

Guidelines for child friendly multidisciplinary and interagency response model for abused children

WD/CD/DIS/FDIS stage

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Foreword

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Introduction

0.1 Background

A high number of children and adolescents are victims of child abuse and violence. The National Children's Alliance estimates that over 600.000 children are abused in the US each year. According to The Crime Survey for England and Wales, it is estimated that 7,5% of adults aged 18 to 75 years experienced sexual abuse before the age of 16. A new survey data among children in Iceland (Icelandic Youth Study, University of Iceland, 2023) estimates that around 17% of girls and 5% of boys have suffered some form of sexual abuse by age 16. Around 66% of those children state that they never told anyone about the abuse.

“The impact of violence is devastating, immediate and lifelong. Violence against children impairs their brain development, their physical and mental health and their ability to learn.” (Annual report of the Special Representative of the Secretary-General on Violence against Children, 2023). Prevention is for most states a priority, but the response is also critical.

In 1998 the Barnahus (children's house) was established in Iceland. Now there are over 40 Barnahus in over 20 European countries. The Council of Europe (CoE) has promoted the Barnahus model since 2015 and has encouraged member states in committing to have at least one Barnahus-type structure in every country.

The Barnahus model is a “child-friendly, multidisciplinary and interagency model that brings together child welfare, criminal, medical, therapeutic and legal services under one roof to coordinate a child-centre response, develop an appropriate governance framework for an interagency service to help reduce re-traumatization for child sexual abuse victims and survivors by preventing the repetition of their experiences”. (Report of the Special Rapporteur on the sale and sexual exploitation of children, including child prostitution, child pornography and other child sexual abuse material, 2023).

The UN Committee on the Rights of the Child (CRC) has recommended States Parties to set up child-friendly and intersectoral/multiagency structures to address violence and/or sexual abuse of children. The Committee has made several references to the Barnahus model in its recommendations to State Parties. (Barnahus: a European journey. Mapping study, 2023)

The Council of Europe, through its Committee of the Parties of the Convention on the Protection of Children from Child Sexual Exploitation and Sexual Abuse (Lanzarote Convention and Committee) recognises the Barnahus model as a promising practice and has supported several of its 46 member States in setting up tailor made Barnahus through dedicated cooperation projects, funded by the European Commission DG Reform.

The European Union in its Strategy for the Rights of the Child has also emphasised the urgency to present an initiative aimed at supporting the development and strengthening of integrated child protection systems, which will encourage all relevant authorities and services to better work together, in a system that puts the child at the centre. Barnahus is one of such systems.

There is although a need for better guidelines or standards for the process to implement and operate a child-friendly multidisciplinary and interagency response center. After years of experience, the Icelandic Barnahus model has become one of the leading child friendly, multidisciplinary models in the investigation and treatment of child abuse and domestic violence in Europe. The model is flexible and can be adapted to different national contexts. Still, in order to practice as a Barnahus, there are foundational criteria and guidelines that should guide the setup and practice in all countries.

0.2 Basic principles of the Barnahus model

Barnahus MDIA model is a child-friendly multidisciplinary and interagency (MDIA) response model for the investigation and treatment of child abuse and domestic violence. It is defined as a child-friendly, safe environment for children, bringing together relevant services under one roof for the purposes of

providing the child a coordinated and effective response and for preventing re-traumatization during investigation and court proceedings. The model offers trauma-focused psychological interventions to children and their parents/caregivers following the investigation phase. The model includes “four rooms” embedded in a multidisciplinary environment, where professionals from different disciplines collaborate in the areas of child protection, criminal justice, physical and mental well-being. The central goal is to coordinate the parallel criminal and child welfare investigations and treatment of child abuse.

The children’s disclosure is essential when it comes to the investigation of child abuse. Therefore, using Forensic Interviewing Protocols based on research into children's development on cognitive and communicative abilities and questioning techniques, enhances children's capacities to provide accurate information about their past experiences.

In regard to treatment, trauma-focus, evidence-based psychological interventions can help children and adolescence address the negative effect of trauma. Including processing their traumatic memories, overcome problematic thoughts and behaviours, and develop effective coping skills.

A multidisciplinary collaboration between the systems of health care, judicial and child protection services is a key aspect of Barnahus MDIA model. It can be formally embedded in a national or local structure that consists of judicial system, child protection services and health care.

Forensic interviews are carried out according to an evidence-based protocol by an interviewer who is specially educated in children’s development.

The evidentiary validity of the child’s statement is ensured by appropriate arrangements in line with the principles of due process. The aim is to prevent the child from having to repeat his/her statement during court proceedings if an indictment is made.

Trauma-focused evidence-based psychological treatment and short- and long-term therapeutic services for child and non-offending family members and caretakers are made available.

0.3 Use of this document

This document provides guiding principles, requirements, and recommendations for a multiagency and child friendly response centre for child abuse.

This document is intended to align territorial approaches of response agencies for child victims, which prevents (re)traumatisation.

This document can be used by governments, international organisations, monitoring bodies stakeholders and agencies or response centres for child abuse.

Guidelines for child friendly multidisciplinary and interagency response model for abused children

1 Scope

This document provides requirements and recommendations for a child-friendly multidisciplinary and interagency response model for abused children. It provides a wholistic framework for a multidisciplinary and interagency collaboration to ensure that child-victims and witnesses of violence are provided with a child-friendly, professional and effective response in a safe environment.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <https://www.electropedia.org/>

3.1

Barnahus

multidisciplinary and interagency response model (MDIA)

a child-friendly multidisciplinary and interagency response model for the investigation and treatment of child abuse and domestic violence.

Note 1 to entry: Whether the term Barnahus or multidisciplinary and interagency response model (MDIA) should be used throughout the document could be discussed within the workshop.

3.2

Trauma-focused Evidence-based Psychological Treatment

evidence-based psychological treatment approach that helps children, adolescents, and their parents/caregivers overcome trauma-related difficulties, including child abuse and domestic violence.

4 Requirements and recommendations

4.1 General

Barnahus/MDIA shall establish a child friendly environment where all services are under one roof; medical examination, forensic interviews, assessment, psychological therapy and support and child protection.

Barnahus/MDIA shall maintain and continually improve child-friendly services, including the processes needed and their interactions.

Barnahus/MDIA shall ensure;

- Coordination of interagency collaboration, planning and case management
- Management, evaluation and oversight of the implementation of guidelines and routines
- Elaboration of annual narrative and financial reports of the MDIA service's activity
- Collection and analysis of data and statistics
- External competence building

- Performance evaluation

4.2 Best interest of the child

The best interests of the child shall be a primary consideration in all actions and decisions concerning the child and the non-offending family/caregivers/support persons.

4.3 Child participation

Children's rights to express their views and to receive information should be respected and fulfilled. Children and family/caregivers should receive adequate information regarding available and necessary treatment and should be able to influence the timing, location and set-up of interventions.

4.4 Child protection

Assessment of the protection needs of the child victim and potential siblings in the family shall be made; and follow up to be ensured.

Social services and/or child protection agency should be responsible for;

- Child protection assessment and acute risk assessment
- Providing information to child and parents/caregivers
- Follow-up from referral to conclusion of psychological treatment with child and parents/caregivers
- Observation in forensic interviews
- Actively engaging in Barnahus collaboration, planning and case management

4.5 Preventing undue delay

Measures should be taken to avoid undue delay, ensuring that forensic interviews, child protection assessments, mental health and medical examinations and psychological treatment take place within a stipulated time period and that children benefit from timely information.

4.6 Multidisciplinary and interagency collaboration

Barnahus/MDIA should be formally embedded in the national or local social or child protection services, law enforcement/judicial system or national health system. Barnahus/MDIA model can operate as an independent service if it enjoys a statutory role, recognised by the national or local authorities.

Barnahus/MDIA collaboration should be structured and transparent. There should be clearly established roles, mandates, coordination mechanisms, budget, measures for monitoring and evaluation. MDIA collaboration begins at the initial report of suspected child abuse and continues throughout the case management.

4.7 Non-discrimination

The target group should include all children who are victims and/or witnesses of crime involving all forms of violence. Non-offending family/care-givers should be included as a secondary target group.

4.8 Child friendly environment

4.8.1 Place and accessibility

The Barnahus/MDIA model premises should be situated in a anonymous building located in a child friendly environment and accessible by public transport and for children with special needs.

4.8.2 Interior environment

Furnishing and material should be child and family-friendly and age-appropriate. The premises should be physically safe for children at all ages and developmental stages. Separate, soundproof and private areas should be available.

4.8.3 Preventing contact with the alleged offender

The premises should be set up so that contact between victim and alleged offenders is avoided at all times.

4.8.4 Interview room

Live observation of interviews should be made possible for the interagency team in a separate room from the interview room.

4.9 Interagency planning and case management

4.9.1 Procedures and routines

Interagency case review and planning should be formalised by mutually agreed procedures and routines which are evaluated on a regular basis. Continuous documentation and access to relevant case information to the interagency team members shall be ensured.

4.9.2 Support person

A designated, trained individual/ member of the Barnahus MDIA team should monitor the MDIA response to ensure continuous support and follow-up with the child and non-offending family/caregivers.

4.10 Forensic interviews

4.10.1 Location and recording

Forensic interviews should be conducted in the Barnahus premises. Interviews shall be audio-visually recorded in order to avoid repeated interviewing and to avoid submitting children to repeated interviews conducted by different individuals in different agencies.

NOTE a recorded interview can also be used in court

4.10.2 MDIA presence

The forensic interview should be carried out by a single professional. All relevant members of the MDIA team should be able to observe the forensic interview; either live in an adjacent room or recorded. There should a system in place allowing interaction between the interviewer and the observers.

4.10.3 Adaption to child

The interview shall be adapted to the child's age, development and cultural background and consider the child's special needs. The number of interviews should be limited to the minimum necessary for the criminal investigation. The same professional should conduct the interview if multiple interviews are necessary.

4.10.4 Interview protocols

Forensic interviewing evidence-based protocols shall be used by specialised staff, such as police or mental health professionals with knowledge about child development: Forensic interviews should be carried out by trained staff according to evidence-based forensic interviewing protocols to ensure the quality and quantity of the evidence.

4.10.5 Examples of responsibilities of forensic interviewer

Investigative interviews:

- Obtaining the child's testimony under the auspice of a court judge and under observation of the defendant's attorney, the defendant, the prosecution, the police, the local child protection services and the child's legal advocate.
 - The judge mediates question from the observants through the specially trained interviewer.
 - The child's testimony is recorded to be used as the child's testimony in court if an indictment is made.
- Or, obtaining the child's testimony under the auspice of the prosecution, under the observation of the child's legal advocate (substitute guardian), the police and the local child protection services.
 - The prosecution mediates question from the observants through the specially trained interviewer.
 - Before an inditement is made, the defendant's advocate can use the child's testimony to prepare questions if needed, which will later be asked by the same specially trained interviewer to the child.
 - The child's testimony is recorded to be used as the child's testimony in court if an indictment is made.
 - If the child needs to be interviewed again, only the new questions are asked by the same specially trained interviewer to the child.

Exploratory interviews:

- Investigating suspicion of child abuse when the disclosure is absent or ambiguous.
- Collaborating with the police in the pre-investigation of cases where evidence is absent but there is a strong suspicion of abuse.
- Obtaining the child's testimony in cases where the suspected offender is below the age of criminal responsibility.
- Exploring if children who are siblings of a child abuse victim have also experienced abuse.

4.11 Medical evaluation and treatment

4.11.1 Place and organisation

Medical evaluations and/ or forensic medical evaluations should routinely be carried out by specialised staff in the Barnahus premises, unless, in special cases a hospital setting is required.

Medical staff should be present in case review and planning meetings as appropriate.

4.11.2 Competence and responsibilities

Medical examination should be carried out by specialised staff including paediatricians and paediatric nurses specialized in forensic medical examination.

They should be responsible for;

- Medical and/or forensic medical evaluations and treatment
- Actively engaging in interagency collaboration, planning and/or case management

NOTE Medical evaluation can serve forensic investigative purposes, as well as to ensure the child's physical well-being and recovery

4.12 Mental health and psychological assessment, treatment and support

4.12.1 Assessment, treatment and support

Assessment and trauma-focused psychological evidence-based treatment should be available for child abuse victims and witnesses of domestic violence, who are referred to the Barnahus MDIA response, by child clinical psychologist and professionals with specialised training and expertise.

Short- and/or long-term therapeutic services for child and non-offending family members and caretakers should be available.

NOTE The purpose of trauma-focused therapy is to teach children, adolescents, and their parents/caregivers' skills and strategies to assist them in better understanding, coping with, processing emotions and memories tied to traumatic experiences, with the end goal of enabling the child and adolescent to create a healthier and more adaptive meaning of the experience that took place in his/her life

4.12.2 Crisis intervention

There should be a clear organisational structure and permanent staff in place to routinely offer crisis support for the child and non-offending family members/caregivers, when needed.

4.12.3 Competence and responsibilities

Specialised mental health professionals or child and adolescent psychiatry, should be responsible for;

- Implementing assessment and evidence-based trauma-focused psychological treatment and support
- Actively engaging in Barnahus collaboration, planning and case management

4.13 Training, supervision and guidance

4.13.1 Training of professionals

The members of the Barnahus MDIA team and involved agencies should receive regular training in their specific areas of expertise and should be offered joint training in cross-cutting issues.

4.13.2 Guidance, supervision, counselling

The members of the Barnahus MDIA team should have access to regular guidance, supervision, counselling and peer supervision.

4.14 Information sharing, awareness raising and external competence building

4.14.1 Data collection, information sharing and awareness raising

Aggregated and disaggregated data/statistics should be collected and shared with relevant stakeholders to create awareness, facilitate research and support evidence-based legislation, policy and procedures.

4.14.2 External competence building

Competence and knowledge should be increased among professionals working for and with children through study visits, information meetings, lectures and producing written material.

4.15 Performance Evaluation

The organisation should determine performance evaluation with deciding;

- What needs to be measured
- Methods for measurement and data collection
- When results from measurements should be analysed and evaluated
- How results shall be used for improvements and increased efficiency.

NOTE Methods described in chapter 9 in ISO 9001:2015 can be used for more detailed requirements regarding Performance monitoring, measurement, analysis and evaluation.

Annex A (informative)

Main function of Barnahus MDIA model

A.1 General set up

This annex presents the role and responsibilities of participants in the Barnahus MDIA model. (See figure A.1)

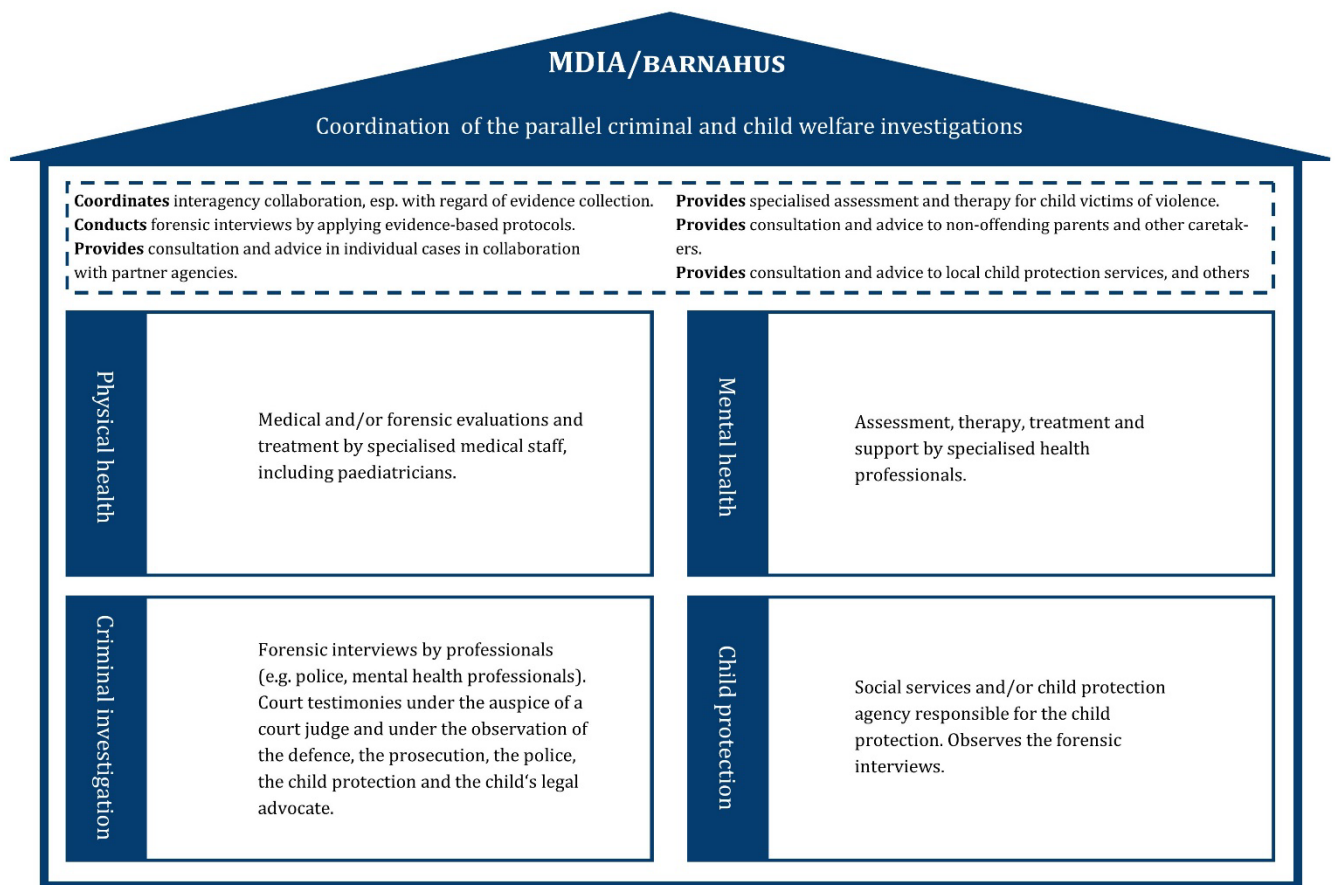


Figure B.1.

A.2 Level of involvement

Barnahus staff:

Evaluation phase

Implementation phase

Operational phase

Judicial system:

Evaluation phase

Implementation phase

Operational phase

Healthcare system (both medial and mental health):

Evaluation phase

Implementation phase

Operational phase

Social services:

Evaluation phase

Implementation phase

Operational phase

A.3 Funding:

Barnahus MDIA model can be governed by national procedures and formal interagency agreements and financed by public funding.

The participating agencies can contribute to the costs for the Barnahus, including for their own staff and equipment. External funding could be secured for the set-up and initial operation and phased out gradually to be replaced by sustained public funding

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