child at school who doesn't dare go home. Sometimes it's us, the people from the intake unit, running [the case]. But a child welfare investigation will happen, since we take action. If you assess that the child needs urgent protection, then usually one of us [social workers at the intake unit] leave, and you connect a social worker from the investigation unit.

—Interview 2, intake unit

The organisational specialisation into separate units, as well as the limited legal authorities within a pre-assessment, seemed to result in an administrative focus for the work that went on at intake units, especially when cases concerned violence, since such cases are quickly passed on for further investigation at the investigation unit. In cases of urgent protection, however, social workers may also cross their intra-organisational boundaries and collaborate across units, which may be seen as an example integration practice.

Administrative and Normative Thresholds for Urgent Protection

One question is what consequences the internal specialisation may have for the first urgent protection assessment (the assessment if something needs to be done right away, based on the information in a referral) and for the pre-assessment that follows, given the limited legal authority and time available within a pre-assessment. In practice, social workers at intake units must decide relatively quickly whether immediate compulsory care needs to be provided, or whether the process at a Barnahus could wait. Several social workers mentioned the example of a child who talks about violence at school, and the dilemma of deciding whether the child will go home again the same day. When asked how they reached conclusions about this type of dilemma, several social workers emphasised that if the child expresses some form of fear, or regarding matters

of serious or repeated violence, they could not let the child go home or await the child investigative interview at Barnahus.

But the interviews also showed, as illustrated below, how collaborating with Barnahus, as well as the internal organisational interpretations of the legal framework, might affect the immediate protection assessment in a way that would make social workers take a more passive approach in the immediate protection assessment.

E: It [the question] is really about the children who signal *fear*. There's a difference if they're at school and say that they don't dare go home. Those are the cases that become urgent for us.

D: But all the other children who say that they're beaten—

E: —but walk home—

D: —and walk home. I mean, how do you write a protection assessment on that? The child might be beaten the same day again. And *before* we had Barnahus, *usually* when we received that kind of report, we went to the school the next day and talked to the child. But now Barnahus and consultation are taken into account a lot, and then you have to wait for the child investigative interview by the police.

Interviewer: Okay.

D: So it's not so—

C: —so the children wait.

D: Yes.

Interviewer: [They] also [wait] on you?

D: Mm.

C: Yes, since we have Barnahus.

D: Yes.

C: So you wait until they [Barnahus] have time, not until we have time. Because when we talk to the child, we also have to inform the child's parents.

D: It's a full day's work.

E: If we go out and talk to the child before, we have to inform the parents. And I'm thinking, after that, the child won't say to the police that he or she is beaten at home. Because

then the child's been ordered not to speak by Mum and Dad.

Legally, as stated above, always informing parents before talking to a child within a pre-assessment or child welfare investigation is not a formal requirement. Later in the same interview, the social workers described how they felt that the requirement to inform guardians early had become stricter over time in their own organisation, which also created difficulties in talking to children before they went to Barnahus.

D: When we started working, you were definitely not supposed to inform parents when we were about to do a protection assessment at a school, for instance. But we have new managers now, who say that we have to inform the parents whenever we're about to go and talk to a child at school for a protection assessment: "We're about to go out and talk to your child." Interviewer: Okay.

D: It's complete *madness.* It's happened more than once where a parent shows up and starts messing around and arguing at school. And how does that turn out for the child?

—Interview 2, intake unit

The interviewees described what once was a normal internal procedure—going out and talking to children at school whenever they disclosed violence—as having become more complicated due to Barnahus, but also based on the internal rules about when the guardians needed to be informed. This situation means that the organisation of the work in the event of suspected violence may result in bureaucratic/administrative obstacles where emergency protective measures become increasingly practical and ethically complicated. The protection of the child "here and now" is pitted against the protection of the child in the long term via the legal process and Barnahus. This scenario may be interpreted as a result of a combination of pooled (internally) and semi-delegated discretion (Hood, 2020) on an inter-organisational level, resulting in delay mechanisms regarding assessments of urgent protection (Molander, 2016).

Previous studies have shown that child welfare services with less specialised work organisation often increase the tendency to investigate children (Östberg, 2010, 2014). Research also indicates that protective

measures as compulsory care are rare interventions, since a focus on parental consent tends to guide the assessment (Heimer et al., 2018; Leviner, 2011; Linell, 2017a; Ponnert, 2007, 2019). In a study based on 291 reports processed within 208 investigations of suspected physical violence in a Barnahus region in Sweden, the researchers found that only 4.5% of the reports were assessed to have resulted in a need for immediate protection (of which less than half resulted in placement), and none of the 208 investigations resulted in compulsory care for the child (Quarles van Ufford et al., 2022). In addition, research on Barnahus has shown that children usually go home to their parents after a visit to a Barnahus, even if the parents are suspected of violence, and that usually children are only placed outside their own homes in the more severe cases (Landberg & Svedin, 2013; Kaldal et al., 2010). One possible risk with suspected violence being administered and filtered through several actors and different organisational units could be that stronger administrative and normative thresholds will arise for social workers where immediate protective measures (such as temporary foster care) are regarded as something that can generally wait and be decided upon at a later stage, after the intake unit has passed the case on, or after the forensic interview at Barnahus has taken place.

Protection Through Potentially Risky Integration Practices

In accordance with the findings from previous studies (Kaldal et al., 2010; Landberg & Svedin, 2013), several social workers in the present study also reflected on the fact that children are often allowed to go home to their parents after a visit to a Barnahus. Deciding whether a child should go home or not after the disclosure of violence raises a form of moral uncertainty (Ponnert, 2015), since both taking immediate actions and letting the child go home will raise ethical concerns.

N: I'm thinking [about] these cases of violence where we go to school. Mostly, the child still goes *home*. But we *also* contact the parents. You might get in touch later that day and decide on a time, so the parents can come and talk to

us over the next day or so. You try to safeguard [the child]. And what will happen now, when you go home together this evening? How will you talk to each other? I think that's important for the child, to feel safe and know he or she will return [to the child welfare services] the next day.

Interviewer: Yes, right.

M: But it's sometimes difficult from an ethical perspective, because it's pretty special to disclose something like that. And then, no matter what the parents say, you will go *home*.

N: Mm. Absolutely.

M: It doesn't have to be the case that actual violence has happened, but sometimes I think…we *let* them go home to a large extent. And sometimes it doesn't result in so much more.

L: But we might also make a plan with the after-hours social welfare office for back-up—

M: —Yes.

L: —and get in touch an hour later or so.

M: /…/ Then I'm thinking that children, depending on their age, might have their own phones, so we inform them, if something happens, that they can always reach the social services at these numbers and get in touch. [We tell them] that it's important to inform [people].

/—/

N: But these situations when a child is at school and is sad and scared and doesn't want to go home, and you talk to all the people involved, and [the situation] still ends up that way—it's not a good feeling.

M: No.

N: But you can't deal with it in so many other ways either.

—Interview 6, intake unit

In this interview excerpt, the participants expressed that handling the matter in any other way was sometimes impossible, even if the child was scared and feeling unwell, and they perceived the discretionary space they

had been granted as being quite limited. Fear of violence can be an incitement for compulsory care, so the organisational context and collegial norms appear to be the factors that restrict the perceived discretionary space. Instead, the social workers described their use of discretion as focusing on more informal ways to safeguard the child by different integrating practices, such as preparing the after-hours social welfare office or by telling the child to contact the social services if something happens. The interviewees described using similar informal safeguarding practices to compensate for the lack of direct contact with children while waiting at a Barnahus.

Interviewer: But sometimes you have to make an immediate protection placement; you can't wait—

P and O: —Mm.

P: —to safeguard the child's protection. But you might also make a police report and then have a contact with the school, since the investigation's been [formally] initiated. Sometimes you might check with the principal at the school who knows the child. Perhaps [the contact is] the person who reported about violence. This person might keep an extra eye on the child until the police have conducted the child investigative interview and can be a little vigilant to ensure that nothing happens. So, there are some ways to make sure the child isn't hurt as we wait [for Barnahus].

—Interview 4, intake unit

This discussion may be thought of as including examples of integration practices, in order to fill the gap for children between the report and the child investigative interview at the Barnahus and until a child investigation can move forward. But such practices can also be risky, since the protection of the child is at least temporarily semi-delegated (Hood, 2020) to external actors who lack the legal powers that social workers have to actually be able to control or ensure that the child will not get hurt.

The Accumulated Silence When Passing the Buck

Similarly to previous studies (Johansson, 2011, 2017), the social workers in the present study expressed an adaptation to the criminal justice process and said that they avoided further social investigative measures prior to the child investigative interview at Barnahus, even if a child investigation had been formally initiated. If the time for the child investigative interview at Barnahus dragged on,[6] the initial process in the child investigation would be delayed and, in reality, compressed in time, since the child welfare services normally have only four months to conduct an investigation (11:2 SSA).

> D: Yes, Barnahus is amazing in these cases, with serious sexual abuse and more serious violence. Then collaboration is good. But in these "light" cases, it only slows us down, because there won't be any conviction anyway. Because most children can't say when it [the violence or abuse] happened anyway, so it rarely if ever leads to anything.
>
> —Interview 2, intake unit

In a similar way that the social workers in this study could perceive the internal organisational specialisation into units as a delay mechanism (Molander, 2016), so could co-operation with Barnahus. A document study of 69 children referred to Barnahus has also shown that several of the children had to wait a long time for the interview at the Barnahus, some more than three months (Landberg et al., 2020), indicating that such delay processes are not unusual. Following the fact that the criminal justice logic has priority also means that professionals avoid talking to children before the child investigative interview at Barnahus has taken place, which previous researchers have discussed as well (Johansson,

[6] While there are no explicit time limits for when the police will conduct the child investigative interview, the law states that a preliminary investigation must always be completed as quickly as possible (23:4 Trial code 1942: 740). When the victim is a child, and the crime might result in more than six months in prison for the offender, the preliminary investigation must be completed in an especially urgent manner, and within three months from when a person is suspected on reasonable grounds, but that time period may be exceeded due to specific circumstances (2a § Preliminary investigation announcement 1947: 948).

2011; Kläfverud, 2021). Children are given limited information before the investigative interview when they are taken to Barnahus by a companion (Kläfverud, 2021), and the information about Barnahus they do receive is most often provided by their custodians and not professionals (Kaldal et al., 2010, 2017). Landberg and Svedin (2013) found that approximately eight of 23 local Barnahus in Sweden followed a clear structure and routines for who should inform and follow up with children after a visit at Barnahus, and some lacked procedures altogether. This situation may result in a lack of information and support for children or their families after professionals have conducted the investigative interview at Barnahus (Kaldal et al., 2017). A document analysis of child welfare investigations has also indicated that many children only have brief meetings with the child welfare services (Landberg et al., 2020).

The social workers in the present study also noted that professionals who had a legal obligation to report suspected violence to child welfare services did not talk sufficiently with children who expressed something related to violence.

> A: (…) The school says that when we hear [talk of] "violence," we shouldn't talk to the child but should report it to you at the social services. Yes. But they could have asked a bit more. But some are like that—no, if they hear "violence," they only want to tell the child welfare services, then nothing else. And then we'll make a police report.
>
> (—)
>
> B: We can receive one sentence (in a report) saying that a child said today at dinner that she was beaten by her dad. End of story. And if I ask the preschool teacher or educator, "This child has picked you in this situation; why don't you ask any questions?" "I don't know," they'll say.
>
> —Interview 1, intake unit

Such scenarios can result in social workers feeling that they receive overly vague reports of violence that are difficult to assess. At the same time, a similar process occurs within the child welfare services when social workers at both the intake unit and the investigation unit avoid

talking to children or parents before the interview at Barnahus. As previously mentioned, social workers at intake units often expressed that they in fact talked less to children when violence was suspected, since it was then obvious that the case would be passed on to the investigation unit. Some also expressed concerns about the limited number of times in which social workers talked to children and the tendency to avoid talking about violence specifically in child investigations.

B: There will be a hearing at the police, and before that, we've only done a *fictitious* immediate protection assessment based on the information from the reporter—where we'll find some protection factors that will result in us not taking the child into care right away. That becomes the leading words here, "compulsory care."

/…/

Interviewer: Okay. Would you say that you talk *less* to children when suspicions of violence are involved than in other pre-assessments?

A. Yes.

B: Yes.

Interviewer: You do. Okay.

B: And then [the case is] left to the investigators. And that's where I think the problem is *gigantic*, because a child welfare investigation then consists of a period of four months where, in the *worst* case, you've only spoken to the child *once*, and in the best case, *three* times. But then these cases are closed without further action in most cases if the parent refuses support interventions. And in my world, if a child's told a person that someone beats them, they've eased their heart, picked out that person usually, and then nothing more happens. So we sometimes get these cases back at the intake unit. And then we can see that in *exceptional* cases, you [social workers] talk about the violence, but it's not part of the *rule* to do so. Instead, [they discuss] everything else around the child—family, what they do, their free time, etc.—which should also be included. But *not* the specific violence.

/—/

A: Many times, the role at intake units, we don't talk to the child about the violence. Since a child welfare investigation is initiated immediately, a social worker [at the investigation unit] will be able to create a relationship and talk about what is difficult during those four months. But I think it's easier to talk about school and other things.

—Interview 1, intake unit

Previous research has shown how child welfare investigations into violence may be guided by a focus on investigating the violence, or by a more holistic perspective where violence is discussed with less clarity (Landberg et al., 2020; Mattsson, 2017). The tendency to talk about easier subjects than violence, as expressed by the social worker above, could be seen as an example of a more holistic approach. The child assessment framework in Sweden[7] also provides a holistic framework for child welfare interventions in which violence is not highlighted by a specific predetermined heading in the written investigation (Ponnert, 2017). Several social workers in the present study also expressed the ethical dilemma of encouraging children to talk about violence when their parents could refuse support measures, hence highlighting some of the challenges involved in having a family-service orientation (Gilbert, 2012; Pösö et al., 2014).

The intra- and inter-organisational tensions discussed in this chapter also create the risk for what I call "accumulated silence" from several professionals when children disclose experiences of violence. Due to organisational specialisation and professional collaboration, and the overall adjustment to the criminal logic when violence is concerned, the common outlook is that talking to a child about the violence is best done by somebody else, at some other time and place. We may think of this scenario as a result of what Hood (2020) refers to as "semi-delegated discretion", better known as "passing the buck". This approach is problematic from a child's perspective, since disclosure of violence or sexual abuse is a process (Foster & Hagedorn, 2014; Jensen et al., 2005;

[7] The assessment framework is called "BBIC", an abbreviation for "Barns Behov I Centrum", which in English translates to Children's Need in Focus.

Linell, 2017b; Thulin et al., 2020). Research from the perspective of children has also shown that they feel that they lose control after a disclosure of violence and that they experience a lack of information from child welfare caseworkers and Barnahus on what will happen, resulting in fear or anxiety (Thulin et al., 2020). If they do not feel listened to because of various delay mechanisms in professionals' responses, then the accumulated silence from professionals might also silence the voices of children. The family-service orientation (Gilbert, 2012) and the legal focus on parental consent for interventions in Sweden can also add to this silencing of children.

Conclusion

Since violence is a clear incitement for starting child welfare investigations, either legally and/or normatively, meeting children and their families at the intake unit is sometimes regarded as unnecessary from an integrative perspective, to avoid fragmentation (Axelsson & Bihari Axelsson, 2006). The limited time frame and limited legal authorities within a pre-assessment may also result in a focus on "administrating violence" at intake units, since the case is quickly transferred to the investigation unit. But the analysis has also shown how the organisational specialisation into different units within child welfare—where the immediate protection assessment and pre-assessment is separate from the actual child welfare investigation—in itself can act as what Molander (2016) refers to as division or delay mechanisms in cases of suspected violence, since cases may be distributed during specific weekdays at investigation units.

The inter-organisational collaboration at Barnahus also adds a further layer of division/delay mechanisms, resulting in additional administrative and organisational thresholds for providing immediate protection to children who disclose violence. Together, these mechanisms produce an "accumulated silence" among professionals, where a professional's response to a child's disclosure can be delayed or even absent. Social workers' integration practices to try to safeguard children under these circumstances can also be described as risky, since they might involve

people without a mandate to protect the children in practice, or even the children themselves. We may view this situation as a result of a multi-layered juridification process that, in the long run, also creates a serious risk for silencing the voices and further disclosure of children. This risk is probably even more apparent in what Gilbert (2012) refers to as family-service systems, such as in Sweden and the other Nordic countries, where the "least intrusive" principle and the focus on parental consent to interventions also narrows the scope for interventions and social workers' discretionary space.

The analysis presented in this chapter is based on a limited number of qualitative interviews with social workers in a particular country, Sweden, with a focus on legal tensions in child welfare investigations. How the mechanisms I have identified in this chapter translate to other contexts is a topic for further research; the way in which the collaboration between Barnahus and the child welfare services is affected by the use of different units at child welfare services in most municipalities is also a question that needs to be explored. This chapter however does contribute to an understanding of the complex and intertwined layers of pooled and semi-delegated discretion associated with intra- and inter-organisational collaboration in a highly juridified practice such as violence and child protection, as well as some of its challenges.

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6

Enabling and Preserving Situational Social Work in Barnahus: A Vulnerable Jurisdiction Caught in the Crossfire Between Juridification and Psychologisation

Lotte C. Andersen

Introduction

The starting point of this chapter is a particular context-sensitive or situational social work practice within the Norwegian Barnahus model that can provide a safety net for children in police-reported child abuse cases (Andersen, 2019). This practice may be conceptualised as "interstitial work" (Andersen, 2019, 2022) and involves Barnahus staff—mainly social workers—identifying and compensating for gaps and shortcomings in the systems and relations surrounding each child following investigative interviews, resulting in help that is customised to each child's and family's particular situations and needs. Core elements of the practice can be particularly valuable for children and families who have experience with Barnahus (Bakketeig et al., 2021). The three main objectives of this chapter are to discuss (i) the structural conditions that

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have enabled this practice to emerge within the Norwegian Barnahus model, (ii) various potential exogenous and endogenous threats that could threaten this practice, and (iii) how the practice may be sustained over time.

These questions are used to address scholarly discussions related to the balance between standardisation and professional autonomy in social work (Healy, 2009; Munro, 2005; Ponnert & Svensson, 2016; Sletten & Ellingsen, 2020). The chapter examines exogenous threats, especially those that are relevant within Barnahus models (particularly juridification and psychologisation); the discussion also reflects on how situational practices, such as interstitial work, can be stimulated and preserved when implementing the Barnahus model in new countries.

A central backdrop for the study is the ongoing concern among social work scholars for a general reduction of situational social work practices. Researchers have related this development to the dominance of exogenous trends, such as new public management (NPM) and evidence-based practice (EBP) (Hanssen et al., 2015; Petersén & Olsson, 2015). A key argument is that the increased use of top-down standardised procedures and regulations embedded in these trends reduces clients' problems into predefined, measurable variables and force out the professional autonomy and discretion necessary to tailor interventions to the situational particularities of each case (Petersén & Olsson, 2015; Ponnert & Johansson, 2018). An alternative (or, rather, supplementing) explanation is found in Andrew Abbott's (1988, 1995) notion of "professional regression," which refers to a partly endogenous process whereby professionals tend to "rule out the confusions and difficulties that clients often present to professional knowledge schemes" (Abbott, 1995, p. 550) in order to pursue "purer" jurisdictions associated with higher status. Following this line of thinking, social workers involved in situational social work will eventually be drawn towards more definable practices, such as direct interventions (in the case of psychologisation). Accordingly, previous research and theories suggest that both top-down steering and professional regression may represent potential threats to situational practices such as interstitial work. These arguments are elaborated on and nuanced in this chapter, where the focus is on the experiences of professionals (Barnahus staff) who perform situational social work within institutional

frames that can be described as forming a loose regulatory context for social work practice—in this case, in the Norwegian Barnahus model.

The Norwegian Barnahus Model and the Practice of Interstitial Work

The empirical case used in this chapter is the Nordic Barnahus model, more specifically the Norwegian version of the model and the work undertaken by social workers and psychologists who are employed at Barnahus as regular staff. The Barnahus model was introduced in the Nordic countries as a response to a growing recognition of the need for more integrated and child-centred services for children who had been exposed to violence and sexual abuse (Johansson et al., 2017). It represents an inter-agency and co-located model that addresses police-reported cases of suspected child abuse. The model includes the investigative interview, a forensic medical examination, and a coordinative responsibility for follow-up work on victims—for example, referring to or guiding relevant services or providing treatment at the Barnahus. Accordingly, the model encompasses two institutional logics: one related to the penal process and the other to child welfare and health (Johansson & Stefansen, 2020; Johansson et al., 2017). In this sense, it represents a hybrid model (Johansson & Stefansen, 2020; Stefansen et al., 2023).

In Norway, the Barnahus model was first implemented as a trial project in 2007 and became a permanent national-level solution a few years later. It represents a collaboration project among the Ministry of Justice and Public Security, the Ministry of Health, and the Ministry of Children and Families. The organisation falls within the justice sector, and Barnahus is monitored by the National Police Directorate on behalf of the Ministry of Justice and Public Security. Each Barnahus (eleven in total, three with sub-units) represents a separate unit within the police district where it is located.

In practice, the coordinative responsibility related to the double mandate of Barnahus is carried out by the Barnahus staff, which consists of social workers and some psychologists. Most of the staff are clinical

social workers with extensive experience from adjacent services, such as the child welfare service, the young people's psychiatric outpatient unit (BUP), or both. Typically, staff members have also taken continued education courses in various therapeutic treatment methods and must be considered experienced social workers.

When the Barnahus model was implemented in Norway in 2007, it had a loose mandate, and few regulations existed to guide or monitor the practices of the social workers. Initial reports (Skybak, 2004; Norwegian Ministry of Justice and the Police, 2006) provided some key guiding principles for practice; for example, the Barnahus staff should not take over tasks or responsibilities from previously existing agencies involved in working with child victims of violence or abuse. The purpose of the strategy was to avoid conflict and tension around the model; Barnahus was not intended to involve changes in the mandate of other services (Bakketeig et al., 2012; Stefansen et al., 2012). Accordingly, the police were still to be responsible for criminal investigations, the child welfare services for placement of children in need, and the BUP system for providing therapy to children with severe trauma symptoms.

Apart from this principle and the designated coordinative responsibility, the model was introduced without specific Barnahus regulations or national legislative changes connected to the implementation. Some regulations and legislation, however, were introduced later on. In 2015, the Criminal Procedure Act was amended, and the use of Barnahus became mandatory in child abuse cases (Johansson et al., 2017). The Criminal Procedure Act of 2015 also provides regulations for the responsibilities of social workers related to the investigative interviews; for example, they must attend collaborative meetings before and after investigative interviews and advise the investigative interviewers on how to approach children. Tasks related to the penal process thus have become more strongly regulated in recent years.

Moreover, National Barnahus Guidelines (National Police Directorate et al., 2016) were issued in 2016. Here, the social workers' key roles related to both the investigative interview and the follow-up work are described. These national guidelines are currently under revision (as of 2023), meaning that new and possibly more detailed and/or stronger regulations related to follow-up work may be expected in the near

future. In many ways, social work practice evolved at Barnahus before regulations were introduced in Norway.

Within these institutional frames, experienced Barnahus staff have been observed to engage in a particular context-sensitive or situational social work practice conceptualised as "interstitial work" (Andersen, 2019, 2022). The conceptualisation is meant to grasp a pattern in practice in which contextual features of the case (the response of other services and the child's significant others) play a more significant role than the type of case (e.g. type and severity of the suspected abuse, the child's age, or the child's relation to the abuser) when these staff members decide on how to proceed in their casework. In practice, this situation means that the way in which the experienced staff members evaluate the content and quality of other agencies' responses to the child's situation and needs (as well as the responses of the child's significant others) represents the determinant factors when they decide *if* and *how* to intervene. Accordingly, if the local system lacks important knowledge or has no adequate measures to provide for the child, or when the child must wait a long time for such treatment to start, the staff provide the child with direct interventions (e.g. follow-up conversations or therapy) at the Barnahus.

Staff members also engage in indirect interventions when they identify that someone (such as a professional or significant other in the child's life) is not currently a resource for the child, although they could be if provided with guidance and/or support. In practice, such support could mean having follow-up conversations with (non-abusive) parents, guiding professionals over the phone, inviting to or attending collaborative meetings, or pursuing community work and presentations in schools or kindergartens. Much of the work conducted by the staff falls within the category of indirect work. When "interstices" at the relational and/or system level are identified and compensated for, the practice ensures that someone is continuously there to look after the child in a potentially critical phase and that these people are sensitive towards the struggles the child faces (Andersen, 2022). In this way, the response of the staff is customised to the situational and particular needs of each child in every case.

This chapter's subsequent analysis includes a discussion of which factors within the structural terms of the Norwegian Barnahus model have enabled the situational practice of interstitial work to emerge, as well as future challenges the practice could face.

Theoretical Framework

This chapter draws on literature focused on both exogenous and endogenous threats to situational social work practices. As noted above, a number of scholars have related the ongoing reduction of the situational focus in social work to exogenous processes, more specifically to NPM and EBP (Ferguson, 2008; Hanssen et al., 2015; James, 2004; Lorenz, 2005; Munro, 2014; Petersén & Olsson, 2015; Rogowski, 2010), which have gradually come to dominate the public sector and social work in most European and Anglo-Saxon countries since the 1980s and the 1990s.

NPM may be described as a "structure of organisations as well as a way to obtain efficiency" (Marthinsen, 2018, p. 355). In short, it refers to a cluster of ideas whose aim is to restructure the public sector, with the main goals being increased efficiency and higher service quality through control and monitoring based on goal attainment (Marthinsen, 2018; Petersén & Olsson, 2015). EBP is commonly defined as the "conscientious, explicit and judicious use of current evidence in making decisions about the care of individuals" (Sackett et al., 1996, p. 71). The central idea in EBP is that interventions should be "systematically based on proven effectiveness derived from sound empirical research" (Otto et al., 2009, p. 472). Typically, and similarly to NPM's logic, this approach involves a structured use of standardised manuals to ensure the execution of standardised practice. Scholars have argued that NPM and EBP must be considered interrelated trends and perceived as an integral part of the development of a managerialised social work practice (Petersén & Olsson, 2015; Ponnert & Svensson, 2016). Petersén and Olsson (2015, p. 1585) describe both NPM and EBP as involving a "top-down rationalistic view, incorporating the belief that policy goals, rules and evidence have general relevance independently of context." Consequently, scholars

have argued that a tension exists between organising social services in the welfare state and the opportunity for social workers to practise their profession according to their code of ethics (Hanssen et al., 2015). Other scholars have challenged the "degree of autonomy such professionals possess and the discretionary expertise they are allowed to exhibit" (Maillard & Savage, 2021, p. 2). Links may hence be drawn between a high degree of professional autonomy and the ability to perform situational social work in practice.

An alternative position, which also notes endogenous driving forces, is found in Abbott's (1988, 1995) theoretical framework. Abbott's (1995) starting point is that professions and occupational practices—such as social work and interstitial work—emerge when social actors tie social boundaries together in certain ways. Once an entity has emerged, however, intergroup competition arises to define the central determining factors around a profession at any given time. A central concept is Abbott's (1988, 1995) notion of "professional regression," which refers to the process through which professions "withdraw into themselves, away from the tasks which they claim professional jurisdiction" over (1988, p. 118). This situation stems from the desire for professional "purity" and is generally driven by status. According to Abbott, status in the professions goes with the ability to talk pure professional talk. Subsequently, it is "the complexity and interwoven character of clients' problems that present (…) the most glaring challenge to professional knowledge, even though the whole point of professional knowledge [is] to deal with client problems" (Abbott, 1995, p. 550). Within this logic, professionals who can spend most of their time talking to their colleagues in their fields, such as surgeons and lawyers, represent high-status professions; these are also the professions with the purest jurisdictions. In contrast, professions with less defined jurisdictions are more vulnerable to professional regression and will eventually "try to slide into something that could be made and kept pure" (Abbott, 1995, p. 551). The latter scenario applies to social work in general, perhaps even more so to situational social work, such as interstitial work. Abbott (1995) states that for social work, the obvious alternative is psychiatric knowledge, which would involve direct work with individuals (see also Stefansen et al., 2020).

This idea of professional regression implies that eventually, if enough professionals pursue a high degree of status, entire professions (and professional practices) could move away from their original areas of work (Abbott, 1995). This potential drive towards a purer jurisdiction exactly fits the type of professionalisation embedded in the exogenous trends of NPM or EBP; hence, both endogenous and exogenous processes may pull in the same direction and lead to a gradual dilution of situational practices, including interstitial work. The concept of professional regression also suggests that the absence of regulation and a high degree of professional autonomy *alone* represent no guarantee for the continuance of situational practices. Rather, the idea implies that professional autonomy must be combined with alternative ways of ensuring the status of professionals who practise situational work, if situational practices are to emerge and be maintained in institutions. These insights are elaborated on and nuanced in the empirical parts of this chapter.

Methods and Materials

The empirical material used in this chapter consists of interviews conducted as part of larger fieldwork, where the observational method of shadowing represented a key strategy (Andersen, 2019, 2022). Individual interviews were conducted with ten Barnahus staff members and one leader in two Barnahus units. The respondents were all women and were in the 40–55 age group. Like the rest of the Barnahus staff, the staff members interviewed for the study were experienced, having considerable education and extensive experience from adjacent services. Their experience with Barnahus work varied, however. Half had worked at Barnahus for a number of years, while the remaining half had less experience with Barnahus, having worked at a unit for about a year and a half or less. Verbal consent was obtained from the interviewed and observed staff members and the leader.

Each interview lasted approximately one hour, and all were conducted during the spring and autumn of 2018. A technique loosely inspired by Holloway and Jefferson's (2008) free-association narrative interview method was used. This approach involved using a select few open-ended

questions and pursuing themes that the respondents themselves talked eagerly or intensely about in the interviews, including what appeared to be "free associations."

For the purpose of this chapter, a thematic analysis was conducted. Following Braun and Clarke's (2006, p. 82) definition, "[a] theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set." During the analysis process, transcripts were carefully read and searched for themes related to the structural conditions for (as well as dilemmas related to) practising Barnahus work (interstitial work) within the Barnahus model. Three partly interlinked themes were identified. The first, especially evident in the interviews with staff members with previous experience from working in the BUP system, was the importance of having "room for manoeuvre" in their day-to-day work. As will be revealed in the subsequent sections, the staff members believed this flexibility to be crucial for customising their interventions to the particularities of concrete cases and providing proper help to victimised children and their families. The second consisted of challenging aspects related to the very same flexibility of conducting a type of work that was not clearly defined or regulated. The third referred to the lack of understanding of the type of work conducted among steering ministries and directorates, as well as the fear of an increase in top-down steering. Within the interviews, the third theme was primarily voiced by the leader. (One study limitation is that only one leader was interviewed and that questions regarding steering were not included in interviews with the Barnahus staff.)

Analysis

The following analysis is described in two steps. In the first subsection, Barnahus as an institutional frame or structural condition for the emergence of interstitial work is analysed in light of the theoretical framework. The subsequent subsections, which are based on the interview analysis, address endogenous and exogenous threats to the practice, as well as how it may be preserved for the future.

Barnahus as a Structural Condition for the Emergence of Interstitial Work

Following Abbott's (1995) theoretical framework, professional practices originate from social actors tying boundaries together in certain ways. In this logic, the practice of interstitial work at Barnahus may be viewed as the result of staff members (and leaders) merging tasks and responsibilities in the border territories of adjacent services to solve the concrete problems of the children who come to Barnahus. In many ways, this practice is also what they were assigned to do. The few principles—found in the initial reports that guided the work performed by Barnahus staff members in the first phase of the model—instructed these workers against taking over tasks from adjacent services; rather, they were assigned to bind them together and compensate for system gaps. This mandate thus may have played a noteworthy role in the emergence of interstitial work.

The placement in a hybrid organisation was also likely beneficial, since drawing boundaries together from a position in the midst of other services and sector responsibilities would likely provide a particularly clear and experience-based overview of how the very same services responded to the children's problems, and hence, what to compensate for and how to mediate between them. But it seems evident that none of this would have been possible if the Barnahus staff's role and tasks had been strongly regulated from the beginning. From a top-down position, if the question of *how* the Barnahus staff should approach the casework had been decided at a detailed level, and which types of system gaps they had to compensate for, then they would have been unable to customise their interventions to the situational and particular needs of each child in any given case. This notion suggests that the absence of regulation—hence, the presence of professional autonomy and room for manoeuvre in shaping the Barnahus units' roles and practices—was crucial for the emergence of the situational practice of interstitial work. Following Abbott's argument (1988, 1995), the status related to Barnahus' placement in the justice sector might also have played a significant role; it might have provided status to the type of situational work

performed and could have prevented the Barnahus staff from pursuing "purer" or more definable tasks.

In the literature, the links that scholars draw between professional autonomy and situational social work also suggest that the prospects of interstitial work within Barnahus rely on allowing the flexible regulatory frames to remain. This approach seems unlikely, in a time when increased standardisation and top-down regulation represent the dominant discourse. Knowing that the national Barnahus guidelines will be amended, this present situation may also be altered in the near future. The concept of professional regression also indicates that continued status (through the organisational affiliation within the justice sector) and the continued absence of detailed regulations or standardisation seem necessary for the practice to continue in future. This set of arguments is both acknowledged and nuanced in the following subsections of the chapter, where the focus is on the Barnahus staff's experiences related to practising situational social work within the loose regulatory frame of the Barnahus model. As the material below reveals, some tendencies suggest that status may not be enough to prevent professional regression; other tendencies suggest that the absence of regulation is not exclusively beneficial.

Necessary Professional Autonomy

The relation between professional autonomy and standardisation represented a central theme in the interviews, especially when the staff members started comparing the situation at the Barnahus with their previous experience from the BUP system. One staff member (R3) said that although she "really, really enjoyed" her time in the BUP, her experience was that the system was becoming increasingly standardised:

> The focus was quantity, counting everything (…); it became very rigid. Although I had fantastic colleagues and my closest leader was great, the system became more and more [rigid]. So, to come here and (…) experience a large degree of freedom and to get to pull up your sleeves and work where it's needed, when it's needed—it felt very good.

This idea was also thematised by another staff member (R5):

> [At the Barnahus,] it's very much up to you what you're able to come up with, you know? You don't have these predefined standardised clinical pathways that you have in some BUP clinics. "If it's this type of problem, we do this, and if it's that type, we do that," right? You don't get much of that here. You have to draw on your own bag of experience and knowledge, but that's a positive thing. You have the opportunity to do that here; you'll be understood if you see the need to follow up with a family for a year or something like that. (…) Of course, we have to have systems so that everything's done properly and all that, but we can't lose our freedom (…) counting types of interventions …. You know, every time you met with a person [in the BUP], the outpatient clinic received a certain amount of money. Every time you made a phone call, they received a different amount of money. And then we were supposed to have a certain number of specific types of interventions every day, which was unrelated to the types of cases we were working with. So … we need to make sure we don't become part of such a system.

For these staff members, as for other staff members at the Barnahus, it was important that the model remained one where predefined, detailed standards for how to proceed in concrete cases did not represent an imposed procedure. The staff members considered this idea important if they were to relate their interventions to the types of cases they were working with, and hence to be able to customise interventions to the particular situations of the children and their families. By contrasting the situation at the Barnahus with that in the BUP system, these staff members also implied a connection between what may be interpreted as psychologisation and the increased use of exogenous standardisation. Subsequently, some staff members were worried that if the health authorities became too involved in governing Barnahus, increased standardisation would result.

The leader also contrasted the situation at Barnahus to that in the BUP system. When doing so, she addressed the lack of "exercise of discretion" in a similar manner to the staff members above. But she also pointed to another dimension related to possible consequences of psychologisation: a shift in the professional focus of social workers. As she noted:

> To a larger and larger degree, the psychologists have taken over the driver's seat there [in the BUP system], which forces out the interdisciplinary thinking. I have no experience from BUP myself, but so I've been told by my co-workers here and by people I know who work in other places. Hence, out there, skilled and experienced clinical social workers are losing their room to manoeuvre. And then, they search for new places where they'll be seen for the skills they possess. That's very important for me; although clinical competence is crucial here [at Barnahus], it's only one side of it. I think that the key when employing new people at the Barnahus is interdisciplinarity and (…) an interest in social change and system work.

In this extract, the leader described a process that resembles Abbott's (1988, 1995) notion of professional regression (although she related it to the dominance of the psychologists, not an "inner drive"): a shift in focus from system work to direct interventions and therapy (for which clinical competence is required). This scepticism against psychologisation must not be interpreted as a general disbelief among Barnahus staff and leaders in direct interventions or the use of evidence-based psychological treatment methods. In another article (Andersen, 2022), I have described how social workers at Barnahus draw quite heavily on evidence-based methods and other formal knowledge sources in their casework when practising interstitial work. When they do so, however, it is typically in a "phronetically guided" way, meaning that they consult evidence in "an abductive interplay with case particularities and value-based judgement through the phronetic question of 'What does the client in this particular situation need?'" (Andersen, 2022). Following this logic and the logic of interstitial work, direct work is typically provided when situational factors call for it—for example, if the system lacks a measure to provide for the child or the child has to wait a long time for such treatment to commence.

Together with the status related to the organisational affiliation with the justice sector, this previous experience with (and awareness of possible consequences related to) psychologisation that some staff members and the leader expressed might function as barriers against a potential endogenous process of professional regression towards psychologisation

at the Barnahus. Other tendencies pointed to the opposite direction, however.

Endogenous Threats

One tendency that suggested possible future professional regression was that the fear of potential increased standardisation related to psychologisation was neither shared among all social workers nor by the psychologists at Barnahus. Another tendency involved the challenging aspects related to possessing a high degree of professional autonomy and hence having to make situational adjustments to each case with vague guidelines to lean on. The staff members with the shortest experience at Barnahus typically brought up such issues. These staff members were concerned about whether they were doing things "the right way":

> Then there's the following-up part, how to make that meaningful and find your part in that. What can I say and do, and what can I not do? I'm still figuring that out. (R8)

During the fieldwork, staff members who had less Barnahus experience were observed to identify fewer interstices and expressed that they would have wanted more regulations or guidelines related to the follow-up work (Andersen, 2019, 2022). But staff members with long experience at Barnahus also addressed certain challenging aspects. These staff members stressed that performing Barnahus work required a "clear mind" and "full attention," as they had to simultaneously consider many different aspects related to the case—both during the hectic day of the investigative interview and eventually in follow-up work—for them to be involved in the right ways. One experienced staff member (R1) thought that it would be difficult to perform the work properly if she (for example) experienced problematic issues in her private sphere that got "hold of her mind." She also mentioned her inability to understand how colleagues with small children at home were able to carry out their work in practice: "I honestly believe [parenthood] would have consumed too much of my mind and energy."

This staff member and other experienced social workers also expressed their surprise at the low turnover of staff members in Barnahus units. They related this situation to both the nature of the cases they were working with and the personal responsibility following the high degree of professional autonomy when discerning how to proceed with the casework. Such challenging aspects, which can be related to the link between professional autonomy and situational practice, may eventually lead the Barnahus staff to pursue a "purer jurisdiction"; hence, situational work may be vulnerable to professional regression, even when status is provided.

Exogenous Threats

Another challenging aspect linked to practising a type of work that does not fit in predefined boxes was the experience of the lack of understanding among governing ministries and directorates regarding the type of work performed and the latent possibility of either increased juridification or psychologisation. This notion represented central themes in the interview with the leader:

> (…) We've had and still have much room for manoeuvre. Until further notice, at least. Hopefully, this will continue (…). I recently had a correspondence concerning potential guidelines related to the treatment and follow-up work that we do here. Allegedly, the Directorate of Health is doing ongoing work on developing such guidelines. And we've said …. You know, they can't make such guidelines without talking to us first. A challenging aspect for us is that the Police Directorate is not responsible for the quality of the content related to the follow-up work. They don't have a clue, quite frankly, when we talk about how we follow up with the children coming here, and they're open about this; they're here for the penal side. (…) Working and thinking the way we do, dynamically, I really do believe that everyone wants us to keep doing that. Nevertheless, the Ministry of Justice stresses that we may not do much follow-up work and treatment. And that worries me a little; it means that we're relying on the Directorate of Health getting the point.

Later in the interview, it became evident that the leader did not feel that the Directorate of Health was "getting the point." She referred to a previous process in which representatives of the Directorate of Health were involved:

> They wanted us to do a lot more treatment and follow-up work. They wanted us to really … work extensively with these children. We don't think that's our job. The way we see it, a lot of the children have problems that obviously belong to the BUP system. But we do think, you know, there are children with PTSD [post-traumatic stress disorder] symptoms who are not ill enough for BUP, and those are children whom we should follow up on directly, among others.

These extracts show the difficulties related to the specifics of Barnahus being an institution governed by multiple directorates and ministries, driven by partly conflicting institutional logics pulling in different directions. While the leader experienced that the Ministry of Justice wanted less follow-up work, the Directorate of Health wanted more direct work (psychologisation). The Barnahus staff thus found themselves in a "'crossfire' of competing expectations" (Bakketeig, 2017, p. 318), where none of the expectations matched the type of work performed there.

Subsequently, if any of these authorities "tightened their grip," exogenous processes of either juridification or psychologisation could follow. Juridification would be the downfall of interstitial work, as it would involve reductions in follow-up work and treatment and increased focus on tasks related to the investigative interviews. Psychologisation would mean a shift in focus from situational work to direct treatment (Andersen, 2019, 2022). As indicated, psychologisation could also mean increased pressure on using standardised tools and predefined clinical pathways, which could prevent social workers from approaching each case individually. Among the steering ministries and directorates, their lack of understanding of the type of work carried out by Barnahus staff hence represents a key challenge to the continuance of interstitial work at Barnahus and makes the practice particularly vulnerable for the latent possibility of increased top-down steering.

As Bakketeig (2017, p. 319) has indicated, "clarity of roles may inhibit juridification." A clarification of roles concerning the follow-up work at Barnahus could also prevent future (exogenous) psychologisation, as it would define who would be responsible for which services. Clarification also would likely attenuate the tendencies that suggest the possibility of future professional regression. The less experienced Barnahus staff would know more about how to approach the cases, which would reduce some of the more challenging aspects related to the personal responsibilities of staff members with an high degree of professional autonomy.

Hence, and perhaps a bit paradoxically, to clarify the content of the work for governing authorities and Barnahus staff themselves, it seems that *more* regulation or standardisation is necessary for interstitial work to be maintained within the Barnahus model—but it is important to note that such regulation cannot be too detailed. As previous research indicates, regulations must leave adequate room for manoeuvre and professional autonomy to allow the preservation of the situational focus. Such regulation or standardisation thus cannot provide detailed prescriptions on *how* clients' problems have to be solved in practice, but they must provide information about what the Barnahus staff's main roles, tasks, and responsibilities in the follow-up work should be.

It seems evident that the process of developing such standardisation can neither exclusively take place from a top-down position nor be based on predefined understandings of sector responsibilities or pure jurisdictions. Rather, one might argue, a good starting point would be to map out the main characteristics of interstitial work as practised by experienced staff members and then use these features as points of reference when developing new guidelines or regulations.

Conclusion

In this chapter, I have argued that the combination of a mandate to compensate for system gaps from a position in the midst of adjacent services and the absence of detailed regulation in the first phase of the Barnahus model in Norway was crucial for the emergence and

initial development of the situational social work practice of interstitial work. This organisational setup enabled the staff to have a general and experience-based overview of how services responded to the children's needs in practice, and hence, which potential gaps to be aware of and how to complement existing services in practice in a potentially critical phase following the investigative interview. For authorities implementing the Barnahus model and wanting to integrate interstitial work or a similar practice as part of it, this notion suggests that an initial phase of loose guiding principles and much room to manoeuvre is necessary. The analysis indicates that a high degree of professional autonomy is important, not only to maintain situational practices within institutions but also to stimulate their development.

But potential endogenous and exogenous threats suggest that operating in the interstices between other professions represents a vulnerable jurisdiction in the long term (see also Abbott, 1995). Situational practices are vulnerable to increases in top-down steering from governing authorities who lack understanding of the type of work performed. Within Barnahus models—being hybrid organisations that balance a dual mandate—the staff's work may face a crossfire of expectations by governing authorities, as illustrated in the analysis above. In such cases, organisational affiliation may play a significant role. In Norway, scholars have expressed consistent concerns that the justice-sector affiliation could eventually lead to a juridification where the penal track gains priority over the follow-up track (Stefansen et al., 2012, 2023). Recent research (Stefansen et al., 2023) also shows that the Norwegian model has undergone a consolidating phase wherein the organisational affiliation has become deeper and more potent in pulling the Barnahus towards the penal track (see also Bakketeig et al., 2021). A key takeaway from this research, however, is that this pull is not a result of affiliation alone, and that the effect of affiliation on service delivery in Barnahus must be studied in relation to other factors, such as systems of governing and monitoring (Stefansen et al., 2023). Traces of juridification have also been found in Barnahus models that are not organisationally affiliated with the justice sector, such as the Swedish model (Johansson, 2011, 2017), which suggests that juridification may represent a potential risk in all Barnahus models.

While juridification represents a risk to situational social work in Barnahus, in the sense that it would involve a general reduction in the possibility to engage in follow-up work and treatment, psychologisation may have consequences for *how* follow-up work or treatment is conducted in practice. As the analysis above indicates, psychologisation might lead to a focus on direct work, and possibly also an increase in standardised assessment methods of how to approach concrete cases. This approach would also have severe consequences for situational practices, as the type of the chosen approaches depends on the case context, and direct interventions are provided to clients who do not receive adequate interventions from other agencies for the time being (if at all).

Psychologisation also represents a "double threat," in the sense that staff members may eventually be drawn towards more clearly defined tasks in order to pursue clarity and status. Regulation that would define "the situation" as a key responsibility of the Barnahus staff hence seems necessary. Stronger regulation and monitoring of the follow-up mandate has also been suggested as a measure to restore balance in the Norwegian model without changing its organisational affiliation (Bakketeig et al., 2021).

Accordingly, it seems that while the absence of regulation may be important for situational practices to emerge and develop, once a practice is established, increased (but not overly detailed) regulation or standardisation seems necessary to clarify its content—for both practitioners and governing authorities—to maintain the practice over time. Within Barnahus models, this approach may prevent both juridification and psychologisation. Such regulation should be based on key components of established good practice and continue to leave adequate room to customise interventions to the particularities of each case in everyday practice. The regulation must also be at the same level as regulation related to the penal track in order to avoid a general unbalance in the model.

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Part III

Professional—Ethical Tensions

7

Included on Paper, Excluded in Practice: Or Vice Versa? Formal and Actual Target Groups of Barnahus Across Jurisdictions

Susanna Johansson and Kari Stefansen

Introduction

The Barnahus model may be understood as a hybrid organisation in the tension field of the criminal justice and child welfare systems (Johansson & Stefansen, 2020). As an institutional idea, the aim of the model is to improve society's handling of violence and abuse against children in a holistic manner. The Barnahus idea has been based on a strong victim orientation from the start, with the fundamental aim of avoiding "secondary victimisation" of children in the handling of violence and/or sexual abuse cases. This avoidance is ideally enabled through inter-agency

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and multi-professional collaboration and coordination in a child-friendly atmosphere (Johansson et al., 2017; Stefansen, 2017).

Today, the initial victim orientation of the Barnahus model is sometimes challenged through the inclusion of new groups of children who are not always (or primarily) categorised as crime victims, together with a general expansion of the Barnahus group in many countries. The PROMISE European quality standards for Barnahus also define a broad, inclusive target group of both victims and witnesses of all forms of violence (Haldorsson, 2019). Policies and national legislations, as well as guidelines and standards, commonly define the target group in terms of what types of violence and abuse qualify for referral to a Barnahus. Definitions might depend on what various national criminal codes consider to be a violation of a child, for example (Andersson & Kaldal, 2024). Discrepancies also exist between the formal (on paper) and actual (in practice) target groups of Barnahus, which is a topic that we aim to explore in this chapter. Such discrepancies warrant a focus not only on formal regulations and definitions but also on what services different groups of children are offered—or not—within a Barnahus's general practice and case processing. Through such analyses, we will identify processes of the inclusion and exclusion of different groups of children from Barnahus across jurisdictions. The aim of this chapter is hence to analyse both the scope of the Barnahus model (i.e. who it is for) and its foundational rationales (what it is for) as these factors are negotiated over time, in relation to both the formal (on paper) and actual (in practice) target groups. Ultimately, these negotiations lead to various including and excluding effects for different groups of children; we argue that monitoring these effects at both the national and more overarching levels is crucial.

We use a case study approach to focus on how Barnahus's target group has manifested on paper and in practice in two well-established Barnahus models, in Sweden and Norway. Drawing on this analysis and by focusing on both similarities and differences compared to these two Nordic models, we also discuss the target group construction in policy tools developed at the European level in order to support countries that are considering or developing national Barnahus models.

Theoretical Framework and Empirical Input

The Barnahus model is commonly described as encompassing two institutional logics: the criminal law-oriented or "penal logic," which views children as victims of crime and as the aggrieved parties in criminal investigations, and the "welfare logic," which positions children as vulnerable and in need of protection, support, and recovery services of different kinds (Johansson, 2011, 2017). Within the latter logic, services may be rendered primarily to the child, or they may also encompass family interventions, thus recognising the family trauma that violence or abuse against a child represents, as well as the role of the family in a child's recovery process.

The concept of institutional logics (Friedland & Alford, 1991; Reay & Hinings, 2009), which is central to our analysis, refers to the belief systems and interpretative schemas that shape organisations and their members' ways of thinking and operating, and that subsequently can vary between organisations within a field. Previous research has described Barnahus as a "hybrid" organisation, since it combines the penal and welfare logics (Johansson & Stefansen, 2020). In some Barnahus models, the child welfare investigation is a more central part of the welfare logic of the system, while in other Barnahus models, the focus is primarily on the criminal investigation, based in both the justice and welfare aspects.

Our analysis goes further than previous research in understanding how the penal and welfare logics come into play in Barnahus, since our focus is on how these logics can work to grant or restrict access to Barnahus and its various services for different groups of children. We look particularly at how the underlying positionings of children within these institutional logics and in relation to Barnahus—aggrieved party, vulnerable individual, and family member—are activated in discussions and decisions about the Barnahus target group and the types of services offered in Barnahus, and to whom.

While we treat the penal and welfare logics as representing different institutional belief systems related to the criminal justice and child welfare sectors (respectively), our analysis is also sensitive to how these logics overlap in practice and thus can be difficult to separate. One example is the Nordic model for children's testimonies (Myklebust,

2017). Reflecting a welfare logic, this model exempts children from providing witness statements in open court and accepts video-recorded statements as "evidence-in-chief" because of children's status as particularly vulnerable. At the same time, the use of Barnahus for out-of-court witness statements is generally thought to ensure that children will be able to freely recount what happened to them, which is important from a penal logic standpoint. We also build from previous research that has described how the hybridity of the Barnahus model can create tensions that can lead to imbalances, for instance in the form of "juridification," or the prioritisation of tasks related to criminal cases over tasks related to protection, support, and recovery (Johansson, 2011).

Our analysis focuses on the Swedish and Norwegian Barnahus models, both of which have been in operation since the mid-2000s and have become more regulated and standardised over time. They are thus suitable cases for an analysis of how the target group of Barnahus is negotiated and manifests differently in different phases of adoption. While these models are similar, they also represent somewhat different approaches to the coordination of the criminal and child welfare investigations; they also differ in other dimensions that can affect how children are positioned and thus are included in or excluded from Barnahus's services. Charting the development in both jurisdictions can add depth and nuance to the analysis of the model's scope and rationale.

The empirical input for the analysis consists of policy documents, standards, regulations, and evaluation reports from each country, all examined under a comparative lens. While reading these texts, we focused on three themes: formal target group constructions, discrepancies between the formal and actual target groups, and service delivery to different groups of children. Across these themes, we looked at how the penal and welfare logics—and related positionings of children in relation to Barnahus—manifest and lead to differences between groups of children in terms of inclusion and exclusion.

The Swedish Case

The Swedish Barnahus model was introduced in 2006 as a pilot at six locations; by 2019, the model had spread to 32 locations nationwide, covering most of Sweden's 290 municipalities (Barnafrid, 2019). The model is most often affiliated with the municipal child welfare services and focuses on the coordination of parallel investigations: the child welfare services' investigation of the child's need for protection and support, and the police and prosecutor's criminal investigation of the suspected crime (Johansson et al., 2017). Through consultation meetings, the Barnahus coordinator, the child welfare services, police and prosecutors, and health care professionals all exchange information, planning, and the coordination of which investigations and services are to take place. The different professionals also "co-hear" (i.e. listen and observe from another room) the forensic investigative interview with the child in order to both assist the police and prosecutor with the professional's expertise and to use the information as part of their own assessments—for example, the child welfare services' initial assessment of a child's potential need for immediate protection.

Target Group Regulations

In the Swedish government's 2005 decision to initiate a national Barnahus pilot, the object of such a collaboration was described from both the penal and welfare logics, even though primarily focusing on the initial investigatory phase and coordination of investigative interviews to make the criminal proceedings more effective (Swedish Ministry of Justice, 2005). The definition of the target group for Barnahus also followed from the Swedish Criminal Code, later supplemented by national guidelines and criteria for Barnahus (Swedish National Police Agency, 2009). The 2005 government directive for piloting the Barnahus model in Sweden stated that the target group should be children under the age of 18 (in accordance with the UN Convention on the Rights of the Child [UN-CRC]) who were suspected of being victims of a *serious* crime directed at the child's life, health, freedom, or peace (our

emphasis). These topics are covered in Chapters 3 (physical violence and other violent crimes), 4 (crimes against freedom and peace), and 6 (sexual crimes) in the Swedish Criminal Code, respectively (Swedish Ministry of Justice, 2005). The target group was later expanded to include a wider range of offences. In 2009, the restriction to *serious* offences no longer applied as the national guidelines referred to all crimes within the relevant chapters in the criminal code. The target group also included children suspected of being victims of female genital mutilation, those who were victims of honour-motivated crimes, and those who had witnessed violence within the family. The guidelines also stated that the Barnahus collaboration should include children who were suspected offenders of sexual crimes "when considered appropriate" (Swedish National Police Agency, 2009, our translation).

At the same time, the national guidelines from 2009 also reflected a potential *restriction* of the target group, since they also stated that children who had experienced violent crimes, according to Chapters 3 and 4 in the Swedish Criminal Code, were included in the target group (only) in cases where investigations by the child welfare services and the police and prosecutors were initiated in parallel (Swedish National Police Agency, 2009), which does not happen in all cases. In situations where parallel investigations are not initiated, these children thus risk being excluded from the Barnahus practice. But the restriction related to parallel investigations does not apply to the sexual crimes included in Chapter 6 of the Swedish Criminal Code, according to the national guidelines, thus illustrating how regulations can produce different potential thresholds for access to Barnahus for different groups of victimised children.

In the Swedish context, the Act on Special Representatives for Children (2000) is also important to discuss in relation to the target group of Barnahus, since its purpose was to strengthen children's rights during the criminal investigation and thereby their access to justice as aggrieved parties in cases when a custodian, or someone close to the child's custodian, is suspected of a crime against the child. But not until 2021 did allowing a child to witness domestic violence become a crime against the child under certain circumstances in terms of a "violation of a child's integrity" (*barnfridsbrott*) in the Swedish Criminal Code. Until that

time, this group was not positioned as an aggrieved party in accordance with the penal logic in Sweden and therefore was not assigned a special representative during criminal investigations. At the same time, they were positioned as being vulnerable from the welfare logic (and were defined as crime victims in the Swedish Social Services Act). As such, these children were also part of the target group defined in the national guidelines for Barnahus issued in 2009 (Swedish National Police Agency, 2009) yet were difficult to include in practice due to a lack of consent from custodians. At that time they were not positioned as aggrieved parties from the penal logic and were not granted a special representative.

This example illustrates the importance of the existence of varying positionings in different regulations, as Andersson and Kaldal (2024) show in more detail in Chapter 2 of the present book. But access to Barnahus might still be granted to those children who are excluded from the penal logic if alternative rationales and other positionings (such as being vulnerable individuals or family members from a welfare logic) are activated in regulatory documents and the Barnahus' case-processing practices.

Formal and Actual Target Groups

The latest national evaluation concluded that most Barnahus in Sweden formally define a target group that is in line with the national guidelines (Barnafrid, 2019). Researchers have shown discrepancies between how the target group is defined *formally* (on paper) and which children are included in *practice*, going back to the early years of implementation (Åström & Rejmer, 2008; Kaldal et al., 2010; Johansson, 2011; Landberg & Svedin, 2013; Barnafrid, 2019, 2022). Deficiencies are also visible in the latest national evaluation study, especially concerning the inclusion of children who have witnessed violence in their family, those who have been exposed to internet-related sexual crimes, and in some instances those who have suffered honour-related violence (Barnafrid, 2019).

In practice, most Swedish Barnahus have focused on cases of physical violence against children in close relations and on sexual abuse in

both close relations and by unknown offenders or offenders outside the family. In addition, different Barnahus have implemented specific inclusions and exclusions, for example related to children who have exhibited harmful sexual behaviour ("young offenders"). Some Barnahus have a clear family-support orientation and offer support and treatment to parents as well (either including or excluding offending caregivers), while other Barnahus are focused only on the child and on multi-professional case coordination. These variations in support and treatment measures could be partly related to the lack of consent from custodians, since these services most often are related to the child welfare investigation and not the criminal investigation, and thus in most situations depend on voluntariness and consent (Heimer & Pettersson, 2022).

These variations also relate to how a child is positioned according to the penal and welfare logics. Some variations have to do with how Barnahus construct the child–family relation and how they position children as either vulnerable individuals or as family members, reflected in whether they offer support and treatment for "only" the children, the children and their "non-offending" caregivers, or to the family as a unit, which can include adult offenders in cases of physical violence against the child (Johansson, 2011; Landberg & Svedin, 2013; Barnafrid, 2019). In cases of physical violence against the child, for example, Swedish Barnahus commonly offer a treatment called "combined parent–child cognitive behavioural therapy," or CPC-CBT (KIBB in Swedish), which is a treatment method that is directed towards the family as a whole. The development and use of this treatment in Swedish Barnahus may be understood as reflecting a family-support orientation in accordance with the welfare logic. The aim is to improve children's well-being in the long term, not least since many children still live with (or are in regular contact with) their parents after the Barnahus referral, including offending parents in cases of physical violence. Importantly, this orientation is only visible within physical violence cases, not sexual abuse cases. The routines differ in family sexual abuse cases, and support is usually focused on the child and non-offending caregivers in order to facilitate the child's protection and support.

According to the Swedish national guidelines, the "young offenders" group should be included in Barnahus when considered appropriate

(Swedish National Police Agency, 2009). In practice, different Barnahus treat this group differently, varying both within Sweden and between the other Nordic countries. Iceland, for example, does not include this group, based on the victim-oriented idea that Barnahus should be a safe environment, free from offenders, an idea that has also been expressed by Barnahus staff in Swedish contexts (Johansson, 2011) and discussed in relation to the localisation of Barnahus. Some Barnahus in Sweden do include this group, however. The inclusion of this group makes sense from a welfare logic where children are emphasised as vulnerable individuals, irrespective of the victim/offender position.

In terms of age, the Swedish Barnahus include children up to the age of 18 (in accordance with the UN-CRC), but in practice, very young children and children above 14 have often fallen outside the Barnahus practice since the early implementation phase (Åström & Rejmer, 2008; Kaldal et al., 2010). The latest national evaluation study emphasised that 15–18-year-olds often have difficulty gaining access to Barnahus. Some Barnahus exclude them and refer them to other units within the police organisation (Barnafrid, 2019). This exclusion mirrors tensions between the penal and welfare logics: young children may be excluded because of difficulties with conducting reliable interviews (in accordance with the penal logic) and because investigative interviews are generally seen as particularly distressing from the welfare logic. Older children (above 14) are typically understood as being less in need of a child-friendly environment, since forensic investigative interviews are not legally required to be video-recorded for that age group, in contrast to the vulnerable-victim paradigm that applies to younger children.

As noted above, children who have witnessed family violence have been difficult to include in the Barnahus practice in Sweden (Landberg & Svedin, 2013; Barnafrid, 2019). In 2021, the Swedish Criminal Code included a new type of criminal offence for cases where children have witnessed domestic violence. This legal amendment contributed to a changed legal status for this group of children, who are now included as aggrieved parties in the criminal investigation, in accordance with a penal logic. Despite these children's changing status, a survey conducted in 2022 showed how, in practice, some Barnahus still positioned this group of children differently than those who had experienced direct violence

from their parents or other caregivers. Children who had witnessed family violence were not interviewed or given access to coordinated support at some local Barnahus to the same extent as other groups of children, even though variations and improvements have been noted (Barnafrid, 2022). Hence this group is formally included in Barnahus through their position as aggrieved parties, but in practice, they are only partially included as vulnerable individuals and as family members, depending on their access to various support measures.

The latest national evaluation study (Barnafrid, 2019) also showed that sexual offence cases may be excluded from the actual target group of some Barnahus in situations where they have not also been reported to the child welfare services. This situation typically occurs even though the national guidelines formally exempt sexual crimes from the requirement of parallel investigations, in order to allow room for cases with unknown offenders and offenders outside the family. Yet with internet-related sexual offences, for example, these cases are sometimes excluded from Barnahus, because they fall outside Barnahus's typical focus on violations that occur within close relations. In these situations, the need for protection and the coordination of parallel investigations is generally deemed to be less relevant, since the child's parents or caregivers are not suspected offenders. Such scenarios also exemplify the discrepancies between formal (on paper) and actual (in practice) target groups in Barnahus, with both including and excluding effects for different groups of children.

Shifting Positionings During Different Phases of Case Processing

Using as an example the family treatment CPC-CBT, which is often employed in cases of physical violence against children in close relations, we can also see how the positioning of a child can shift according to the *different phases* of Barnahus case processing. During the initial phase, child victims of physical violence are positioned as aggrieved parties according to the penal logic, which focuses primarily on the forensic

investigative interview and the criminal investigation, and then as vulnerable individuals, focused primarily on the acute crisis support around the children and the interventions related to the child welfare investigation. Later on, such children are treated as family members, with a primary focus on treatment for the family as a whole, including any offending caregiver/s, according to the welfare logic. An important consideration is that, depending on the specific group of children the case processing is concerned with, as well as variations between local Barnahus, these shifts in positioning might manifest differently.

A shift in focus has also been notable in Swedish policy documents and reports on Barnahus over time. While a key aim of Sweden's first national evaluation was to assess the effectiveness of criminal proceedings (Swedish Ministry of Justice, 2005), the key goal of the most recent national evaluation reported in 2019 was to identify suitable examples in order to improve quality in the treatment of victimised children (Swedish Ministry of Social Affairs, 2018). Method development projects such as "After the Child Investigative Interview" (Efter barnförhöret) and "The Fourth Room"[1] (Det fjärde rummet) have been reported by the Children's Welfare Foundation Sweden (Stiftelsen Allmänna Barnhuset) in 2017 and 2019 (respectively). These projects also mirror how the welfare logic related to Swedish Barnahus now includes a longer time perspective on case processing; which also focuses on the need for recovery services *after* the initial acute phase of coordinating the investigative interviews has ended. This shift in focus thus manifests in an increased emphasis on developing psycho-social support and treatment for children and families, while physical health care needs have received less attention so far.

In some respects, this situation may be interpreted as a shift towards a stronger welfare logic, in contrast to the penal logic and the tendency for juridification that have dominated the Barnahus collaboration since the early implementation phase (Johansson, 2011, 2017). Children who have been referred to Barnahus are increasingly given shifting positions

[1] Barnahus is often described as containing four rooms: crime, protection, physical health, and mental health (Landberg & Svedin, 2013; Stiftelsen Allmänna Barnhuset, 2019; Haldorsson, 2019).

during the different phases of case processing, since the existence of treatment and support services implies positions as vulnerable individuals or family members, depending on the type of service. In the report "The Fourth Room" a model is suggested whereby Barnahus could allow children who are not included in the formal target group (which is based on the criminal code) access through other "entrances" in order to offer a wider group of victimised children psycho-social support and treatment. More specifically, the report suggests opening up the "fourth room" to include cases that have not been reported to the police, children who are currently not under investigation, and children who have previously been under investigation but need more support, as well as adults and peers who support victimised children (Stiftelsen Allmänna Barnhuset, 2019). If this broadened entrance to the "fourth room" is implemented in practice, it would imply different positionings of children according to the penal and welfare logics. In cases that have not been reported to the police but where the child has been offered psycho-social support, for example, the child would not be positioned as an aggrieved party but rather as a vulnerable individual. In some cases, the child would also be considered a family member (or even community member), depending on what services are offered, and to whom. We should note that these are *suggested* target group extensions. How the practice at Swedish Barnahus develops thus remains to be seen and researched.

The Norwegian Case

The Barnahus model was implemented in Norway in 2007 as a trial project and then expanded to a national service in the following years. As of 2023, Norway had 11 local Barnahus throughout the country, covering all regions. Norway's Barnahus are affiliated with the justice sector and are organisationally placed within the police districts. Because all Barnahus cases are referred by the police after a report on suspected violence or abuse, the inclusion criteria are drawn from Norway's criminal code. The Barnahus staff (social workers and psychologists) are responsible for coordinating the case processing within the penal track and for ensuring the welfare of the child, both during and after the

criminal investigation. Their follow-up mandate is restricted to crisis intervention and short-term support and treatment, similarly to the Swedish model, but is not related to the child welfare investigation as such. In contrast to the Swedish model, the Norwegian model is not structured for parallel investigations, but the child welfare services are increasingly part of the collaborative work that is done in Barnahus, and their role in Barnahus has become more regulated over time (Bakketeig et al., 2021). When the child welfare services are involved in a case, they can now observe the investigative interview and participate in consultation meetings, both before and after the interview. The national guidelines for Barnahus (Norwegian Directorates of the Police, Family and Health, 2016, section 2.4) also explicitly state that the Barnahus has a coordinating responsibility before, during, and after the interview, including the facilitation of information exchange and discussions. Such discussions can give the child welfare services a better foundation to assess the child's safety, and to plan further follow-up and the division of tasks (Bakketeig et al., 2021).

Target Group Regulations

Both the initial suggestion to Norway's Parliament in 2004 (Document 8:86: 2003–2004[2]) and the working group report that followed (Norwegian Ministry of Justice and the Police, 2006), which outlined the model pilot starting in 2007, viewed the Norwegian Barnahus model as a way both to strengthen the position of victimised children as aggrieved parties and to contribute to a recognition of their status as being vulnerable and in need of support during the penal case and beyond. Both sources underlined the importance of offering support to the family when a child is victimised, thus positioning the child as a family member as well.

The target group for Barnahus was regulated in 2016 by the introduction of a set of guidelines from the Norwegian Directorates of the Police, Family and Health (2016). Those guidelines, in turn, were built on a legal amendment to the Criminal Procedure Act, implemented in 2015

[2] Document no. 8:86 (2003–2004): Private member motion to Parliament from May Hansen and Inga Marte Thorkildsen.

(Criminal Procedure Act §239–§239f; FOR-2015-09-24-1098), which made the use of Barnahus mandatory for forensic investigative interviews with children under the age of 16 (as well as cognitively impaired adults) who had been exposed to a wide range of offences, either directly or as witnesses. Such abuse includes sexual abuse, physical violence, genital mutilation, homicide, and abuse in close relations. Since 2021, Sweden has criminalised situations where children witness violence against their parents; Norwegian criminal law has criminalised the same offense since 2010. Over time, the Swedish and Norwegian Barnahus models have begun to converge in terms of the types of offences that are included.

However, in contrast to Sweden, the formal target group for Norway's Barnahus does not include children in the 16–18 age range, although according to Norwegian law (Criminal Procedure Act 22, May 1981, no. 25, section 239), the prosecutor can decide to use Barnahus for interviews with this age group in cases of family sexual abuse. For this age group, the position of the child as vulnerable thus is activated only for specified cases involving family sexual abuse cases, and not for other offences. According to this regulation, those who experience peer sexual violence or other forms of family violence are thus considered to be less vulnerable within the penal logic and therefor are also excluded from the follow-up services offered at Barnahus. In the latest evaluation study of Norway's Barnahus model, Barnahus leaders argued for an expansion of the target group to include all victims and witnesses under 18, since "children are children" (Bakketeig et al., 2021, p. 60), thus echoing the definition of the child according to the UN-CRC. Such a step would give a broader group of children access to follow-up services in Barnahus than is presently the case.

Norway also differs from Sweden in that children who display harmful sexual behaviour are not included in the formal target group, according to the national Barnahus guidelines from 2016. A new set of guidelines issued in 2023, however, on investigative police interviews with children and other vulnerable persons suspected of a crime, states that such interviews now *can* be conducted in Barnahus (Norwegian Attorney General, 2023). As the Swedish case also illustrates, regulations other than specific Barnahus guidelines must be included in any analysis of Barnahus's formal target group.

Formal and Actual Target Groups

In terms of types of violence and abuse, the *actual* target group of Norwegian Barnahus is broader than the *formal* target group. As shown in the latest national evaluation study (Bakketeig et al., 2021), the police now use Barnahus for investigative interviews with children who sexually offend their peers or younger children. In some cases, the inclusion of this group in Barnahus happened before their access was formally regulated by the attorney general, thus also illustrating how regulations may confirm already established practices to include or exclude groups of children in Barnahus. Most Barnahus also offer follow-up services to this group of children. Aside from their age, the inclusion of this group in Barnahus may be seen as an affirmation of these children's status as vulnerable individuals, since their behaviour is often seen as being linked to either earlier traumatisation or cognitive impairments (Hellevik et al., 2023). In Denmark, a similar practice has been developed in specialised treatment centres for children who exhibit harmful sexual behaviour that have been placed under Denmark's five Barnahus (Danish Authority of Social Services and Housing, 2023).[3]

While discussions in Norway have largely been related to children who display harmful sexual behaviour, the inclusion of this group opens the bigger question of the needs of children who are suspected of other types of violent offences, for instance physical violence against other children. Barnahus leaders have argued that these children also "belong" in Barnahus (Bakketeig et al., 2021). The recent guidelines issued by the attorney general, regarding police interviews with children (and vulnerable adults) as suspects in criminal cases, point in the same direction, since they pertain to all cases where children (under 18) and vulnerable adults are interviewed by police and have the procedural status of suspects (Norwegian Attorney General, 2023). Still, children who harm other children occupy an ambivalent position in Norwegian Barnahus, since they *can* be included according to legal guidelines, but they are not part of the target group, according to the Barnahus guidelines.

[3] For information in English, see https://childrenatrisk.cbss.org/practice/denmarks-special-treatment-centres-for-children-with-harmful-sexual-behaviour/ (accessed 9 October 2023).

As in Sweden, caregivers are part of the target group of Norwegian Barnahus, in the welfare track of the model. Norway's national Barnahus guidelines state that both children and caregivers should receive follow-up measures catered to their needs (section 2.3) and be invited to participate in follow-up work involving other services (section 2.4); the guidelines specifically mention family therapy as one form of treatment that can be offered at Barnahus (section 5.3.2).

The family orientation of Norwegian Barnahus may also be seen in practice. In the first evaluation study of the Norwegian Barnahus model from 2012 (Stefansen et al., 2012), some Barnahus had implemented routines for supporting parents while their children were being interviewed, a practice that is also used in Sweden (Åström & Rejmer, 2008; Landberg & Svedin, 2013). Such routines may be seen as a form of indirect support to the child and as indicative of a positioning of the child as a family member, which also accords with the guidelines: "The Barnahus should make sure that the vulnerable aggrieved party or witness *and the person accompanying them* are supported [during their stay at Barnahus]" (section 5.2.11, our emphasis). In the latest evaluation study, the Barnahus staff did not talk about this practice as part of their responsibility (Bakketeig et al., 2021), which could be a result of a generally higher case load that does not leave room for having two social workers assigned to the case (one following the investigative interview, the other focusing on the parents' well-being during the interview) and the routinisation of the staff's work during the investigative interview. This scenario illustrates how positionings are vulnerable to both external and internal pressures.

Shifting Positionings During Different Phases of Case Processing

As seen in Sweden as well, in preparing for the investigative interview and during the interview process, staff members at Norwegian Barnahus engage in practices that position children as vulnerable individuals in need of care, which can be interpreted as an overlap between the penal and welfare logics. According to the Barnahus guidelines, investigative

interviews should take place in a child-friendly environment. Research has shown (Bakketeig et al., 2021; Stefansen, 2017) that the material surroundings make a difference for children, who appreciate that the waiting rooms are nicely decorated and that the general atmosphere of the place is pleasant. The Barnahus have also established routines for welcoming children, providing information to prepare them for what will happen at the Barnahus, and for having food and drinks available. The staff members also advise the investigative interviewers (i.e. the police) before and during the interview about the child's level of maturity and functioning; they also use the interview as an opportunity to learn about the child's needs for support and follow-up. In the initial processing of Barnahus cases, the child is thus simultaneously positioned as an aggrieved party and as a vulnerable individual in need of support, which illustrates how the underlying institutional logics of Barnahus are blurred in practice and may reinforce each other. While the supporting environment and relational support are generally thought to have a positive impact on children's ability to disclose violence or abuse in the investigative interview, the support and "clinical gaze" activated in the investigative phase are also vital for the child's well-being in the investigative phase, as well as laying the groundwork for the further processing of the case in the welfare track. The same blurring occurs with the child welfare services. In cases where such services are involved, they will provide information about the child and family that is relevant for the planning of the investigative interview while also using the information from the consultative meeting and investigative interview when assessing the child's need for protection after the interview (Bakketeig et al., 2021).

Practice related to medical examinations also illustrates how the positioning of children leads to differences between groups of children in Barnahus. As detailed in Chapter 4 of this book (Stefansen et al., 2024), in Norwegian Barnahus, medical examinations are offered almost exclusively when the prosecutor deems them relevant for penal cases, thus following from the positioning of the child as an aggrieved party, although the Barnahus guidelines explicitly state that medical examinations should be a more universal offer, because children who are

summoned to Barnahus are considered vulnerable and in need of a health assessment.

The second consultation meeting accentuates the blurring of the penal and welfare dynamics. As Bakketeig et al. (2021) have described, the meeting is "owned" by the prosecutor and is part of the penal track, but it is also the key collaborative arena for discussing further follow-up measures, both with the child welfare services and the Barnahus staff after the investigative interview and medical examination have been conducted. Bakketeig et al. (2021) describe that cases follow two trajectories after this meeting: some only involve the child welfare services (which positions the child as both a vulnerable individual and a family member), while others continue at the Barnahus. When the Barnahus is part of or solely responsible for the follow-up, children may be positioned differently. According to the guidelines, the Barnahus staff members are to assess the needs of children and follow up when necessary, thus allowing for discretion as well as different types of approaches. Barnahus's follow-up mandate is generally less regulated than the penal mandate, which also contributes to differences between the Barnahus in the share of cases that include follow-up (Bakketeig et al., 2021).

During this phase of the case processing, the Barnahus staff may focus on the individual child or offer counselling or treatment to the family as well, in addition to engaging in collaboration with related services, depending on the case. In practice, the positioning of the child depends on what the Barnahus staff sees as necessary and possible, which is related both to resources (Bakketeig et al., 2021) and staff experience. As shown in Chapter 6 of this volume (Andersen, 2024), experienced Barnahus staff take a more proactive role in the follow-up phase compared to those who are less experienced, which sometimes means that the staff members stretch their mandate and do work that other agencies should do. One example is to offer more long-term psychological treatment, which formally is the responsibility of child-psychiatry units.

The positioning of the child as a family member in the follow-up phase is less apparent. One Barnahus has tried out a "family meeting" model for informing and supporting families in acute cases where one or both parents are suspected of violence against the child and thus have not been informed about the interview of the child at the Barnahus

prior to the interview (Bakketeig et al., 2021). Standardised interventions to support families in cases of less severe parental violence have been suggested but so far have not been implemented. Similarly to the case in Sweden, interventions such as these seem to be restricted to cases involving physical violence. One area that has yet to be studied is how the Barnahus model works in the follow-up phase (and thus positions the child) in other types of cases, for instance in cases involving more severe violence, violence in close relations, family sexual abuse, and in cases of children who sexually offend.

Discussion

As shown in the case analysis of Sweden and Norway, we have identified successive expansions of either the formal or actual target groups. We have also identified the inclusion of groups of children at the border of (or beyond) the Barnahus model's formal target group and initial victim orientation, such as with children who exhibit sexually harmful behaviour. At the same time, various gaps between formal and actual target groups have developed, thus excluding groups of children from access to Barnahus entirely or to specific Barnahus services, such as support and treatment.

Both the Swedish and Norwegian Barnahus models are primarily based on the positioning of children as *aggrieved parties* in accordance with the penal logic. In both countries, several types of violence and abuse qualify for access to Barnahus, and the models therefore have a wide scope. But the Swedish case illustrates how the scope of a Barnahus model that is anchored in children's status as aggrieved parties can be narrowed or expanded over time by adding or removing additional criteria such as "serious" offences, as well as by legal reforms, for example by including new offences. The Norwegian case illustrates how formal inclusiveness in terms of offences does not preclude exclusion of some children in practice, for instance those who are too old to be seen as vulnerable in legal proceedings, if they have been exposed to forms of violence other than family sexual abuse.

The inclusion of children who exhibit harmful sexual behaviour in either the formal or actual target group is a particularly interesting case, since such inclusion both extends the scope of the Barnahus model and challenges the model's initial victim orientation. The inclusion of this group may be seen as partly flowing from their status of being vulnerable due to their age (in accordance with the penal logic) and partly from a welfare rationale: their harmful behaviour towards others may be linked to prior victimisation or trauma, and they may require follow-up to prevent new incidents. One question that arises is how this expansion affects the original Barnahus idea, since the model is closely linked to a victim orientation. Does the expansion signify a move from a narrow focus on ensuring victimised children's access to justice and recovery to a broader focus on at-risk children who can benefit from the expertise and methods developed within Barnahus?

Parallel to the positioning of the child as an aggrieved party, Barnahus also position children as *vulnerable individuals* who need protection and support during the investigative interview phase and follow-up. Such follow-up predominantly pertains to various social and psychological issues—sometimes focused on the individual child, in other cases with a more family-oriented approach—thus simultaneously acknowledging both the child and family as needing support. The family perspective, and positioning of children as *family members*, is less explicated in regulatory documents both in Sweden and Norway, and the practices between and within Barnahus vary, which suggests that the family-member position has a more ambivalent status in the Barnahus model, especially concerning the inclusion of offending parents in family-support measures. Similarly to the inclusion of children who exhibit harmful sexual behaviour, the family-member positioning challenges the initial victim orientation of the Barnahus model, but such positioning may also be understood as a manifestation of the idea of Barnahus as a holistic approach to victimised or at-risk children's needs.

In summary, our comparative analysis has shown that both the scope of the Barnahus model (who it is for) and its foundational rationales (what it is for) are negotiated over time, both in relation to the formal (on paper) and the actual (in practice) target group, with varying consequences for different groups of children. Considering this analysis, an

important question is how Barnahus's target group is likely to manifest in the European context and in the ongoing European Barnahus policy diffusion and translation. According to the quality standards for European Barnahus, developed by the PROMISE network, "The Barnahus target group includes all children who are victims and/or witnesses of crime involving *all* forms of violence" and also includes "non-offending family/care-givers (…) as a secondary target group" (Haldorsson, 2019, p. 54, our emphasis). Violence is also defined in accordance with UN-CRC article 19, which includes all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, and maltreatment or exploitation, including sexual abuse (Haldorsson, 2019).

The formal target group definition in the European standards is interesting compared to the target group definitions for the Swedish and Norwegian Barnahus models in at least two ways. First, the European standards are more *inclusive*, since they also encompass neglect and negligent treatment in accordance with article 19 of the UN-CRC, and not only violence and abuse, which reflects a broader welfare logic. The Barnahus models in Sweden and Norway, in contrast, exclude from Barnahus those children who have experienced parental neglect. The responsibility for these cases instead lies within the child welfare services in both Sweden and Norway, both of which conduct their investigations of such cases outside Barnahus. Second, the European standards are more *delimited* compared to at least those Nordic Barnahus models that offer family treatment for the whole family, including offending parents, since the standards specifically include only non-offending family/caregivers as a secondary target group. This approach positions children as *vulnerable individuals*, in accordance with the welfare logic. The definition of a secondary non-offending target group indirectly excludes offending family members, an approach that reflects a victim orientation based primarily on the penal logic. Both logics are thus present in the European quality standards for Barnahus, but to a different degree and partly in tension with each other.

What does the European Barnahus diffusion imply for the formal and actual target groups of Barnahus? Will the diffusion lead to a standardisation of which children are included in Barnahus, or rather will it lead to

increased variance or actual target group exclusions? Many of the European countries take inspiration from, or adopt, the European quality standards when they establish Barnahus, yet various types of Barnahus implementation are currently occurring in the present European adoption phase (Johansson et al., 2024). Several countries define a narrower target group compared to the standards, for example by focusing solely on cases of sexual abuse. Scotland, in contrast, has followed the standards and has set up a Barnahus for a wide target group that includes violence, sexual abuse, and neglect (Devaney et al., 2024). The development of potential gaps between formal and actual target groups is important to acknowledge, however, as clearly shown in our analysis of the Swedish and Norwegian cases. Developments in the Nordic countries, as well as in the similar Child Advocacy Center (CAC) model, which is used in both the USA and Australia, suggest that successive changes are likely in the post-adoption phase. To illustrate, while Sweden, Norway, and Denmark have included cases of sexual abuse and physical violence from the start, for several years the target group in Iceland was restricted to sexual abuse cases (similarly to the US CAC model) before being extended in 2015 to include cases of physical and domestic violence as well. Similarly, CACs have started to include cases of domestic violence (St.-Amand et al., 2023).

These examples show how target group constructions can develop successively within different policy contexts. The policy diffusion of the Barnahus idea, and the European quality standards more specifically, thus implies reconstruction and translation processes between varied policy contexts (Czarniawska & Sevón, 1996; Djelic & Sahlin-Andersson, 2006). Since the Barnahus model may be understood as an institutional field that is undergoing constant exchange and change, feedback loops will likely occur between Nordic and broader European Barnahus contexts, thus leading to further adaptions of the formal and actual target group for Barnahus (both in the Nordic and the broader European contexts), and thus new patterns of inclusion and exclusion.

The diffusion of the Barnahus model is an important area for further research. In understanding the inclusion and exclusion dynamics that follow from the penal and welfare logics and their positionings of children referred to Barnahus, the use of formal (on paper) target group

regulations and recommendations is a starting point. But we also need to look more closely both at the actual (in practice) target groups and at what happens in the different phases of case processing in Barnahus.

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8

Challenges, Possibilities, and Tensions When Investigating Child Sexual Abuse Against Preschoolers

Mikaela Magnusson and Emelie Ernberg

Introduction

Investigating and prosecuting cases of suspected child sexual abuse (CSA) against preschoolers can be notoriously difficult for law enforcement. CSA involving young children often takes place in secret by someone the child knows, and eyewitnesses rarely observe the crime (Diesen & Diesen, 2013). Children's disclosures to adults are therefore often necessary to identify cases of suspected CSA. But studies involving cases with strong corroborative evidence substantiating the abuse allegation (such as DNA evidence or photos of the abuse) show that young children sometimes delay their disclosures or do not disclose at all (Magnusson et al., 2017), which can limit the possibility to collect forensic evidence. In cases where preschoolers do disclose substantiated abuse, their statements tend to contain fewer details compared to those of older children (Paz-Alonso et al., 2013). Suspicions of CSA against young children are also

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sometimes unfounded, and young children's reports can be influenced by a wide range of factors, including misunderstandings and suggestive conversations with adults (Ceci & Bruck, 1993).

Not surprisingly, given these difficulties, international research shows that criminal investigations of CSA against preschoolers are less likely to result in prosecutions and convictions compared to cases involving older children (Cross et al., 2020). The current chapter focuses on the challenges, potential possibilities, and different tensions involved within Swedish Barnahus when investigating CSA against preschool-aged children. The analysis will primarily concentrate on aspects relevant to case prosecution and young children's access to child-friendly judicial procedures.

Preschoolers' Abilities to Provide Legal Testimony

A child's statement can be crucial for investigating, prosecuting, and adjudicating a case, particularly in the absence of strong corroborative evidence (Cross et al., 2020). The ability of young children to provide reliable testimony is related to their cognitive and linguistic abilities. Studies have shown that children from around three to four years of age can provide informative, albeit brief, statements about recent past events when forensically interviewed according to research-based guidelines (Hershkowitz et al., 2012; Magnusson et al., 2021). Young preschoolers' ability to provide legal statements, however, often shows a great deal of variability. Children's disclosures may also be affected by different emotional and motivational factors, including fears of negative consequences, a lack of social support, or feelings of shame or self-blame (Magnusson et al., 2017). Young children can also have a limited understanding of criminal actions and legal investigations, including understanding the purpose of an investigation or what is expected of them during investigative interviews (Magnusson, 2020).

For various reasons, young children may also describe abuse that has never occurred. False allegations may be the result of intentional coaching (such as during contentious custody disputes) or unintentionally suggestive questions asked by concerned adults. Compared to older

children and adults, preschoolers are especially susceptible to certain types of suggestive influences, including conversations that include leading and close-ended questions (Bruck & Ceci, 1999). Preschoolers are also vulnerable to other forms of suggestions and interviewer bias, such as positive or negative reinforcement, invitations to speculate, the introduction of stereotypes, repeated questions, and compliance with authority figures (Magnusson, 2020). Suggestive influence can lead to increased risks of inaccurate details and false reports that are not grounded in self-experienced events. Furthermore, suggestive influence can cause memory impairment, which can potentially alter the content of memories or create false memories for events that have not occurred (Loftus, 2017). Unfounded allegations can also stem from misunderstandings and possible misinterpretations of young children's statements or behaviour (Ernberg, 2018).

Swedish Barnahus' Investigations of CSA Against Preschoolers

In Sweden, CSA cases involving preschool-aged children are typically investigated at a Barnahus. The first Swedish Barnahus was established in 2005 (in Linköping), and today, 33 local Barnahus are spread across the country, stemming from local initiatives. Even though most Swedish municipalities are connected to a Barnahus, some areas have yet to adopt the model. In contrast to other Nordic countries, Swedish Barnahus do not have a central governance or binding national regulations. Instead, each party (e.g., child welfare services, law enforcement, and health care) follows regulations within its respective agency, and its organisation is decided through local interagency agreements.

National guidelines from the Swedish National Police Board outline the criteria for being characterised as a Swedish Barnahus (Rikspolisstyrelsen [RPS], 2009). The guidelines prescribe that the overarching goal of Barnahus is to ensure children's victim rights, give them access to adequate services and support, and, if necessary, provide immediate crisis and treatment interventions. A central part of Swedish Barnahus is to

offer consultation meetings and child investigative interviews using co-hearing (i.e., where others listen to the interviews from another room). Criminal justice and social welfare investigations should be coordinated and conducted in a timely manner, and children should be given information and the opportunity to express their views (see also article 12 of the Convention on the rights of the child [CRC]; United Nations, 1989). The national guidelines stipulate that the child's best interests should be in focus during the entire process. Professionals who handle these cases should have competence and experience for the task at hand, and each agency should ensure that their staff is provided with sufficient education (RPS, 2009).

National evaluations of Swedish Barnahus have found that large regional differences exist in the organisation (such as interagency agreements) and access to functions (such as services and expertise available at Barnahus) between different local Swedish Barnahus (Barnafrid, 2019; Kaldal et al., 2010; Landberg & Svedin, 2013; Åström & Rejmer, 2008); such differences may be connected to the lack of binding national regulations, coordination, and oversight. The case types that may gain access to Barnahus' services may also vary due to differences in local interagency agreements and resource constraints (Barnafrid, 2019). Swedish Barnahus also differ in their inclusion of staff from the health care sector[1] who may be summoned to Barnahus, such as paediatrics experts, child and adolescent mental psychiatry service staff, or specialists in forensic medicine. Swedish Barnahus also offer varying access to psychological treatment and support with local variations across the country (Barnafrid, 2019).

Because the lack of national oversight can limit the possibility to collect and compare data on Barnahus cases across Sweden, available national statistics are lacking on the number of CSA cases involving preschool-aged children and their access to different functions at Barnahus. In 2021, the Swedish police received 10,163 reports of suspected child sexual abuse against children *of all ages* (Swedish Prosecution Authority, 2021). Of that number, a total of 36% led to prosecution,

[1] The inclusion of clinical medical personnel during initial consultation meetings differs across the Nordic countries; see Stefansen et al., Chapter 4, in this book for a Norwegian perspective.

waivers of prosecution, or impositions of a fine. We should note that these statistics include a wide range of crimes, including both online and offline offences. The Swedish National Council for Crime Prevention (Brottsförebyggande rådet [BRÅ], 2022) provides criminal statistics sorted by crime labels and age cohorts, including crimes involving children *below 15 years of age*. According to BRÅ (2022), the police investigated a total of 2,733 reports during 2021 involving the rape or gross rape of a child (955 [35%] led to prosecution), 939 reports of sexual assault or gross sexual assault of a child (259 [28%] led to prosecution), 160 reports of sexual exploitation of a child (24 [15%] led to prosecution), 2,792 reports of other forms of sexual molestation of a child (507 [18%] led to prosecution), and 205 reports of grooming involving children below 15 years of age (26 [13%] led to prosecution). No official statistics exist on the exact number of reports involving *preschoolers*, as the national database of criminal statistics does not provide detailed information about the age of the child (BRÅ, 2022).

Prosecutors play a central role in criminal investigations of CSA, since they are in charge of the criminal investigation (Swedish Code of Judicial Procedure, 1942:740, chap 23, §3). This task includes making decisions about whether an investigative interview should be conducted with the child. The interviewing task is delegated to the police, but the prosecutor should be involved when planning the interview and is advised to always observe the interview via co-hearing (Swedish Prosecution Authority, 2022). Following a child investigative interview, the prosecutor should assess the child's statement, such as its evidential value and what further actions should be taken based on the information from the child. The prosecutor is also responsible for making further decisions about the criminal investigation (e.g., whether to request a forensic medical examination) and eventually decides whether to prosecute the case or close the criminal investigation. By law, Swedish prosecutors are required to be objective and impartial (Swedish Code of Judicial Procedure, 1942:740, chap. 23, §4). They should therefore only prosecute a case when they believe sufficient evidence exists to prove the suspect's guilt.

The police are responsible for conducting investigative interviews and executing other investigative measures. Evidence-based child interviewing is a highly complex task that requires theoretical knowledge and

ample practical skills. During interviews with young children, investigative interviewers need to skilfully be able to adapt the interview to a child's level while being attentive to young children's developmental abilities and limited attention spans (Magnusson et al., 2020). In Sweden, child investigative interviews should be conducted by "a person with special competence for the task" (Decree on Preliminary Investigations, 1947:948, §18), traditionally a police employee trained in child investigative interviewing. Over the past decade, Swedish police employees have been offered a specialised training programme focused on investigating crimes against children and child investigative interviewing. The training programme follows an adapted and flexible version of the internationally established National Institute of Child Health and Human Development (NICHD) protocol and its recent revisions (Cederborg et al., 2013, 2021; see also Myklebust, 2017). The revised NICHD protocol is a research-based method for conducting investigative interviews with children of different ages (see Lamb et al., 2018).

Investigations of CSA should be conducted in a timely manner (within 90 days), and the initial child interview should be held within 14 days after initiating the preliminary investigation (Swedish Prosecution Authority, 2023; Decree on Preliminary Investigations, 1947:948, §2a). Children below 15 years of age generally do not provide their testimony directly in Swedish courts (Swedish Code of Judicial Procedure, 1942:740, chap 35, §14). Instead, their video-recorded police interview is presented during the trial (Swedish Prosecution Authority, 2023). During the criminal investigation, others involved in the case (e.g., prosecutor, defence attorney, children's legal counsel, and child welfare workers) can follow the child interview via co-hearing from an adjacent room at Barnahus. Because children are not cross-examined in court, children's video-recorded interviews should be assessed with caution, according to the Swedish Supreme Court (for more information, see Kaldal, 2023). To satisfy defendants' rights to a fair trial, the defence should also be given the opportunity to pose questions to the child through the police interviewer (Council of Europe, 1950, art. 6), who can rephrase the questions suggested by the defence to make them developmentally appropriate and non-leading.

Initial consultation meetings should be held at a Barnahus in connection to the police report to coordinate different case actions between agencies (RPS, 2009). Importantly, the consultation meetings should involve representatives from the criminal justice system, child welfare services, and, depending on the requirements in the case, practitioners from the health care sector. The exact content and structure of the initial consultation meeting are not specified in the national Barnahus criteria (Barnafrid, 2019), and what is brought up in the meeting can depend on the specific case and the extent to which the different agencies have prior information about the child. The consultation meetings can be used to share background information about the child and the case between agencies, such as what is known about how the crime allegation surfaced, the child's relationship to the suspect, the child's living situation, and any special needs the child might have. The meeting is also used to plan for the child interview (such as when it should be conducted, who should participate, and what should happen after the interview) and other measures that need to be taken during the investigation, including whether a forensic medical examination should be scheduled (Swedish Prosecution Authority, 2022).

In 2014–2015, the Prosecution Development Centre in Gothenburg (2016) evaluated the quality of 60 child investigative interviews in cases that had not led to prosecution. The centre identified several problems, including that interviews were too long in relation to children's developmental levels, the attendance of prosecutors was relatively low during child interviews, and the first interview was often not held within the stipulated time length (14 days after initiating the preliminary investigation). The evaluation also brought up a need for increased flexibility to adjust the interviewing method to individual children's needs and the situation at hand. The problems the centre identified were particularly pronounced in cases involving preschoolers.

Following the report, the Swedish Prosecution and Police Authorities developed a handbook on child interviewing with additional guidance to address the challenges the centre had identified (Swedish Prosecution Authority, 2022). During the process, the working group went on study visits to the National Children's Advocacy Center in Huntsville (Alabama, USA), Statens Barnehus Oslo (Norway), and Linköping

Barnahus (Sweden). The working group also collected information material from different local Swedish Barnahus. The new guidelines, which were released in 2018 and updated in 2022, emphasise the need for flexibility during the child interview. Flexibility includes being attentive and making adaptations to the interviewing protocol, depending on children's needs and maturity. The guidelines describe this factor as being especially important with younger children and children with disabilities. The guidelines also encourage close interagency collaboration when investigating crimes against children and note that child interviews should be conducted at a Barnahus when the child lives in an area that has established a local Barnahus (Swedish Prosecution Authority, 2022). In other cases, the child interview should be conducted at a police station that has special recording equipment for child interviews.

In the present chapter, we focus on challenges, potential possibilities, and institutional tensions at Swedish Barnahus when investigating CSA against preschoolers. We will first summarise and integrate the findings from our two doctoral dissertations, which focused on analysing the work of Swedish prosecutors and specialised police interviewers in CSA cases involving young children. Based on a follow-up survey with Barnahus coordinators, we then explore whether the interagency collaboration and access to specialised expertise at Barnahus could help alleviate some of the challenges that we have identified. Lastly, by situating our findings in relation to former evaluations of Swedish Barnahus (Barnafrid, 2019; Kaldal et al., 2010; Landberg & Svedin, 2013; Åström & Rejmer, 2008) and recent governmental reports (Statens offentliga utredningar [SOU], 2022a, b: 1, 70), we discuss how the use of interagency collaboration and access to specialised expertise is currently complicated by different institutional tensions.

Method

The current chapter is based on studies using various data and analytical approaches (many use a mixed-methods approach), including archival studies and survey data from practitioners. One common feature of the studies presented below is that, due to the scarcity of previous research

on preschoolers in the Swedish justice system, they were conducted using an exploratory approach, with analyses being largely data-driven. We provide a brief overview of each study below.

Archival Study of Prosecuted and Discontinued Cases

An archival study was conducted to examine any differences between prosecuted and discontinued cases of alleged CSA against preschool-aged children (Ernberg et al., 2018a). An analysis of 97 court cases from a research database containing CSA verdicts from 2010 to 2014 (Ernberg et al., 2018b) was used to represent prosecuted cases. We also requested access to discontinued criminal investigation files from a Swedish police district and obtained data on 37 discontinued cases involving preschool-aged children. The dataset contained archival material on a total of 130 child complainants between 2–6 years of age at the time of the alleged abuse. A coding manual was used to quantify the material, and the data were analysed using descriptive and inferential statistics. Specifically, we used chi-square tests and binary logistic regression to examine whether different case factors would predict prosecution decisions at a statistically significant level (see Ernberg et al., 2018a).

Survey with Specialised Prosecutors

Using survey methodology, we examined Swedish prosecutors' experiences investigating CSA against preschoolers (Ernberg et al., 2020). An online survey was distributed to all Swedish prosecutors ($N = 913$) with the assistance of the Swedish Prosecution Authority. A total of 94 experienced prosecutors who specialised in child cases and had experience working with CSA cases involving preschoolers participated in the survey.[2] The survey consisted of both close-ended scale items and open-ended questions; the latter for example prompted prosecutors to

[2] Because we lack data on the total number of prosecutors who specialise in child cases (out of the 913 prosecutors in Sweden at the time of the study), we were unable to calculate an exact response rate. Out of all Swedish prosecutors, 10% participated in the study.

elaborate on perceived challenges when investigating and prosecuting cases of CSA against preschoolers. The data were analysed using qualitative (data-driven thematic analysis) and quantitative (descriptive and inferential statistics) methods.

Survey with Specialised Police Interviewers

A second online survey was distributed to Swedish police employees who specialised in interviewing children (Magnusson et al., 2020). The focus was on examining their self-reported experiences of conducting interviews with children of different ages. A total of 88 police interviewers with experience conducting child interviews responded to the survey.[3] The survey contained both close-ended scale items and open-ended questions, such as asking the participants to describe the main challenges when interviewing preschool-aged children. Their responses were analysed using quantitative and qualitative approaches, including descriptive statistics, thematic analysis, and content analysis.

Survey with Barnahus Coordinators

For the current chapter, we also collected new data during February 2023 using an online survey sent to Swedish Barnahus coordinators who had posted their email information online ($N = 24$ out of 33 local Barnahus). A link to the survey was also posted in a Swedish Facebook group for Barnahus employees. The survey focused on the use of initial consultation meetings and access to psychological expertise and health care involvement when investigating CSA against preschoolers. A total of 9 local Barnahus participated, and their responses were analysed using descriptive analyses. Because the sample consisted of only 27% of all local Swedish Barnahus, the results should be interpreted with caution.

[3] We were unable to calculate the response rate, since the survey was shared via different recruitment methods, including requests to the Swedish police regions, recruitment via Barnahus coordinators, and advertisements in social media.

Results

Differences Between Prosecuted and Discontinued Cases

Prosecuted cases of alleged CSA against preschoolers were more likely to contain a suspect confession (30%) or forensic evidence (26%), compared to discontinued cases—not a single discontinued case had any of these types of evidence available (Ernberg et al., 2018a). The most common type of forensic evidence was video or photo documentation of the abuse (16%), followed by DNA evidence (9%) and corroborative medical evidence (4%). The extent to which children had been given a forensic medical examination was roughly the same in prosecuted (19%) and discontinued cases (22%). The likelihood of prosecution also increased with the age of the child. Other factors that *decreased* the likelihood of prosecution included the presence of ongoing custody disputes (which was the case in 35% of the discontinued cases, compared to 7% of prosecuted cases), or if a child previously had been placed in foster care prior to the abuse allegation (22% of discontinued cases and 1% of prosecuted cases).

Challenges Related to Prosecutors' Decision-Making

Swedish prosecutors ($N = 94$) described several challenges when investigating and prosecuting cases of alleged CSA against preschoolers (Ernberg et al., 2020). Prosecutors emphasised that young children cannot be expected to remember and retell their experiences like adults do, since preschoolers' developing cognitive and linguistic abilities will affect their narratives. Prosecutors also emphasised that preschoolers are more vulnerable to suggestions and that their statements could be influenced by prior conversations with adults, such as worried parents or social welfare interviewers. Some noted that abused children may have difficulty disclosing their experiences due to feelings of guilt, shame, or loyalty to the perpetrator. Prosecutors might encounter additional difficulties in cases of ongoing custody disputes or other conflicts present in

connection to the CSA investigation. They also brought up various legal requirements in criminal cases and described CSA against preschoolers as being particularly challenging to prosecute, as such cases often lack corroborative evidence. Some prosecutors discussed Swedish court standards for evaluating testimony, which can be difficult to fulfil in cases involving preschoolers; for example, a testimony should be clear, long, and detailed (Nytt Juridiskt Arkiv [NJA], 2017, p. 316).

The prosecutors also emphasised that the quality of the child investigative interview was crucial to the investigation, such as being able to adapt the interview to each child in a developmentally sensitive and non-suggestive manner. But interview quality could depend on the competence of the investigative interviewer and the available resources within the police. According to some prosecutors, interviewing skills are related to personal qualities (such as social aptitude) as well as experience. Organisational limitations, including the scarcity of qualified child interviewers, may lead to substantial delays in child interviews, which could limit the possibility to collect corroborative evidence and might impair young children's memory recall. Some prosecutors brought up other organisational limitations, such as stretched resources and high employee turnover rates within the police.

Challenges for Child Investigative Interviewers

Swedish police interviewers ($N = 88$) reported several challenges when conducting investigative interviews with preschoolers (Magnusson et al., 2020), including that young children's limited communication skills, memory abilities, and short attention spans made interviews with them particularly difficult. They often perceived preschoolers' testimony as being brief and incoherent. Some interviewers noted that preschoolers generally have difficulties providing certain details of forensic value, such as time and frequency estimates. Another challenge the interviewers brought up concerned their questioning strategies. Preschoolers could have difficulty responding to broad open-ended questions and approaching the topic under investigation. Some mentioned the challenge of trying to ask more direct questions, necessary for investigative

purposes, without being too suggestive. Interviewers described that they felt time pressure during these interviews, since preschoolers quickly become tired and inattentive.

The police interviewers reported having to modify their procedures when interviewing young children, including reducing the length of the introductory phase of the interview to prevent fatigue. Other common adjustments involved adapting their language, for example by talking more slowly and using simple words and short sentences (Magnusson et al., 2020). We could not find any systematic pattern in their reported adaptations. Nearly all police interviewers stated that they mainly conducted their child interviews at Barnahus (95%); furthermore, approximately 72% had completed the child interviewing training programme available to Swedish police at the time of data collection.

Current Practices, According to Barnahus Coordinators

According to Barnahus coordinators ($N = 9$ local Barnahus), initial consultation meetings were commonly used in CSA cases involving preschoolers (see Table 8.1). Some coordinators reported that they sometimes made exceptions to this practice in urgent cases. Others reported that consultation meetings were primarily used in CSA cases that included preschoolers who had been victimised by family members and/or other cases that involved the child welfare services, hence potentially excluding CSA cases with suspects outside the child's immediate family.

Similarly to past evaluations of the state of Swedish Barnahus (Barnafrid, 2019; Kaldal et al., 2010; Landberg & Svedin, 2013), we found that access to staff with expertise in developmental psychology and medicine varied between different local Barnahus.[4] As Table 8.1 shows, staff with expertise in these areas rarely participated during the child investigative interview. Seven Barnahus coordinators chose to elaborate

[4] We did not inquire about the presence of prosecutors, police, and child welfare services, since the latest national evaluation reported that these professions are typically represented during both consultation meetings and child interviews (Barnafrid, 2019).

Table 8.1 Barnahus coordinators' responses regarding access to different functions at their local Barnahus when investigating CSA against preschoolers (N = 9)

Questions: To what extent do you…	Never	Rarely	Sometimes	Often	Always	M(SD)
…carry out consultation meetings prior to child interviews in cases involving child sexual abuse against preschoolers?	0	0	2	3	4	4.2 (0.8)
…have access to expertise in developmental psychology[a] during these consultation meetings?	0	2	0	1	6	4.2 (1.3)
…have access to medical expertise during these consultation meetings?	1	0	0	1	7	4.4 (1.3)
… have access to expertise in developmental psychology during the co-hearing of these child interviews?	2	4	2	1	0	2.2 (1.0)
…have access to medical expertise during the co-hearing of these child interviews?	6	3	0	0	0	1.3 (0.9)

Notes The scales range from 1 = Never to 5 = Always. [a]This expertise typically consists of a representative from the child and adolescent psychiatry service (Barn- och ungdomspsykiatrin [BUP])

in response to an open-ended question asking if they had experienced a need for more specialised knowledge about investigative interviews with preschoolers in CSA cases. The most common responses mentioned a need for more knowledge and continued competence development for different practitioners involved with these cases, the benefits of receiving support from psychologists with expertise in child development, and the need to have realistic expectations of preschoolers' capabilities (such as their difficulty providing time estimates).

When asked to estimate the number of child interviews with preschoolers in CSA cases that were conducted during 2022, the estimates varied significantly between the different local Barnahus. Three Barnahus staff members reported zero cases (two Barnahus staff members handled cases involving preschoolers but did not conduct interviews due to children being too young or other unspecified reasons), others reported between 1–11 cases, and one Barnahus member estimated between 100–200 cases. Importantly, several Barnahus coordinators emphasised that they did not have access to the exact statistics of cases handled by the police, for example because the police can sometimes conduct separate child interviews at Barnahus without using the Barnahus's other functions. These estimates should therefore be interpreted with caution.

Discussion

In the following sections, we describe areas where we believe the interagency collaboration and specialised expertise at Barnahus could help alleviate some of the challenges identified above when investigating CSA against preschoolers. Specifically, we will discuss access to corroborative evidence through interagency collaboration, the importance of providing high-quality and timely child investigative interviews, and the potential use of developmental expertise when planning, conducting, and evaluating interviews with preschoolers. Drawing on our findings and previous evaluations of Swedish Barnahus (Barnafrid, 2019; Kaldal et al., 2010; Landberg & Svedin, 2013; Åström & Rejmer, 2008), as well as governmental reports (SOU, 2022a, b: 1, 70), we also identify different

tensions that complicate the realisation of these objectives within the Swedish Barnahus context.

Searching for Corroborative Evidence

Having an increased ability to identify and access corroborating evidence could be one way to strengthen criminal investigations of CSA cases against preschoolers. Clearly, the type of evidence available in a case will influence prosecutorial decision-making (Ernberg, 2018). Access to corroborative evidence of strong evidential value (e.g., DNA evidence or photos of the abuse) and suspect confessions were the strongest predictors for prosecution, according to our studies. We should note, however, that this type of evidence only occurs in a small number of investigations and that its absence does not indicate that a crime has not taken place (Diesen & Diesen, 2013). As demonstrated in our archival study of CSA cases involving preschoolers, both prosecuted and discontinued cases often lacked evidence of strong corroborative value (see also Cross et al., 2020). Furthermore, 55% of prosecutors who responded to our survey reported that the main challenge in these cases was the lack of corroborative evidence.

The use of initial consultation meetings at Barnahus could help provide ideas for other potential evidence, including gathering information about possible witnesses and other case-relevant history, such as children's early disclosures to other agencies. And since young children cannot be expected to provide details that exceed their developmental level, such as time and frequency estimates, law enforcement may benefit from having information from other agencies about the child's background and living situation when trying to ascertain the time and location of a suspected crime. According to our survey with Barnahus coordinators, consultation meetings were regularly held in CSA cases involving preschoolers, with potential exceptions in urgent situations and in cases that did not involve child protective services. But while representatives from the police, prosecution, and social welfare services are typically present at these meetings (Barnafrid, 2019), local Swedish Barnahus differ in their inclusion of staff with medical expertise and staff

with expertise in developmental psychology. The varying access to representatives from the health care sector is concerning, since it indicates local differences in children's access to relevant competence at the initial consultation meeting (see also Barnafrid, 2019).

Exchange between agencies has also proven to be a challenging obstacle for information-sharing during consultation meetings at Swedish Barnahus. Currently (as of 2023), the legal conditions for sharing case-specific information during these meetings are unclear, which has led to regional differences in the interpretation of the current legalisation (Barnafrid, 2019; SOU, 2022b: 70). This legal dilemma thus limits the possibility to exchange information about the child during consultation meetings. Among others, Landberg and Svedin (2013) have brought up the need for new legislation to facilitate interagency collaboration at Swedish Barnahus.

In our review of CSA cases from 2010–2014, only a small percentage contained evidence related to forensic medical examinations. Medical examinations conducted at Barnahus could offer one potential way to identify corroborating medical evidence,[5] which in turn could affect prosecutorial decisions (Ernberg et al., 2018a). While the possibility exists to conduct forensic medical examinations at many local Swedish Barnahus, either in their own facilities or at nearby hospitals, not all children suspected of being victims of CSA are examined (Barnafrid, 2019). The inclusion of medical staff during consultation meetings and the co-hearing of children's interviews could potentially help increase access to medical examinations. However, while a representative with medical expertise can often participate during consultation meetings, albeit with local variations across different local Barnahus, the use of forensic medical examinations is still limited in Swedish settings (Barnafrid, 2019; see also Stefansen et al., Chapter 4, for an overview of medical examinations in a Norwegian context). The medical expertise at Barnahus could also be valuable to help law enforcement and the social welfare services interpret children's medical journals, although current regulations on information exchange have created substantial difficulties for Barnahus to

[5] It is important to keep in mind, however, that a medical examination may not result in any corroborative findings, even if a child has been abused, and the lack of such findings does not indicate the absence of abuse.

utilise medical expertise for these tasks. For a more in-depth discussion of current challenges related to medical examinations and information exchange, see Barnafrid (2019); for a Nordic perspective, see Stefansen et al. (2017).

Providing High-Quality Child Interviews in a Timely Manner

According to our current studies, and in line with international research, the quality of child investigative interviews can be critical for the criminal investigation (Cross et al., 2020). Swedish prosecutors emphasised that the competence of the interviewer is paramount when interviewing preschoolers. Police interviewers described these interviews as particularly challenging and reported making various deviations from the NICHD protocol. Beyond adapting their language and question strategies, interviewers described that they shortened, modified, or removed different parts of the introductory phase of the interview (e.g., explaining and practising different conversational rules) to accommodate preschoolers. While we could not find any systematic pattern in these self-reported adaptations, the substantial variation between interviewers is concerning and indicates a need for clearer guidelines on adaptations when interviewing young children.

Due to the added complexities when conducting interviews with preschoolers, other countries, such as Finland and Norway, have implemented systems for using specialised staff when interviewing preschoolers and children with cognitive disabilities or neuropsychiatric disorders. Specifically, Norway uses police investigators who have attended specialised training focused on interviewing preschoolers (see Langballe & Davik, 2017), and Finland uses experts in forensic psychology who specialise in handling challenging cases involving young children (see Korkman et al., 2017). As of today (2023), Sweden does not require in-depth specialisation in these cases. Instead, interviews with children of all ages are conducted by police employees with "special competence for the task" (Decree on Preliminary Investigations, 1947:948. §18). No regulated criteria currently exist for what

this competence should entail, but in practice, the interviewer should preferably have completed the available training programme (Swedish Prosecution Authority, 2023). However, according to a recent government report that surveyed members of Sweden's seven police regions, child investigative interviews are sometimes conducted by staff with limited training (SOU, 202a2: 1). Requiring in-depth specialisation in interviewing young children could provide one way forward to facilitate investigations of CSA against preschoolers.

In line with the concerns reported by prosecutors, members of the Swedish police regions also described issues with employee turnover among child investigative interviewers (SOU, 2022a: 1). The limited number of properly educated child interviewers could lead to increased time delays between the case being reported to the police and the child interview, as well as a need to prioritise between cases. Currently, because no national evaluations have examined the actual quality of child interviews from a large and representative sample (SOU, 2022b: 70), we do not know the extent to which child investigative interviews with preschoolers follow research-based recommendations, nor do we know the number of child interviews that are conducted by police employees who lack education in the complexities of interviewing young children.

The Swedish child interviewing programme was recently reformed, from a three-step tier system (around 82 days) to a short hybrid course (30 days), to quickly increase the number of child interviewers (SOU, 2022a: 1). While the beneficial effects of the previous child interview courses have been scientifically studied (Cederborg et al., 2013, 2021), the potential consequences of this reduction have not been systematically investigated to date. According to the national Barnahus criteria (RPS, 2009), each agency should ensure the competence of its staff, and investigations should be conducted in a timely manner. As seen in the example above, however, organisational and professional limitations pose various restrictions on law enforcement agencies' ability to fulfil these criteria. Time delays before conducting a child interview and limited access to specialised staff with the necessary competence required to interview young children could adversely affect the criminal justice investigation and children's access to child-friendly justice.

Potential Use of Psychological Expertise When Planning, Conducting, and Evaluating the Child Investigative Interview

According to the prosecutors and police interviewers we surveyed, identifying young children's cognitive and communicative abilities can be valuable when planning, conducting, and evaluating a child investigative interview. The practitioners described that this task can be difficult, however. Although research shows that children can begin to be interviewed about recent events starting from approximately three to four years of age, their reports tend to be brief and unstructured (Magnusson et al., 2021). Recommending a cut-off point based on chronological age is also difficult, as young children's interviewing abilities depend on a wide range of developmental abilities and situational factors (see Brubacher et al., 2019). Prosecutors and police interviewers alike acknowledged that preschoolers' abilities to provide testimony varied between children. Cases involving *young* preschoolers may be particularly difficult to investigate, as demonstrated in our archival study on prosecuted and discontinued cases (see also Bunting, 2008), where young preschoolers were sometimes not interviewed due to their limited verbal abilities. Police interviewers described the difficulty in collecting information about young preschoolers' verbal abilities prior to the interview, especially since an investigative interview is such an unfamiliar setting compared to preschoolers' everyday conversations with familiar adults.

Police and prosecutors may benefit from having specialised knowledge from fields such as developmental and forensic psychology when investigating and prosecuting CSA against young children (see Korkman et al. [2017] for an overview of the use of forensic experts when investigating crimes against young children in Finland). Experts may be involved during the preliminary investigation to provide guidance and/or during court proceedings to deliver expert testimony. Unlike other countries, following substantial controversy in the past, the use of psychological experts in CSA cases is uncommon during Swedish investigations and court proceedings (Gumpert et al., 1999). For example, in our review of prosecuted cases involving preschoolers between 2010 and 2014, only 5% contained an expert statement about the child's testimony

that was presented during trial (Ernberg et al., 2018b). The need for specialised expertise is addressed in the guidelines for Swedish prosecutors, however, which specify that prosecutors and police interviews may need to acquire expert knowledge of child development during the preliminary investigation (Swedish Prosecution Authority, 2023; see also the Decree on Preliminary Investigations, §19). The interagency collaboration at Barnahus could present an opportunity to include developmental expertise to a larger extent when planning and conducting the child interview (see also Langballe & Davik, 2017). According to our survey with Barnahus coordinators, most had access to expertise in developmental psychology during the initial consultation meetings. Many coordinators also reported that they could include practitioners with developmental expertise during the co-hearing of the child interview, although this was not a regular practice. This expertise typically consisted of clinical psychologists or other staff from the child and adolescent psychiatry service (BUP).

The inclusion of developmental expertise to facilitate the child interview provides both promise and a dilemma. While clinical child psychiatric staff may be able to help assess children's cognitive and linguistic abilities and provide suggestions on how to adjust the interview to children's developmental levels, such staff in Sweden are typically not trained in the intricacies of evidence-based child investigative interviewing, which differ significantly from therapeutic conversation methods. Child psychiatric staff can also have varying knowledge of contemporary research on young children's testimony in CSA cases (Bjørdal Kostopoulus et al., 2019). The potential assistance of developmental expertise also cannot replace the need for a skilled child interviewer who has practical expertise in questioning young children. Whether the emphasis on, and access to, specialised developmental expertise will affect current interviewing practices in Sweden remains to be seen. Future research is urgently needed to systematically examine the knowledge and potential advice provided by child psychiatric staff in CSA cases. If these practices adhere to available research on children's testimony and evidence-based child interviewing, then the psychological expertise at Swedish Barnahus could provide a promising resource to help facilitate communication during investigative interviews with

preschoolers. If any limitations come to light, then educational initiatives or specialisation courses may be helpful to bridge the gap between clinical and forensic psychology.

Conclusions

The interagency collaboration and access to specialised expertise at Swedish Barnahus could provide promising solutions for overcoming some of the present challenges when investigating child sexual abuse (CSA) against preschoolers within the criminal justice system. Different organisational and professional tensions complicate these investigations, however, including uncertainty about information exchange during consultation meetings, the limited use of forensic medical examinations, resource constraints within the police, and access to specialised staff who have in-depth expertise of evidence-based investigative interviewing techniques involving young children in CSA cases. As evident by current studies and previous evaluations of Swedish Barnahus (Barnafrid, 2019; Kaldal et al., 2010; Landberg & Svedin, 2013; Åström & Rejmer, 2008), preschoolers may have varying access to child-friendly justice, depending on local agreements and practices.

During the writing of this chapter, a comprehensive governmental report was released by the Commission of Inquiry comprising a proposed national strategy for preventing and combating violence against children (SOU, 2022b: 70). The report emphasises the importance of providing children equal access to child-friendly justice across Sweden, including the need for national coordination and oversight of Swedish Barnahus. The report also discusses the importance of interagency collaboration and information exchange between agencies when children are subjected to violence. Furthermore, the commission's report addresses the value of timely child interviews that are conducted by qualified child interviewers with specialised competence in interviewing young children. Taken together, these proposals are in line with the challenges we have presented in this chapter. The report is currently (as of 2023) under consideration at 159 different referral bodies. We have yet to see what

effects the proposed national strategy will have on the criminal justice system and preschoolers' access to child-friendly judicial procedures.

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Part IV

Balancing Institutional Tensions

9

Papering over the Cracks or Rebuilding the System: Opportunities and Challenges for the Barnahus Model in the United Kingdom

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Introduction

In recent decades, researchers, policy-makers, governments, and others have undertaken important work to better understand how differences between international jurisdictions in their approaches to investigating

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and managing child maltreatment might lead to better outcomes for children (Connolly & Katz, 2019). This work was undertaken as a result of growing concerns about outcomes experienced by children and families, alongside a worry that the operation of the child welfare system itself is neither effective nor efficient (Devaney, 2019). For those children who do disclose maltreatment, the journey from initial disclosure through judicial completion can be a long and daunting process to navigate (Alaggia, 2004, 2010).

This chapter presents data from research with service providers and policy-makers in two parts of the United Kingdom—Northern Ireland and Scotland—on the introduction of the Barnahus model. In doing so, the discussions with key stakeholders highlight the tensions that can arise in seeking to promote children's rights to safety, justice, recovery, and recognition within a legal system that also must uphold the rights of the accused. Our aim in this chapter is to explore how various stakeholder groups involved with children in the aftermath of a disclosure of maltreatment conceive of the role and function of a Barnahus, as well as the opportunities and challenges to the introduction and implementation of the model. In doing so, we recognise that there is no one singular expression of a Barnahus, as opposed to an agreed set of principles about what a Barnahus should represent and encapsulate (PROMISE Barnahus Network, 2017).

Background

Sir John Gillen, in his Report into the Law and Procedures in Serious Sexual Offences in Northern Ireland (2019), highlighted that cases of serious sexual offences committed against children incur the longest delays in the judicial system, with an average duration of 986 days (i.e. more than two and a half years). This delay serves as a barrier to children's right to justice (Article 3) and recovery from trauma (Article 39), as highlighted in the 1989 United Nations Convention on the Rights of the Child, or UNCRC (Lavoie et al., 2022).

Although child welfare systems show considerable commonality (Merkel-Holguin et al., 2019), countries have also shaped their systems

and service responses in different ways. These differences are driven by societal and cultural norms, legislative requirements, and competing ideologies about the role of the state in situations where children are believed to have experienced maltreatment (Duerr Berrick et al., 2023). At their heart, however, child welfare systems have a core set of objectives (Devaney 2009):

- Reducing the prevalence and incidence of child maltreatment through preventative approaches;
- Reducing the child mortality rate as a consequence of having a system in place for identifying and protecting children at risk of significant harm;
- Preventing children identified as being in need of protection from experiencing repeated harm;
- Addressing the effects of the harm experienced by children on their development and promoting their welfare, which should result in improvements to psychological and social functioning, and educational attainment;
- Addressing the needs of other family members so that they will be in a better position to provide for the care and future protection of the child;
- Promoting the protection of the wider public through identifying and managing those who might present ongoing risks to other children.

As Lanigan (2020) notes, the complexity of responding to child maltreatment lies within its position at the intersection of child welfare and criminal justice. The perspectives and priorities of the parallel investigations potentially overlap in seeking to both promote children's safety whilst simultaneously holding to account those who have been accused of causing harm. The challenge for professionals is heightened by the vulnerability of child victims to secondary victimisation or re-traumatisation in the response process, a risk widely recognised by, and reflected in, the procedural obligations imposed by international legal measures (European Union, 2012).

This chapter draws upon our work in supporting and researching the introduction of the Barnahus model in the United Kingdom. We are

a group of academics and practitioners from the United Kingdom and Canada with significant experience of working with maltreated children. Our work has focused on the welfare of maltreated children, and how best to intervene in child-centred ways. This work informs our conceptualisation of how the Barnahus model presents both an opportunity and a challenge for existing child welfare and criminal justice systems to more effectively meet many of the above objectives.

We draw upon learning from research we have undertaken in two parts of the United Kingdom. Our argument is that an opportunity exists for the Barnahus model to become a disruptor of the system as is, and to deliver improved outcomes not only for children, but also the wider child welfare and criminal justice systems. "Disruptor" is a term for describing a process of making significant systems changes that will uphold children's rights to truly child-centred responses and interventions. Otherwise, there is a risk that a Barnahus will be co-opted into the system that currently exists, and therefore, the fault lines in responding to children's experiences of maltreatment may be masked, or papered over, rather than being fundamentally addressed. We will discuss the Barnahus model as disruptor in greater detail later in the chapter. We argue that the introduction of the Barnahus model provides an opportunity for a fundamental reimagining of the relationship between the child welfare and justice systems, as well as the opportunity to rebalance from the needs of the justice system to those of the needs of children.

Child Welfare Within the United Kingdom

Whilst the United Kingdom is a single country, it consists of four nations—England, Northern Ireland, Scotland, and Wales. The national UK government has primary responsibility for all matters, but various powers and duties are devolved to legislatures in Northern Ireland, Scotland, and Wales, including responsibilities for education, health, policing, the courts, and social services. As such, most matters relating to the investigation, management, and prosecution of child maltreatment are matters for the governments in Belfast, Cardiff, and Edinburgh. Whilst the child welfare system is similar between the four UK nations,

the legislative frameworks and how services are organised vary (Stafford et al., 2011). In essence, though, the systems in each part of the United Kingdom are very similar, in that when concerns arise about a child having been abused or neglected, the primary agencies with initial responsibilities for investigating these concerns are social services and the police. This arrangement is to determine whether any measures are required to keep a child safe from experiencing further harm, and to start the process of gathering evidence that could support a criminal prosecution. Depending on the nature of the concern, the child may also be subject to a paediatric medical examination to assess whether the child is in need of treatment, and also to gather forensic evidence that could support future legal proceedings in both the criminal and family courts. The joint social services and police investigation will often involve an interview with the child, as well as other potential witnesses. The child's interview is most typically undertaken jointly by a specially trained police officer and a social worker, and is video recorded. This recording of the interview can be used as the child's "evidence-in-chief" should the matter proceed to court, although children need to be available for cross-examination at any subsequent court hearing. The child's video-recorded evidence-in-chief is not always used, however, with some children being required to give live testimony at the trial (Beckett & Warrington, 2015).

Each of the UK countries has slightly different arrangements for supporting children as vulnerable witnesses in the court process, but some people have expressed severe unease about the impact on children and their families from the adversarial nature of criminal proceedings, where children are first and foremost witnesses for the prosecution, rather than victims of maltreatment (Cossins, 2020). Subsequently, the issue of the rights of defendants over child victims results in practice that is potentially harmful to such vulnerable witnesses (Prince et al., 2018). As Hayes and Bunting (2013) note, children can experience considerable distress associated with the formal and adversarial nature of criminal courts, arising from a lack of knowledge of the legal system and processes, the potential of seeing the defendant, and, frequently, having to answer questions under cross-examination. Such distress can also be exacerbated by a lack of information about the progress of the case, delays in trial dates, and uncertainty in relation to when they will be called to give

evidence. Specifically, courtroom and trial procedures have been developed for adults with mature cognitive and emotional capacities. The developmental capacities of children—for example, in their thinking, comprehension, communication, and coping with intense emotions—have not been sufficiently considered in how they can participate in a system built for adults, and one that is not trauma-informed.

Research into child victims' experiences of criminal justice processes has been supplemented by a wider body of evidence highlighting the inadequacies of the child welfare and criminal justice systems in meeting the needs of vulnerable children (Gillen, 2019). Such work has noted the fragmented and "siloed" nature of the multi-agency response to victims, with many children opting out of a system that is meant to deliver redress for them because they feel it is exacerbating the trauma they have experienced. The result is a general lack of confidence across society about the seriousness with which state agencies take child maltreatment, and in particular sexual violence.

Within this context, the process and practice of investigating and prosecuting child maltreatment could be strengthened by adopting a new model for how agencies collaborate in meeting the needs of the child welfare and criminal justice systems. The Barnahus model has been of particular interest, with Lord Justice John Gillen, for example, recommending to the government in Northern Ireland that it urgently considers the advantages of introducing a Barnahus.

System Change or Changing Systems

Johansson and colleagues (2017) state that in the Nordic context, the development of the Barnahus model can be seen as part of a longer journey of cultural change in the recognition of children's experiences of harm and the need to provide them with a comprehensive response that addresses needs relating to their safety, attainment of justice, and the promotion of their recovery. As such, the question arises regarding the main objective of introducing a Barnahus into a pre-existing child welfare and criminal justice system. Wulczyn and colleagues (2010) note that all change within a child welfare system is bi-directional, so we

must pay attention to both the change that a new way of working is meant to achieve within the pre-existing system and the change that the larger system, as is, will have on the new model or way of working. This idea is exemplified by Guðbrandsson's (2017) description of how he and others introduced and integrated the "child advocacy model" from the USA with the "Nordic welfare model" to become the Barnahus model. Whilst certain common and core elements of the model must be in place before a service can be called a Barnahus (PROMISE Barnahus Network, 2017), it is also interesting to note how the model has been adapted and adopted in different countries to fit local legislative and organisational arrangements (Johansson & Stefansen, 2020). Therefore, there is no one singular Barnahus model—rather, Barnahus in different jurisdictions have commonalities—but important differences exist. This flexibility can be a strength, for example, in ensuring that the Barnahus fits the needs and structures of the local context, but the local system could potentially require the Barnahus to bend to its needs and processes as a result of this flexibility. As Johansson and Stefansen (2020) wonder, to what extent does the introduction of a Barnahus promote radical transformational change in the wider system, or incremental change? We argue that the Barnahus model provides an opportunity to recast the ways in which the child welfare and criminal justice systems in the United Kingdom interact in order to yield greater expression to the needs of children and the obligations on governments under the UNCRC. As such, the Barnahus model could potentially become a disruptor of conventional practice. A significant risk, however, is that the policy response to criticisms of the current system (and the poor outcomes on all measures) will be to seek to refine and amend the current systems without having a more fundamental discussion of whether refinement would merely maintain the status quo.

The Barnahus as a Disruptor

Whilst a growing evidence base exists about how new ways of working are introduced into services for children and families (Albers et al., 2017), the literature is more limited on the impact of the new way of working

on the system into which it has been introduced, beyond whether it is working or not. A disruptive innovation is one whereby the new way of working or the new model causes the existing system to adopt and adapt to these new ways of working, which have the potential to generate improved (and sometimes different) outcomes. However, consequences for the existing system are also likely. The changes brought about by this disruption are fundamental, rather than incremental, and require participants and stakeholders to reconsider the principles of what the existing way of working is meant to deliver, and to recast those principles. In doing so, practices and ways of working are likely to be significantly different, and the new way of working will ultimately supplant the existing approach. Examples of disruptive models are all around us, from Apple (Christensen et al., 2013) to Uber (Urbinati et al., 2018). In the field of child welfare, we have seen new models of working shape practice, including family group conferences (Mitchell, 2020) and restorative approaches in youth justice (Sherman et al., 2015). Such innovative ways of working have radically shaped the sectors in which they operate (although not always in a positive way, such as the precarious nature of employment in the gig economy), whilst also reshaping wider society. However, just because a model offers a radically new way of doing things does not mean it will disrupt the ecosystem into which it is introduced (Muller, 2020). The new way of working is just as likely to become co-opted by the existing system, and rather than users of the system "leaning into" the new model or way of working, they will adapt the new model, often beyond what users may feel comfortable doing, but they need to do so if the model is to gain acceptance.

The Barnahus model was developed in response to a dissatisfaction with the ways in which maltreated children's needs for safety, justice, support, and recognition were being addressed at the intersection of different systems. As such, the Barnahus model offers an opportunity to disrupt traditional models of meeting these needs, by forcing the child welfare and justice systems to fundamentally reconsider the a priori assumption that the need to ensure fair judicial processes for the accused requires victims to subsume their needs, and rights, in the interests of justice. However, there is an equal concern that the Barnahus model will

merely become a different way of doing business as usual, so fundamentally the focus shifts to the co-location of services in a child-friendly environment (i.e. the Barnahus as place) rather than fundamentally altering the way that children's needs for safety, justice, support, and recognition are enacted (i.e. the Barnahus as experience).

Methods

Over the past few years, Northern Ireland and Scotland have experienced increasing calls for the introduction of the Barnahus model. In Northern Ireland, the intent is to introduce a Barnahus that will work with children who have been sexually abused, whereas in Scotland, the intention is to establish a Barnahus that will support children who have experienced one or more of a number of harms, such as physical and sexual abuse, as well as those who have experienced domestic abuse, and also children who have harmed other children but are under the age of criminal responsibility. The authors of this chapter have worked with stakeholders (governments and state agencies) in both nations, separately, to explore how the Barnahus model could be introduced, and what changes would be necessary within the wider context to provide an authorising environment for the successful establishment of a Barnahus.

In Northern Ireland, we were commissioned by the Northern Ireland Commissioner for Children and Young People to undertake research to provide an analysis of current arrangements in cases of sexual offences against children, and the opportunities and challenges within these arrangements in the introduction and application of the Barnahus model to Northern Ireland. In Scotland, we are members of a partnership that secured philanthropic funding to establish Scotland's (and the United Kingdom's) first Barnahus, with the authors responsible for the evaluation of the implementation. The data in this chapter is drawn from our completed work in Northern Ireland, and the first phase of our evaluation in Scotland, which has sought to establish the hopes and worries of stakeholders about the introduction of the Barnahus model.

Our work in both jurisdictions has involved focus groups and interviews with policy-makers and senior managers from services that have

a key interest in the child welfare and criminal justice processes in each nation when children are subject to maltreatment. In Northern Ireland, 32 middle and senior managers were involved in interviews and focus groups (Lavoie et al., 2022); in Scotland, 33 middle and senior managers were involved in interviews and focus groups (Mitchell et al., 2023b). The participants were identified by their government department or agency as having specialist knowledge on the investigation of child maltreatment concerns. Participants were nominated by their agency and included participants from social services, the police, the courts, the healthcare system, and organisations supporting child victims.

Participants were asked to attend a focus group, or, if unavailable, to be interviewed individually. All discussions were audio recorded, transcribed, and analysed, drawing upon the six-stage, iterative, and reflective approach to thematic analysis developed by Braun and Clarke (2006): familiarisation; initial coding; identifying themes; reviewing themes; defining themes; and evidencing themes in the final write-up. Any initial themes we identified individually were then compared, before the initial analysis was discussed with the research team and refined further.

Drawing upon the learning gained from the interviews and focus groups in both jurisdictions, in the next section, we focus on the learning we have gained. We do not seek to compare the findings from Northern Ireland and Scotland, as that was not the intent of the original discrete studies, but we will focus on a number of common themes that arose.

Findings

The interviews and focus groups with the 65 research participants across both jurisdictions have resulted in a number of key themes, as described in the following sections.

The Juridification of Child Welfare Responses to Maltreated Children

There is unanimous agreement that the current systems and processes for managing the disclosure, investigation, and management of child maltreatment concerns, as well as support for children's well-being and recovery, are problematic. The participants in our research delineated between the personal commitment of individual practitioners and services to ensure that children are supported to share their experiences, and to do so in ways that would avoid re-traumatisation. This approach fits with the growing evidence of the benefits to be gained from more trauma-informed child welfare and justice system responses to child maltreatment (Quadara & Hunter, 2016). However, practitioners also recognised the inherent tension between being child-centred whilst also practising in ways that would meet the needs of both the family and criminal justice systems. Bakketeig (2017), amongst others, refers to the tendency towards "juridification" within the investigation of child maltreatment, defined as a process where norms constitutive for a political order are established or changed to the effect of adding to the competencies of the legal system. As such, child welfare services adapt their practice to the needs of the police and the prosecutor, since the criminal justice process and outcomes take precedence over the needs for children to be supported and helped to start the recovery process. For example, our participants highlighted the challenges for children in accessing pre-trial therapy for fear that such therapy could undermine the child's credibility as a witness to their own abuse in subsequent court proceedings—despite both jurisdictions having protocols in place that allow therapy to happen. Discussions about the introduction of the Barnahus model have centred on how the standards required by the justice system to ensure a fair trial have often superseded the views of children and families about what a child-centred recovery service should look like. Hence, discussions in the United Kingdom have started from the premise of what is unable to change within the justice system, or what the Barnahus must be able to deliver to ensure that the justice system can meet its objectives. In this sense, the need to hold an individual to account for causing harm to a child takes precedence over

the child's needs for recognition of their harm, and recovery from the impact of maltreatment. This reality does not exist because individual practitioners (or the system) are indifferent to the needs of the child but rather reflects wider societal expectations that those who harm children must be held accountable, and that this accountability is best discharged through the courts. Lavoie and colleagues (2024), in another chapter in this book, explore the need to problematise what we mean by justice, and for whom. Whilst holding individuals accountable for the harm they have caused, and ensuring that they are punished, is indeed one form of justice, a different kind of justice may be found in the child feeling believed, safe, and supported to move on from the adversity they have experienced, and to begin a process of recovery. This concept is explored more fully in the chapter by Lavoie and colleagues in this book.

Refocusing the Justice Response to Child Maltreatment

In our interviews with stakeholders about the introduction of the Barnahus in Northern Ireland and Scotland, a recurring theme was about how the Barnahus could fit into the current landscape of services and processes, such as, in Scotland, the move to a trauma-informed justice system (Scottish Government, 2022). No one has challenged the a priori assumption that the Barnahus should support this juridification, rather than shifting the balance towards a recovery model that places the child's needs above those of the justice system. The introduction of the Barnahus provides an opportunity to disrupt this current conceptualisation of justice for children, although that is not guaranteed. Johansson (2011a, b) concludes that the general process of juridification is a consequence of participating in inter-agency collaboration within Barnahus, although it is also clear that within the UK context, that has been a long-standing issue (Beckett & Warrington, 2015; Hayes & Bunting, 2013). Therefore, the introduction of a Barnahus could potentially further consolidate this juridification, thus reflecting much wider discussions about the orientation of the child welfare system in the United Kingdom, and whether a socio-legal paradigm fits best in dealing

with issues of child harm that are often relational and more closely connected to structural issues such as poverty, rather than the psychopathological characteristics of children's carers (Featherstone et al., 2018). This issue could be given greater consideration as part of the discussions about the introduction of the Barnahus into the United Kingdom.

A Child-Victim-Centred Service

In part, this juridification can be seen in how the debates in both countries have highlighted a hierarchy within professional discourses and standing. For example, Northern Ireland already has a sexual assault referral centre—which is highly regarded—but it is generally felt to be more adult than child-focused. The needs of the health system required the facility to be sited within the grounds of a large hospital not easily accessible by public transport due to the hospital's location on the edge of a small, regional town. This setting reinforces the sense that the centre is primarily for dealing with crisis situations, rather than providing ongoing support for victims.

In Scotland, part of the discussion about the system "as is"—the system that the Barnahus would become a part of—has highlighted that the only part of the system subject to commissioning (the process whereby non-state agencies compete to win a contract to provide a service) is that related to recovery work (Mitchell et al., 2023b). The key services related to the investigation and prosecution of child maltreatment are all vested in and delivered by state agencies, whereas a significant proportion of recovery work is delivered by non-state agencies—similar to the case in Northern Ireland. As we highlighted from our work in Northern Ireland:

> Participants indicated that a great benefit of the Barnahus model is the fundamental aspect of putting children and families at the forefront, as one of the concerns of the current system is the reoccurrence of children and families who have left the criminal justice and recovery process only to reappear in the system with mental health or safeguarding concerns again years later as a result of unresolved trauma from past experiences of

> abuse or re-traumatisation through the criminal justice system. Participants across sectors indicated that long-term support should also be available to children and families, e.g. through additional counselling, as children grow older. (Lavoie et al., 2022, pp. 58–59)

Whilst the United Kingdom has a long (and strong) tradition of non-state agencies delivering recovery services for children, this setup often comes at the expense of sustainable levels of funding, and a perception that such services are less essential than services delivered by state agencies (Allnock et al., 2015). This situation is in contrast to that of other European countries, such as Norway, where state agencies are directly responsible for the delivery of recovery services.

Which Children Is the Barnahus for?

A fourth theme from the analysis is the question of which children the Barnahus is for. As mentioned above, whilst most Barnahus centres work with children who have been sexually abused, the Barnahus that is being established in Scotland will work with children who have experienced a range of child harms. Invariably, this is most likely to mean children who have experienced physical and sexual assaults, rather than the much larger number of children who have experienced neglect, or emotional harm, through (for example) living in a family experiencing domestic abuse, but where the child has not been physically injured (Skafida et al., 2022). This situation supports a system that focuses narrowly on incidents of abuse, rather than seeking to mitigate the long-term consequences to children of experiencing any form of maltreatment. There is strong evidence that children who come to the attention of the child welfare system have experienced a range of adversities (Chan et al., 2021), but the Barnahus model, as set out in the Barnahus Quality Standards (PROMISE Barnahus Network, 2017), is predicated on a forensic approach that seeks to focus on a specific incident that is both quantifiable and able to be evidenced. This "neglect of neglect" (McSherry, 2007) stems from what English and colleagues (2005, p. 191) have identified as one of the main difficulties with substantiating child neglect, in that "neglect is the absence of a desired set of conditions or behaviors,

as opposed to the presence of an undesirable set of behaviors," as is the case with abuse. Essentially, it is a far simpler task to identify something that is present, as opposed to something that is not present. However, we also know the significant long-term negative consequences of experiencing a range of childhood adversities and the deleterious impact of physical and emotional neglect (Finlay et al., 2022). This concept points to the need for a more inclusive approach towards which children the Barnahus seeks to cater for, and the balance between the child welfare and criminal justice aspects of the service.

Barnahus as a Space for Children and for Practitioners

Next, participants in our research discussed the potential value of a Barnahus being both a welcoming and therapeutic space, where children could be supported to share their experiences and receive support (i.e. a child-friendly space), alongside being a mechanism for facilitating practitioners from different agencies to work together in a more co-ordinated and effective way to meet children's needs. Stakeholders felt this contrast of how the Barnahus is conceptualised to be critically important. If the Barnahus was seen only as a child-friendly space but without commensurate changes in how practitioners worked together within and, crucially, outside that space, then children's experiences were unlikely to be qualitatively different. Therefore, we argue, the house that is the Barnahus space is one crucial element of the model, rather than the house being the entirety of the model. This concept is particularly important, in our view, for stakeholders who may never work in the house, such as advocates and the judiciary. They will need to commit to the Barnahus model as much as those practitioners and agencies more obviously associated with the house itself. Therefore, the Barnahus is about children's experience throughout their journey of disclosure, legal processes, and therapeutic recovery.

Working with Children who Pose a Risk to Other Children

Finally, our analysis identified a further tension in considering whether and how a Barnahus should work with children who have caused harm to other children. We know that many children who cause harm to others have themselves been subject to significant adversity in life, including maltreatment (Jahanshahi et al., 2022). Lynch and Liefaard (2020) note that the issue of rights for children in conflict with the law puts governments under the obligation to promote children's well-being, development, and social reintegration whilst reinforcing their respect for human rights and the fundamental freedoms of others. Therefore, state governments are required and have been encouraged to develop specific laws and policies for children in conflict with the law and to invest in the specialisation of professionals, provide responses to dealing with offending behaviour without resorting to judicial proceedings (i.e. diversion), and set an age below which children cannot be held criminally responsible. However, in seeking to view children in conflict with the law as children first—and therefore considering the appropriateness of the Barnahus for initiating the criminal justice response—the issue arises for stakeholders in how children who have caused harm, often to other children, should be supported in the same space as children who have been victimised.

Debates about such issues highlight a fault line in both Northern Ireland and Scotland about the degree to which a hierarchy exists within childhood of whose needs are morally greater. Yet as Case and Bateman (2020) argue, the status and "offenderising" transitions of children who are in conflict with the law are socio-historically contingent, not only on their behaviour and the risk they present to others, but on political, socio-economic, societal, systemic, and demographic grounds. As such, the inclusion in the Barnahus of children who present with problematic behaviour provides both challenges and a potential opportunity for Scotland, and other jurisdictions, to give fuller expression to the UNCRC.

Discussion

The possible introduction of the Barnahus model into Northern Ireland, and the current establishment of a Barnahus in Scotland, has potential for improving the experience and outcomes for victims of child maltreatment. The benefits of the Barnahus model also extend to those who work in such a joined-up approach, with the potential for helping the wider child welfare and criminal justice systems work more effectively and efficiently (Lavoie et al., 2022). We have sought to argue in this chapter, however, that whilst senior service managers and policy-makers look at how a Barnahus could fit into a pre-existing system and fix some of the obvious problems with the system as is, the opportunity may be lost for considering a more fundamental change. In this sense, a Barnahus could become a disruptor to the current system. This is not the same as saying that a Barnahus would destabilise the current system; rather, it provides an opportunity to ask fundamental questions about what the child welfare and criminal justice systems are seeking to achieve. Therefore, the disruption is about the paradigm and discourse relating to how society responds when a child is identified as being at risk of maltreatment. In this context, should the main discourse be about who is responsible and how they should be held accountable? Or rather, what has gone wrong, and how can we seek to rectify matters for the child? These questions are not mutually exclusive, but the weight we attach to them shifts how we construct the role and purpose of the service response. In addition, this question also affects the resources that are made available for those responses, an argument currently being advanced in relation to adult victims of domestic violence (Goodmark, 2018). Significant amounts of public funding go to the criminal justice aspects of child maltreatment, whilst only a fraction of funding is made available to support children's recovery from maltreatment. The introduction of a Barnahus, in and of itself, will not bring all the change required, but it could disrupt our current conceptualisations of what services are seeking to achieve and how they might do that. In essence, the debate involves more than the Barnahus as a place where maltreated children can receive a number of services in a child-friendly space. It involves the Barnahus becoming a

way of working with children and their families that will drive improvements in the entirety of children's experiences in the family and justice systems. Therefore, the discussion involves what needs to happen away from the house itself as well as children's experiences within the house. For that to occur, however, we must consider a number of important considerations that have arisen from our research.

Firstly, we must differentiate between establishing the Barnahus and leading the wider system change. In our research in Northern Ireland, we differentiated between the need for strategic leadership and operational leadership (Lavoie et al., 2022). Strategic leadership refers to high-level commitments to the aims and principles of the model, and to sponsoring the systemic and policy changes required to achieve these factors. Introducing a new model into a complex system that involves different disciplines, agencies, and government departments requires high-level authorisation and support. Typically, such support will occur at the ministerial level; only when such support is in place can those charged with operationalising the model feel able to do so.

Northern Ireland and Scotland are approaching the establishment of their Barnahus centres from different directions. In Scotland, a non-governmental organisation (NGO) called Children 1st has secured funding from a philanthropic source to establish the first Bairns' Hoose (a Scottish term for Barnahus) and to undertake a realist evaluation of the setup of the service. Children 1st has established a reference group of middle and senior managers from key state and non-state agencies and services to promote the model and to look at the practicalities of introducing the Barnahus model. Helpfully, this group is called "Delivering the Vision," reflecting the need to think about the vision alongside the practicalities. Importantly, the Scottish government has now committed to a roll-out of the Barnahus model in the next few years.

In contrast, in Northern Ireland, the Commissioner (Ombudsman) for Children and Young People has led calls for the full implementation of Sir John Gillen's recommendation regarding a Barnahus (Northern Ireland Commissioner for Children and Young People, 2020), resulting in a commissioned report (Lavoie et al., 2022) and a roundtable with Justice and Health ministers to discuss the report's conclusions. Both

approaches have benefits whilst also highlighting the need for high-level sponsorship of the model for those who are responsible for the actual delivery. However, this matter is about more than governance. The existence of high-level sponsorship and leadership has much potential for innovation, capacity, and funding whilst also helping to navigate the various hidden and visible power dynamics that will shape the overall purpose and mandate of the Barnahus. The situation also requires bravery from those in leadership positions to challenge the system "as is" and to require more systemic change; it requires working across systems, rather than just working within each system.

As such, there is a need to clarify which outcomes the child welfare and criminal justice systems seek, and the role of the Barnahus in that regard. Such clarification will require key stakeholders to confront the primacy of child welfare over criminal justice considerations—whilst also seeking to ensure that criminal justice outcomes are still possible for both the child and wider society. In such a scenario, the long-standing hierarchy and supremacy would be flipped to become more equal and (in the case of criminal justice) subservient to the needs of the child. Doing so will require leadership within individual agencies and professions, mandated by those who span the system and provide legitimacy, such as government ministers. Such changes will also require engaging with powerful lobbies related to the operation of the system "as is," such as those representing defendants. Defence advocates play a legitimate role in the operation of the criminal justice system, but their defence of the rights of the accused has resulted in a skewing of the processes for how allegations are gathered and scrutinised. We have seen some positive signs of a more victim-centred justice system (Victim Support Scotland, 2021), but progress is patchy and not helped by the twin pandemics of austerity and Covid-19 (Godfrey et al., 2022).

Next, we must consider who the Barnahus is meant to help—all children in need of state intervention, including those who have caused harm, or just those who have been victimised?—as well as the types of harm. In most jurisdictions, the Barnahus model has focused primarily on children who have been sexually assaulted. However, we also know that most children who experience one type of harm have also experienced other types of harm (Chan et al., 2021). As a consequence, the

broader the mandate, the wider the range of skills and expertise required by the service and the professionals working there. We also need to start thinking about children through an intersectional lens, thinking not only of the types of harm experienced but also a child's needs in relation to other important factors that may compound or shape the impact of such harm—for example, whether they are disabled, whether their first language is the majority language in that jurisdiction, and whether any religious or cultural factors need to be considered. The participants in our research stated that the system needs to be flexible enough to avoid a prescribed approach that is in the "best interests of children generally" rather than the "best interests for this particular child." International treaties, and the obligations on states flowing from the same, need to be embraced and given expression through the child welfare and criminal justice systems, as well as specific services such as the Barnahus model.

Finally, a growing movement has developed over the past two decades to involve the end users or beneficiaries of public services in co-designing the aims of the service and the ways such services should work. Those in the Barnahus movement have much experience of such approaches (Hill et al., 2021; Mitchell et al., 2023a), but such approaches are less obvious in the system "as is." Where such work has taken place, it has more typically occurred in relation to the child welfare system, or the experiences of the criminal justice system (Beckett & Warrington, 2015). A truly child-centred approach would start from children's perspective of what they feel they need.

Conclusion

In this chapter, we have argued that the Barnahus model provides an opportunity within the UK context to reconsider how the child welfare and criminal justice systems work together with children who have experienced maltreatment. Drawing upon a significant number of interviews and focus groups with middle and senior managers in services and policy circles in two nations of the United Kingdom, we conclude that politicians and policy-makers need to be brave. Rather than seeing the Barnahus as another part of the existing landscape, they should take the

opportunity to use the introduction of the Barnahus to disrupt how we think about the state's response to child maltreatment. This disruption will require a fundamental reimagining of the relationship between the child welfare and justice systems, and the need to subordinate the outcomes of the justice system to those of the needs of the individual child. For example, ensuring that children can receive therapy in the immediate aftermath of abuse could be facilitated by children's testimony in the chief and cross-examination that happens at the point of disclosure. This approach is inevitably about the transaction of power, and the redistribution of the power within the professional system.

Children should expect to be kept safe and to have justice, but they also require the opportunity to rebuild their lives and to recover from the harm they have experienced. It is morally wrong that children should feel further victimised, even inadvertently, by the system that is meant to be providing security and redress. As such, the introduction of the Barnahus model should avoid being the paper that covers over the cracks within the current system and processes. Instead, it should, and could, provide an opportunity for the current child welfare and criminal justice systems to be truly empowering and transformative in the lives of children who have already experienced so much adversity.

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10

Deliberating the Conditions for Implementing the Barnahus Model: Knowledge Drawn from an Institutional Analysis

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Introduction

By analysing the diffusion and implementation of the Barnahus model through an institutional lens, this book has provided several examples of how different dimensions of this hybrid model can be affected by (and lead to) various legal, organisational, and professional-ethical tensions

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(see Chapter 1). These tensions may challenge the aims of the Barnahus model in terms of securing the needs and rights of child victims of violence and abuse in child-friendly premises and "under one roof" (Johansson et al., 2017). Our aim in the present chapter is to contribute to a greater awareness of the institutional conditions or prerequisites for the Barnahus model so that it may be implemented and work as a holistic service that balances justice and recovery for victimised children. Using the PROMISE network's European Barnahus quality standards as our point of reference, we will draw on the lessons learned through the contributions in this book and will further discuss the institutional tensions that this book's authors have identified.

The PROMISE standards have been developed to guide the diffusion and implementation of the Barnahus model across different jurisdictions (Haldorsson, 2019). These standards may be seen as necessary to maintain the integrity of what may be called a Barnahus, as well as to ensure more, rather than less, uniformity in the model in different contexts as the model gains traction and is established in increasing numbers across a diverse range of countries. As pointed out in the introductory chapter to this book, these standards may also be understood as an example of a general trend of increasing "transnational regulation" in social policy—that is, tendencies to create and implement policies that reach beyond nation-state borders, often developed in connection to the diffusion of popular "travelling" ideas (Djelic & Sahlin-Andersson, 2006).

The PROMISE quality standards may also be interpreted as serving a double aim. Whilst the standards function as implementation guidelines for countries that are considering the Barnahus model or are in the process of adapting it to their existing systems and policies, the PROMISE network also actively promotes the Barnahus model through its standard setting, presenting the model as a success story and subsequently as *the* solution for countries throughout Europe and beyond in their efforts to prevent and handle violence against children.

But, as Johansson and Stefansen (2020) have pointed out, the standards do not sufficiently address the complexity of the Barnahus model and its surrounding institutional landscape, nor do they address the tensions that may arise when the model is implemented in various contexts and as it develops over time. Put simply, reaching the aims of

the Barnahus model is more complicated than what is presently recognised in the quality standards. PROMISE emphasises that the Barnahus model is flexible and adaptable to diverse legal systems, social structures, cultural traditions, and professional practices in many different countries. According to PROMISE, Barnahus is not a fixed model but "an evolving practice that can adapt to the complex needs of children exposed to violence and abuse" (Haldorsson, 2019, foreword). Common standards are underlined as necessary to set limits to the diversity of implementation in order to secure the model's authenticity and core elements such as the "one-door" principle and the model's holistic approach. The overarching aim of the PROMISE quality standards is therefore:

> (…) to provide a common operational and organisational framework that promotes practice which prevents retraumatisation, while securing valid testimonies for Court and complies with children's rights to protection, assistance and child friendly justice. (Haldorsson, 2019, p. 8)

The ten standards describe principles and activities, core functions, and institutional arrangements for the Barnahus model, as shown in Table 10.1.

Table 10.1 The PROMISE network's standards/principles (Haldorsson, 2019, p. 22)

Standard/principle	
Standard 1	Key principles and cross-cutting activities (child & support person)
1.1	Best interests of the child
1.2	Right to be heard and receive information
1.3	Avoiding undue delay
Standard 2	Multidisciplinary and interagency organisation
Standard 3	Inclusive target group
Standard 4	Child-friendly environment
Standard 5	Interagency case management
Standard 6	Forensic interview
Standard 7	Medical examination
Standard 8	Therapeutic services
Standard 9	Capacity building
Standard 10	Prevention: information sharing, awareness raising, and external competence building

Each standard is described and substantiated and, according to PROMISE, based on children's rights "as set out in international and regional law, drawing on authoritative guidance provided by the UN Committee on the Rights of the Child and other bodies such as the Council of Europe" (Haldorsson, 2019, p. 28). As PROMISE states, the standards are also based on research within "relevant areas" and on positive experiences related to multidisciplinary work that has been proven to have a positive impact on a child's and non-offending family's well-being. The research PROMISE cites is primarily related to specific issues (e.g., treatment or interview methods), rather than being on the Barnahus model itself, although they also refer to early evaluation studies in the Nordic countries. Whilst PROMISE also includes proposals for monitoring the fulfilment of each standard, challenges in relation to each standard, or tensions between different standards, are addressed to a very limited degree. For this reason, one potential risk that we will address in this chapter is that the model might become implemented on a more surface level than what the standards aim for, thus hampering the Barnahus model's potential to provide more substantial changes in the handling of child violence and abuse cases as well as the surrounding systems and service landscape.

In the following sections, we will discuss how the various institutional tensions (legal, organisational, and professional-ethical) discussed in the chapters in this book relate to the target areas and aims of some of the most central PROMISE standards; we will subsequently illuminate challenges and tensions that might exist within and between the standards and aims. Our discussion will especially focus on the standards and principles that most clearly reflect the tensions and dilemmas identified in this book: children's rights (Chapter 1), multidisciplinary and interagency organisation (2), the inclusive target group (3), interagency case management (5), the forensic interview (6), and the medical examination (7).

Securing Children's Rights

We will start by discussing dilemmas related to the securing of children's rights. This theme is related to the first PROMISE standard, which includes three key principles that are meant to inform both the multidisciplinary practice and the decision-making that occurs in Barnahus. The first principle includes the child's best interest (1.1), which is "a primary consideration in all actions and decisions concerning the child and the non-offending family/caregivers/support persons," whilst the second principle includes the child's right to be heard, including receiving information (1.2): "Children's rights to express their views and to receive information are respected and fulfilled;" the third is about avoiding undue delay (1.3): "Measures are [to be] taken to avoid undue delay, ensuring that forensic interviews, child protection assessments and mental health and medical examinations take place within a stipulated time period and that children benefit from timely information" (Haldorsson, 2019, pp. 30, 34, & 38). PROMISE sees these three principles as fundamental to the Barnahus model and for carving out a direction towards more child-centred and child-friendly justice. The principles thus can be understood as core values for fulfilling the potential of the Barnahus model. The first question that arises, however, is if implementing Barnahus can be a catalyst that moves the existing system in this direction, and what the prerequisites are for that to happen.

The Barnahus Model as a Catalyst for Change

As some of the chapters in this book have shown, the Barnahus model is expected to be a catalyst for change in terms of moving the system in a more child-friendly direction. In Chapter 8, Magnusson and Ernberg describe challenges in investigating and adjudicating cases involving child sexual abuse in the Swedish Barnahus context. They point to aspects such as limited access to corroborative evidence, difficulty conducting child investigative interviews, and challenges in assessing preschoolers' testimonies. They explore how Barnahus can help mitigate these problems, such as by securing more corroborative evidence through ensuring

that children are medically examined in Barnahus and by improving the quality of child interviews through exchanges of information during the initial multidisciplinary consultation meetings. The authors also underline that adaptions are necessary in the Swedish system during the preliminary investigation (such as through access to specialised expertise) in order to accommodate the developmental abilities of preschool children and to ensure high-quality forensic interviews, thereby providing access to child-friendly justice. This situation illustrates how fulfilling the rights of the child according to the "child's best interest" principle is closely connected to institutional prerequisites, as well as an understanding of the Barnahus model as being embedded in the wider institutional system.

In Chapter 9, Devaney et al. point to areas with a need for improvement in the UK system; they refer to "the adversarial nature of criminal proceedings where children are first and foremost witnesses for the prosecution, rather than victims of maltreatment," and they discuss delays in case processing in child sexual abuse cases. A key challenge, as they see it, is to improve the interaction between the child welfare system and the criminal justice system. They stress the implementation of the Barnahus model as a catalyst for change, since the model provides an opportunity to recast the ways these systems interact in the UK to better cater to the needs of children in accordance with the UN Convention on the Rights of the Child (CRC). But Devaney et al. express a concern that this goal might not be fulfilled and that new practices instead will be co-opted into the existing system. They also fear that criticisms of the current system will not result in necessary action being taken by policymakers and that the implementation of Barnahus instead may function as a symbol of something being done without necessarily resulting in more substantial systemic changes. Such a scenario may be interpreted from an institutional perspective, where institutional ideas (such as Barnahus) rather function as "rationalised myths" (Meyer & Rowan, 1977) that organisations incorporate in order to gain legitimacy and survive, thereby creating gaps between formal structures of organisations and the actual activities and practices within.

Given that institutions have both symbolic and material sides (Scott, 2008), Finland's Barnahus Project (2019–2025)[1] is also interesting to note, since the implementation process in that country was largely based on existing collaborative forms, which in this regard is open to different interpretations. Whilst the process represents an example of a less material and more symbolic implementation process that is not as focused on initiating new physical Barnahus localities (as is the case in several other Nordic countries), the project also includes reforms of the child and family services and efforts to strengthen the competence and collaboration in the broader institutional landscape (see Chapter 1). The Finnish Barnahus Project hence could potentially lead to more fundamental systemic changes compared to surface materialisations of the Barnahus model into physical Barnahus localities in other contexts. The state of the existing institutional landscape might therefore be important for the potential for the Barnahus model to function as a catalyst for change.

Defining the Child's Best Interest: Potential Conflicting Interests

Another challenge relates to the determination of what is in the best interest of the child. In this assessment, a child's own opinion is of course of the greatest essence. Inspired by Lavoie et al. (Chapter 3), our understanding is that the child's position and view is both relational and contextual (see also Backe-Hansen, 2023). Such situations are especially challenging in cases of violence and abuse within the family, as children are often placed in positions of conflicting interests. In these cases, children often have close relations to both the suspected offender and the non-abusing parent. In this position, children might have difficulty identifying and expressing what is best for them, thus illustrating why the child's view needs to be understood as relational and contextually dependent. These scenarios are also reminders of the importance of children's right to information in order for them to make informed decisions (Kaldal et al., 2017).

[1] See https://thl.fi/sv/web/thlfi-sv/forskning-och-utveckling/undersokningar-och-projekt/projektet-barnahus, accessed 22 September 2023.

The Barnahus model is based on a presumption that giving children the possibility of providing evidence in Barnahus in a child-friendly environment is in their best interest. The child does not have to provide evidence in court; instead the child's recorded statement is presented in court. Experiences from the UK system, however, indicate that such might not always be the case, at least not in terms of securing the child's access to justice. The chapters by Devaney et al. (Chapter 9) and Lavoie et al. (Chapter 3) both point to a risk of the evidential value of the child's statement being reduced as a result of the child giving evidence outside the court, since cross-examination of the child by the defence is not possible. Tensions may thus occur between child-friendly justice (i.e., the child's best interest) and the child's access to justice.

This tension is avoided (or at least reduced) in Norway and Sweden, since the defence attorney can ask for a supplementary interview (Norwegian law on criminal procedure 1981 §239 c; Myklebust, 2017; Kaldal, 2023). This procedure has also been accepted as being in accordance with a defendant's right to a fair trial, as noted in section 6 of the Convention for the Protection of Human Rights and Fundamental Freedoms, although the European Court of Human Rights (ECHR) has stated in a ruling that the evidence under these circumstances should be assessed with caution, which in practice implies a reduction in the evidential value of a child's statement (see *S. N. v. Sweden*, no. 34209/96). Tensions may also arise between the child's rights to participate according to the CRC and the child's position as a victim, since the right to participate includes the right to be informed (cf. article 12, CRC). This situation might imply that a child's right to information might conflict with the interests from the police/prosecution to secure the secrecy of the criminal investigation and to avoid evidential contamination in relation to the criminal case; the situation also illustrates how different interests within the criminal system may conflict. Securing children's best interest is therefore challenging both in determining what their best interest might be and in balancing several potential conflicting interests.

Avoiding Undue Delay: Conflicting Mandates and Organisational Tensions

In Chapter 5, Ponnert illustrates how organisational specialisation within the child welfare system may challenge the fulfilling of the PROMISE principle of avoiding undue delay in case processing. She points to the current tendency in Sweden for increased specialisation within the child welfare system, which has resulted in organisational fragmentation. Challenges occur both in the collaboration *within* the child welfare services and in the collaboration *between* the child welfare services and Barnahus, thus causing delays in the case processing related to child welfare investigations. As such, striving for more specialisation within one system could end up having contradictory effects in a collaborative context, which reminds us that institutional changes must be assessed not only in relation to the individual agency, but in relation to the broader institutional context.

Multidisciplinary and Interagency Organisation

In this section, we examine PROMISE's second standard, and more specifically the formal status of Barnahus (2.1), the organisation of multidisciplinary and interagency collaboration (2.2), and the process and practice of the multidisciplinary and interagency collaboration in Barnahus (2.3). We will start by addressing tensions related to the formal status of the model. According to standard 2.1:

> The Barnahus is formally embedded in the national or local social or child protection services, law enforcement/judicial system or national health system. The Barnahus can operate as an independent service if it enjoys a statutory role, recognised by the national or local authorities including a formal mandate to collaborate with relevant public agencies. (Haldorsson, 2019, p. 44)

This standard relates to the form and level of formalisation and integration of the Barnahus within a wider national system.

Embeddedness and Sector Affiliation

The introduction to this book (Chapter 1) examines the significance of the state's role and the wider system into which the Barnahus model is embedded. The implementation of Barnahus in the Nordic countries came as a result of a long process of systemic changes due to concerns over the handling of cases of violence and abuse against children. This prior development has likely been an important perquisite for the functioning of the Barnahus model in the Nordic countries, since the aims of the model were part of a common development that was pulling in the same direction. In Chapter 9, Devaney et al. highlight that what the implementation of Barnahus can accomplish depends on the situation of the broader surrounding system. If the broader system has general weaknesses in supporting children who have been exposed to violence and abuse, then the implementation of the Barnahus model might not necessarily result in child-friendly justice and recovery in accordance with Barnahus's aims.

The authors of this book's chapters have indicated that what part of the system the Barnahus model is affiliated with (such as the justice or child welfare systems) has various consequences; this affiliation also seems to affect the functioning of the Barnahus model. Across countries, the affiliation of the model seems especially important in relation to balancing the justice and welfare "tracks" of the model to ensure a holistic service. Several chapters have highlighted experience with (or concern for) an imbalance between the two tracks, in line with Johansson and Stefansen's (2020) characterisation of the model as an "unstable hybrid." For instance, Stefansen et al. discuss how the affiliation of the Norwegian model in the justice sector, together with other institutional factors such as routines, regulatory issues, and resources, have hindered the fulfilment of the medical mandate in this Barnahus model (Chapter 4). They show how the medical mandate is especially sidelined in the welfare track of

the model—a development that probably would have been unlikely if the Barnahus model were instead affiliated within the health care system.

In Chapter 6, Andersen acknowledges how affiliation in a specific sector creates challenges for the governing authority, especially when the Barnahus operation involves the steering of functions that do not fall within its jurisdiction. In Norway, where Barnahus is affiliated with the justice sector and the police organisation, this situation is related to various follow-up and recovery services, which are areas that usually do not belong in the justice sector. To solve these challenges, inter-governmental steering mechanisms have been introduced in the Norwegian model. Different institutional logics are also reflected within the inter-governmental steering group, however, and the unbalance has yet to be resolved (Bakketeig et al., 2021).

Which sector the Barnahus model is affiliated with may also be a significant factor for multi-professional work in Barnahus. In Chapter 6, Andersen illustrates how the justice sector affiliation was initially beneficial during the adoption phase of the model, since this affiliation contributed to the model's legitimacy and provided room for the development of "interstitial work," a situational social work practice catered to each child's specific needs (Andersen, 2019, 2022). But, if the Barnahus were instead affiliated with the health care sector, then such an affiliation could have provided another source of legitimacy by representing a stronger professional connection to the field of psychology, thus potentially strengthening the welfare-oriented follow-up mandate of the model. According to Andersen, however, affiliation with the health care sector could also risk resulting in a premature standardisation and "psychologisation" of the Barnahus work; such a direction could have negative consequences for the practice of interstitial work, which instead builds on ideas from social work. Barnahus's affiliation, thus may affect the functioning of the model in different ways, related to its balance, steering, and legitimacy.

As illustrated by Devaney et al., who write from the UK context, Barnahus can also be organised as an independent service (see Chapter 9). In Scotland, for example, the initiative and funding for a

Barnahus pilot came from a non-governmental organisation (NGO).[2] The question of how this solution has affected the legitimacy of the model, and the balancing of the justice and welfare tracks, is important to further investigate. This question brings us to the next point, which is related to the level of integration and formalisation.

Level of Integration and Formalisation

The PROMISE network's quality standards address the question of implementing the Barnahus model as an independent agency and service organisation, or as part of a larger sector or agency. Implementing the Barnahus model as an independent service is generally recommended only as long as the Barnahus enjoys a statutory role, has sufficient recognition amongst the other agencies, and has a formal mandate for interagency collaboration with other services. PROMISE deems these factors to be necessary in order to ensure the sustainability of the model (Haldorsson, 2019, p. 44).

This issue is related to the *level of formalisation* of the Barnahus model. As described in the introduction to this book, the Nordic countries have differences in the regulation of the Barnahus model. The national laws of Denmark and Norway, for example, make the use of Barnahus statutory, albeit regulated in different legal areas and legislations. In Iceland, the use of Barnahus was not made statutory until 2022, within that country's Child Protection Act. Prior to that time, various regulations provided the legal basis for the Barnahus operation, although they did not mention Barnahus specifically. The Child Protection Act then mandated the now-defunct Government Agency for Child Protection to run special service centres, with the objective of promoting interdisciplinary collaboration in the handling of child protection cases, whilst the Law on Criminal Procedure stipulated that investigative interviews of child victims up to 15 years of age were to be conducted under the auspices of a court judge in a specially designed facility, generally interpreted by court judges as

[2] Whilst the first Barnahus was opened in September 2023, the Scottish government has more recently decided to financially back the roll-out of a few additional local Barnahus and has produced standards for Barnahus in Scotland informed by the PROMISE standards (Chapter 1).

Barnahus (Johansson et al., 2017). Sweden has no such regulation, even though such legislation has been debated and requested, although general guidelines for collaboration and quality criteria for Barnahus specifically have existed since 2009 (Swedish National Police Agency, 2009).

How the Barnahus activities are regulated, however, is significant for the functioning of the model. An evaluation of the Norwegian model, for example, showed that activities related to criminal cases were regulated in criminal procedure legislation, whilst Barnahus activities related to support and follow-up were primarily regulated within administrative guidelines, which might partly explain the tendency to give higher priority to activities related to the penal track than to the recovery track (Bakketeig et al., 2021).

Another side to regulations relates to the fact that many of the professionals involved in the Barnahus operation are employed primarily outside the Barnahus, which again might create tensions between their "regular" work and their Barnahus work. Stefansen et al. illustrate how medical personnel, whom are primarily employed outside the Barnahus, may experience conflicting expectations about their Barnahus work and their work in the hospital, even though formal agreements exist between the health care sector and Barnahus (Chapter 4). Although formal commitments are significant to avoid tensions, they alone might be insufficient to provide personnel with enough space to fulfil their functions within Barnahus.

Mutual agreements over procedures and routines are important for securing clarity of roles. In Chapter 6, Andersen has noted that the clarification of roles through procedures and routines could be important especially in relation to less-experienced Barnahus staff in order to make them more secure in their work performance. But the formalisation of interagency collaboration may influence the degree of autonomy related to the Barnahus work. As Andersen's analysis shows, the significance of autonomy may vary in different phases of the Barnahus development. Whilst a higher level of autonomy seems to have been important in the initial phase of the Barnahus development, a stronger degree of formalisation in terms of joint regulations and standardisation appears to be more important once the model has matured, in order to secure the

sustainability of the model over time. Hence, what is regulated or how the regulations are formulated is a significant factor.

Andersen notes that the regulations' importance is related to the roles of the professionals involved, and not to the handling of specific cases, since doing so could reduce the level of discretion and the Barnahus staff's ability to tailor their support to a child's needs (Chapter 6). Securing mutual agreements over procedures and routines may also be challenging, since such factors often demand the involvement of representatives from the different sectors involved, which again involves a risk of imbalance between the different sectors and aims. In Norway, for example, such a scenario has resulted in internal contradictions within the national Barnahus guidelines, due to poor communication between sectors at the governmental level (Bakketeig et al., 2021). In short, the question of how sustainability may be secured through formalisation must be assessed carefully.

Organisation and Collaboration

The next part of the standard, related to multidisciplinary and interagency organisation, involves the *structure and transparency* of the collaborative work in Barnahus. Section 2.2 states that

> [t]he collaboration [should be] structured and transparent, including clearly established roles, mandates, coordination mechanisms, budget, [and] measures for monitoring and evaluation, [all of] which contribute to efficient processes and ensure continuity and stability. (Haldorsson, 2019, p. 44)

Many of these aspects are generally recognised as success factors in the literature on interagency collaboration (Axelsson & Bihari Axelsson, 2013; Cooper et al., 2015). Several of the present book's authors have identified different challenges related to these aspects (see Chapters 4–6, and 9). For instance, differences and tensions exist between the mandates of the agencies involved in the collaborative work, including the police and prosecutors, the child welfare services, and the health care services. These mandates represent different institutional logics underlying the

hybridity of the model. The authors have shown that challenges exist across jurisdictions, related to the balancing of different professional perspectives and functions in the collaborative work, with a tendency for the penal perspective to dominate in the process known as "juridification." Interestingly, this tendency seems to occur in models affiliated within different sectors (e.g., police or child welfare), which suggests a complex interplay between factors that reaches beyond the legal and organisational areas (see also Johansson, 2011, 2017; Bakketeig, 2017).

The chapters in the book illustrate the importance of documenting how the Barnahus model evolves over time, and of approaching the model from different perspectives. As mentioned in Chapter 1, state authorities have differed in their willingness to evaluate the model. Whilst full-scale national evaluations have been conducted in Norway and Sweden, to our knowledge, the same has yet to be done in the other Nordic countries. In order to monitor developments, national evaluations must be conducted on a regular basis. Comparative studies could also yield new insights and provide the basis for further development, but such studies are rare (see Johansson et al., 2017; Stefansen et al., 2017, Chapter 1; Council of Europe, 2023).

Process and Practice

The last point in this PROMISE standard about multidisciplinary and interagency organisation (2.3) relates to the *starting point and duration of the multidisciplinary work*: "The multidisciplinary/interagency intervention begins at the initial report and is guided by a process for collaborative interventions across the continuum of the case" (Haldorsson, 2019, p. 44). This book's authors, however, as well as previous research referred to above, have illustrated various challenges in securing a close and balanced collaborative process throughout a given case. This situation relates both to securing the inclusion and participation of all the functions involved in the Barnahus operation and the duration of the collaborative process. Stefansen et al.'s analysis has illustrated how legal regulations represent a barrier for paediatricians to participate in the initial consultation meetings at Barnahus (Chapter 4). Regulations

in the Norwegian Criminal Procedure Act prohibit participation, most likely due to concerns that medical personnel's participation might risk a reduction of the evidential value of medical findings. Such regulations are an example of how the prioritisation of the criminal process at the expense of other considerations, such as support and treatment, may negatively influence the process of collaborative interventions. The marginalisation of paediatricians (and the medical perspective in general) in the follow-up phase has been linked to other factors, most importantly a lack of routines for including medical staff in consultation meetings and a lack of resources.

More generally, research has pointed to various challenges regarding the duration of collaborative processes. In the latest evaluation of the Norwegian Barnahus model, Bakketeig et al. (2021) showed that the degree of multidisciplinary collaboration was stronger in the first part of the process, connected to the forensic investigative interviewing of a child, whilst collaboration was more sporadic during the support/treatment phase. This situation might be due to greater variations in the follow-up phase, since the needs of the child and family will vary. But, closer multidisciplinary collaboration in the initial phase might also result from stronger statutory regulation regarding collaboration connected to the criminal case in the Norwegian model, which might indicate a need for stronger statutory regulation of the processes related to the recovery track in order to secure collaborative processes throughout the case. Importantly, such regulations would also need to secure sufficient flexibility to meet the various needs of the participating parties.

In other Nordic Barnahus models, such as the Swedish model, coordination between parallel investigations, such as criminal investigations and child welfare investigations, is more central to collaboration than in Norway, which serves to highlight this issue further. One important factor to note is that the regulations of criminal investigations generally comprise more coercive means than regulations for child welfare investigations, unless the case becomes a matter of compulsory care. Support and recovery services related to child welfare investigations are thus commonly based on voluntariness and depend on consent by the child's legal guardian, which is widely known to be challenging to secure

(Heimer & Pettersson, 2022). This situation likely explains why reaching a balance in Barnahus between justice and welfare and recovery can be difficult (Johansson 2011, 2017; Bakketeig, 2017; Stefansen et al., 2023; see also Chapters 3, 4, and 9 in this book). In other words, securing multidisciplinary collaboration throughout a case depends on a broad range of factors that must be taken into account.

The Target Group

Strengthening a child's rights through the implementation of Barnahus depends on how the Barnahus target group is defined, since children who fall outside the target group will not have the opportunity to benefit from Barnahus's services. The PROMISE network's quality standard encourages a wide definition of the target group to ensure that child-friendly justice and support will benefit as many vulnerable and abused children as possible. According to principle 3.1, "The Barnahus target group includes all children who are victims and/or witnesses of crime involving all forms of violence. Non-offending family/care-givers are included as a secondary target group;" principle 3.2 also specifies that "[s]pecial effort is also to be made in order to reach all victims and witnesses regardless of violence" (Haldorsson, 2019, p. 54).

As shown in several contributions in this book, the definition of the target group has both changed over time and varied amongst the Nordic countries, as well as amongst the different nation states within the UK (Chapters 2, 3, 7, and 9). For example, discussions about Barnahus's target group in Northern Ireland have focused on children who have been exposed to sexual abuse, whilst Scotland's Barnahus model aims to target children who have been exposed to a wider range of abuse, including neglect (see Chapter 9). How wide or narrow the definition of the target group for Barnahus is in different contexts is thus related to various legal, social, cultural, financial, and practical aspects.

The definition of the target group in itself represents a dilemma, since such a definition implies that some children have access to the Barnahus's services, whilst others do not. Besides being an ethical issue, such differentiation also represents a possible breach with international regulations

(and obligations). Two chapters in this book probe the question of target-group constructions from different perspectives. In Chapter 2, Andersson and Kaldal illustrate this dilemma by focusing on legal tensions and by describing the tension between Barnahus's aim of providing support and protection to all victims of domestic abuse in accordance with the CRC, versus the implications of the target group being linked to national criminal law. They argue that whilst Barnahus can be seen as an outflow of children's rights to protection from all forms of violence according to the CRC, access to the services offered in Barnahus is limited by what is generally considered a crime in national law, based on examples from Sweden. The child's rights thus are challenged.

In Chapter 7, Johansson and Stefansen illustrate various dilemmas of inclusion and exclusion related to different sub-groups of children in Swedish and Norwegian Barnahus contexts. They show how varied constructions—depending on different justice and welfare logics—result in different groups of children being positioned differently in various policy contexts as well as during different stages of case processing in Barnahus. The result is differences in access to various services amongst different groups of children. This situation highlights the importance of acknowledging gaps between aspired-to target-group definitions and the actual target group's access to Barnahus in practice. A final aspect is that having a wide definition of the target group as a means to provide child-friendly justice and recovery to children exposed to violence and abuse might be difficult to fulfil due to capacity limitations. If the capacity of the model is challenged, then the quality of the service may suffer.

Interagency Planning and Case Management

This standard focuses closely on interagency planning and case management and encompasses four principles. The principles involve the case review and planning, which underlines the significance of formalising interagency work and the need for mutual agreements of procedures and routines (5.1); according to principle 5.2, this planning should take place on a regular basis. Principle 5.3 states the necessity of continuous

documentation and access to relevant case information for the parties involved in the interagency operation throughout the case. The last principle suggests that a support person should be appointed from Barnahus to monitor the multidisciplinary response and follow-up of children and their families (5.4). In the following, we will focus primarily on principle 5.3.

Principle 5.3, which underlines the necessity of continuous documentation and access to relevant case information for the parties involved in the interagency operation, is an important but challenging principle. Principle 5.3 is probably one of the most complex principles within the PROMISE standards, since limitations to the sharing of information are a well-known barrier to interagency and multi-professional collaboration (Cooper et al., 2015). This principle is where we most clearly see the implications of different mandates, interests, and logics between the functions involved. Not surprisingly, in contrast to the previous PROMISE standards we have discussed, in this case, PROMISE refers to the potential institutional barriers (especially legal tensions) against fulfilment of this standard, with special reference to regulations related to the sharing of information: "Interagency planning, case review and case tracking can be shaped by restrictions from sharing information in national legislation, or lack of legislation that enables and mandates services to share case specific information" (Haldorsson, 2019, p. 66). Amongst various measures to meet this challenge, PROMISE suggests a step-by-step approach: "A high level of integration requires a clear and careful approach to confidentiality obligations and may require a step by step approach to ensure [that] the right exchange of information can take place" (Haldorsson, 2019, p. 66).

What a step-by-step approach implies and what the right exchange of information might be are not defined further. Do these factors i.e., relate to the level of information exchange, or to the types of information? The possible negative consequences of close collaboration, integrated work, and information exchange are similarly not discussed. The lack of attention to the possible downsides of interagency collaboration is also quite common when interagency collaboration is discussed beyond the Barnahus context as well (Breimo & Anvik, 2022; Bakketeig et al., 2019). In the Nordic countries, issues related to these questions are at

least partly unresolved. In the Norwegian model, for example, questions remain unresolved about the exchange of information between health personnel and the police, as well as legal questions about case registration and documentation. Misunderstandings and a lack of knowledge about parts of the legislation are also problems amongst the Barnahus staff (see Chapter 4; Bakketeig et al., 2021). Legal barriers to the exchange of information and how this lack of information challenges interagency and multi-professional collaboration have also been a recurrent issue in evaluations and research on the Swedish Barnahus model (Åström & Rejmer, 2008; Johansson, 2011; Kaldal et al., 2010; Barnafrid, 2019; see also Chapter 8). In Denmark, however, the exchange of information is regulated in the legislation on that country's Barnahus model, where information sharing is allowed between the professionals involved (who are specified in the regulation), if such sharing is necessary to ensure a child's or young person's health and development (Søbjerg, 2017; Danish Service Law, §50c, LBK no 1089 of 16/08/2023). As such, legal barriers (both in theory and practice) continue to be a challenge in relation to interagency planning and case management in Barnahus, and ways to solve this problem must be considered carefully.

The Forensic Interview

Standard 6 relates to the forensic interview and includes six principles, which recommend that interviews should follow evidence-based standards and protocols (6.1), be conducted by specialised staff (6.2.), be conducted in the Barnahus (6.3), and be carried out by a single professional, with the members of the multidisciplinary team having the possibility to observe the interview (6.4). The interviewers must also respect the defendant's rights to a fair trial and "equality of arms" and adapt the interview to the child's needs, per principles 6.5 and 6.6 (Haldorsson, 2019, p. 76). In this section, we will focus on principles 6.2 and 6.6.

These recommendations are important to ensure the security of rights for the defendant and the child as well as to ensure child-friendly justice. When acknowledging the significance of these principles, the potential of

fulfilling them must also be understood in a wider institutional context. In Chapter 8, which examines the Swedish context, Magnusson and Ernberg point out the lack of formal demands related to forensic investigative interviewing of preschool children who have experienced sexual abuse; they also illustrate how the lack of specially trained interviewers has caused delays in case processing. The formal training of interviewers has been shortened to solve the problem with case delays; as the authors note, however, the consequences of this reduction have yet to be sufficiently studied empirically. Considering the challenges involved in investigating cases of child sexual abuse—especially involving preschool children—and the significance of securing high-quality forensic investigative interviews in order to secure their evidential value, a reduction in training of interviewers will likely have negative effects on interview quality as well as on assessments of their value as evidence. Such developments might also create difficulties in ensuring that interviews are properly catered to a child's needs, which in turn can have negative effects on the security of the rights of the child (as well as of the suspect). This scenario illustrates how challenging and changing institutional conditions may affect the operation of Barnahus. Seemingly good intentions, in this case to overcome case delays, may result in new dilemmas for the Barnahus practice.

Medical Examination

This standard includes five principles, which provide recommendations for medical evaluations and/or forensic medical evaluations to be routinely carried out on the Barnahus premises by specialised staff (7.1); in addition, these examinations should be carried out on the Barnahus premises unless, due to urgency or because of various complications, they need to be carried out in a hospital setting, either as an inpatient or an outpatient; according to principle 7.2, the medical examination should be conducted by specialised staff who "are trained [in] recognizing indicators of physical, sexual, and emotional abuse as well as child neglect" (7.3) (Haldorsson, 2019, p. 88). Principle 7.4 also recommends

that medical staff should be present in case review and planning meetings as appropriate; finally, principle 7.5 recommends "that children and family/care givers receive adequate information regarding available and necessary treatments and can influence the timing, location and set up of interventions" (Haldorsson, 2019, p. 88).

If a Barnahus is to provide a holistic approach and be able to secure a child's legal rights, the Barnahus must ensure a medical assessment of the child and secure potential forensic medical evidence. This PROMISE standard, however, is quite general, and it does not specify the dilemmas and tensions that might create obstacles for the standard's fulfilment. Some of the earlier chapters of this book have shown several tensions and dilemmas related to the medical examination and its dual aim. In Chapter 4, for example, Stefansen et al. analyse tensions related to medical examinations within the Norwegian Barnahus model. One question they discuss is who is to be offered a medical examination: in other words, the question of whether medical examinations should be a universal provision or should depend on discretion. They underline that a universal provision in Norway would challenge the current system in terms of resources and capacity. The authors also discuss what kind of medical examination is necessary: a full social-paediatric examination or a more limited examination. If medical examinations are to depend on discretion (which is the most common scenario), then the question again arises about the criteria for being offered a medical examination and whose discretion this decision should depend on.

A core challenge in relation to the medical examination is the difficulties in balancing the dual aims of the medical examination: the forensic and the clinical. As Stefansen et al. note, this imbalance is not limited to Norway but is visible in other Nordic countries as well. In general, the numbers of medical examinations (regardless of purpose) are low, and those examinations that are carried out primarily have a forensic purpose. Most children who come to Barnahus thus do not receive an assessment or follow-up of their health needs. This situation is problematic, especially since a trial project in Denmark found that almost half the children examined showed signs of abuse when a medical examination was offered as a universal provision. This Danish study concluded that both detecting and not detecting medical signs of violence and abuse during medical

examinations contributed to the strengthening of the evidential value of children's statements (Spitz et al., 2022).

In Chapter 4, Stefansen et al.'s analysis of the Norwegian model illustrates how the fact that the model is embedded in the penal track hampers the fulfilment of the medical mandate. Their analysis identifies several interlinked institutional barriers against fulfilling the dual mandate of the medical examination: for example, professionals' views and regulations that exclude medical personnel from the initial consultation meetings, a lack of procedures for medical assessment in cases where a forensic medical examination is not requested, a lack of routines for passing on medical information, and a lack of knowledge (or the existence of misunderstanding) amongst the Barnahus staff about the relevant regulation.

A lack of resources regarding paediatric competence represents another problem. Police and prosecutors sometimes also note a lack of clarity regarding the extent to which a forensic medical examination should investigate or look for other marks of violence and abuse than is currently the case. Stefansen et al. argue that viewing the two aims of medical examinations as discrete could create a vulnerability to this lack of balance. Thus, one key message might be the importance of communicating that medical examinations in Barnahus should have two overlapping functions of equal value.

Concluding Remarks

This chapter has illuminated various tensions and challenges in many of the PROMISE network's standards. We argue that the dual aim of these standards—which function both as a political instrument and a policy means for the promotion and diffusion of the model and as instruction for its implementation—risk creating a barrier for the model to reach its potential within different national contexts. By not bringing forward the complexity of the model in the presentation of the standards, governments may use the model mainly as a "symbol of action" instead of as a source for more fundamental system changes, thereby showing that they are doing something without actually changing the broader institutional

landscape of surrounding justice and welfare systems in a child-friendly direction: a concern expressed from different UK contexts in two chapters of this book (Chapters 3 and 9). The political aim could also make illustrating various challenges in the model difficult, since acknowledging such challenges could also negatively affect such goals.

In this and earlier chapters, we have highlighted several legal, organisational, and professional-ethical dilemmas and tensions related to different standards. A key message has been that the Barnahus model must be understood in relation to the wider institutional system (political, legal, and organisational) it is embedded in. For the Barnahus model to reach its full potential, these challenges must be illustrated clearly in order to develop ways to solve them in relation to the various national systems where the model is implemented. More research is necessary to gain a closer understanding of the complex mechanisms in play, both in relation to the different dimensions of the Barnahus model and in various national contexts.

An especially relevant focus of research would be to further investigate the continuing diffusion and implementation of the Barnahus model in more European contexts, both in initial and later stages of adoption (Aksom, 2022). In Chapter 4, using a comparison of Norwegian data sets from 2012 and 2021, Stefansen et al. highlight the value of using a longer time perspective, since the institutionalisation of the Barnahus model and its consequences can only be identified over time. The contextually comparative analyses included in this book (see Chapters 1, 7, 9, and the present chapter) also illustrate the importance of identifying institutional variations in different contexts, both in terms of conditions for and consequences of implementing the Barnahus model. The authors of Chapter 1 have identified several variations in the ongoing diffusion of the Barnahus model—both between different European countries and compared to the Nordic region—in terms of steering and regulation, the role of the state, and affiliation. We hope that this book will stimulate further comparative research and institutional analyses of the Barnahus diffusion and implementation across Europe and beyond, both contextually in varied countries and over time.

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