

INUTI ETT **BARNAHUS**

A QUALITY REVIEW OF 23 SWEDISH BARNAHUS



Linköpings universitet
HÄLSOUNIVERSITETET



Rädda Barnen

Save the Children fights for children's rights. We stimulate public opinion and support children exposed to difficult situations in Sweden and worldwide.

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Summary

Children about whom there is suspicion that they have been subjected to violence or abuse have often encountered a legal system that is designed for adults, a system whose rules they do not understand. To improve children's position and to avoid further traumatising of children by the legal process, the model of the Barnahus - the *Barnabus* of the Nordic countries - was developed from the Child Advocacy Model adopted in the US in the 1980s. Sweden's first Barnahus was started in 2005. Rapid development since then has resulted in the current 28 Barnahus, to which 164 of the country's 290 municipalities are linked.

Against this background, it became raised the need to conduct a quality review of the Swedish Barnahus. The present quality review was conducted as cooperation between Linköping University (Carl Göran Svedin) and Save the Children Sweden (Åsa Landberg), with financial support from Sweden's Crime Victim Fund.

The quality review is based on the criteria established by the Swedish government for the country's Barnahus and the quality criteria that the US-based National Children's Alliance, the American association of Barnahus, employs. The quality review is based on a full-day visit to each Barnahus, combined with a review of documents such as cooperation agreements, processing routines, background literature and annual reports on operations. The quality review was conducted in 2012 and the participating operations consisted of 23 of the 24 Barnahus that have been in operation since 1 January 2011 or longer.

One way to describe the Barnahus is that it has four 'rooms', each of which contains a particular operation. The operations referred to are: criminal investigation, collaboration/protection, physical health and mental health.

The essence of the quality review has been to try to see the organisation, environment and activities of the Barnahus from a child's perspective, with the UN Convention on the Rights of the Child serving as the overall guide. The Barnahus exist to serve the best interests of all children. The review applied twelve criteria, against which the operations examined were assessed and graded. The Barnahus were classified on the basis of the extent to which operations are conducted within the four rooms.

The overall conclusion of the quality review is that the Barnahus have come to stay. The Barnahus are a step in the right direction to ensure that children and adolescents who have been exposed to various types of abuse and crime encounter a helpful response. Several of the Barnahus exhibited an excellent standard of quality. However, there are significant shortcomings and weaknesses at many of the Barnahus, and these must be addressed.

Of the 23 Barnahus reviewed, four meet the definition of a full Barnahus with operations in all four rooms, whereas the other Barnahus lack operations in one of the rooms of physical and/or mental health. Three Barnahus only have operation in two of the rooms (criminal investigation, cooperation/protection), with both rooms, physical and mental health, for different reasons not being filled with operation. The other 16 Barnahus can be described as incomplete Barnahus at which operations are conducted within three rooms or only sporadically in all four rooms. The shortcomings that are seen may be due to local conditions, such as unclear and inadequate cooperation agreements or resource prioritisation, or national guidelines and legislation.

The development of the operations and the routines at the Barnahus is proceeding in the right direction. More and more Barnahus are being established. It is also very encouraging that the government has set up criteria for what a Barnahus should contain. However, certain structures and laws exist that prevent the cooperation from being as effective and child-friendly as might be desired.

Certain difficulties have been pointed out in all of the evaluations of Barnahus that have been carried out, and these remain to be resolved. The difficulties are largely independent of the cooperation within the centres - they existed before the Barnahus were introduced. However, the close cooperation that occurs within Barnahus has exacerbated the pre-existing difficulties. And these weaknesses make it extremely difficult for the Barnahus to live up to the criteria that the government has established.

If Sweden is to live up to the demands imposed by the UN Convention on the Rights of the Child and achieve consistent high quality in its Barnahus, structural changes and amendments to legislation are needed.

- We propose that the government take the measures needed to ensure that all children in Sweden have access to Barnahus that are of high quality.
- Establish Lex Barnahus Secrecy legislation and documentation opportunities must be overhauled, clarified and modified, so that the agencies present at Barnahus will be able to exchange the information required to serve the child's right protection, support and information.
- Authorities affected must take forceful measures to guarantee that the police and the public prosecutor follow the existing legislation and investigate crimes against children promptly. Cooperation between the affected authorities must be prioritised to assure both the proper reception of the child and the high quality of the preliminary hearings.
- We propose that the government appoint a commission to clarify the responsibility of healthcare with respect to children exposed to violence. The investigation should result in clearly formulated requirements as to how the county councils should staff the Barnahus with paediatric and psychological/child psychiatric competence. It should use the Barnahus at which paediatrics and CAP are practised in cooperation as models.
- We propose that the government decide to establish a national centre of competence for children exposed to violence. Such a centre of competence would have a clear link to the practical operations of Barnahus.
- We also propose that the government allocate funds to enable Barnahus in communities with forensic units and university hospitals to function as regional centres of knowledge.

This quality review has focused primarily on macrostructures in the operations of the Barnahus, rather than on examining quality on the micro-level - for example, how child forensic interviews take place, or the quality of medical examinations or of interventions provided. Such concerns offer great potential for on-going research and development.

It is our hope that the completed quality review may provide the foundation for on-going quality assurance processes at the Barnahus involved.

In a Barnahus

The golden rule that should be applied in all cases involving children (as victims of crime) is that the child, regardless of the legal outcome, must be in a better position at the conclusion of the process than at its start.

Do the country's Barnahus live up to this rule? If not, what must be done to bring them to that level?

Background

Children suspected of having been subjected to violence or abuse often encounters a legal system that is designed for adults, a system whose rules they do not understand. Many adults who are exposed to violence or abuse do not fare well in the legal system, but children are in an even more challenging situation. They are subjected to more stressors than are adults in that they do not have the right to make decisions, they rarely receive adequate information, and more authorities are involved. They run the risk of being further traumatised by the experience.

The model for the Nordic Barnahus model originally came from the US, where the first children's advocacy centre was started, in 1985, in Huntsville, Alabama. The model arose as a reaction to the realisation that children suspected of having been subjected to sexual abuse fared badly during the investigations. They were shunted between various authorities and required to tell their story time after time to different officials. Neither the reception nor the environment was designed for children. The first children's advocacy centre started outside the US was the Barnahus on Iceland, and for many Swedes, the Reykjavik Barnahus was the obvious model for dealing with children who have suffered sexual abuse. The Barnahus on Iceland was founded in 1998.



The first children's advocacy centre in Huntsville, Alabama.



Reykjavik Barnahus.



Linköping Barnahus.

Children's advocacy centres quickly spread throughout the US. Today, American children's advocacy centres are organised in the National Children's Alliance, a membership-based organisation with stringent membership criteria and approximately seven hundred centres as full members.²

In February 2005, the Swedish government commissioned the Prosecution Authority, the National Police Board, the National Board of Forensic Medicine and the National Board of Health and Welfare to start up Barnahus in various locations throughout Sweden as a pilot project. The purpose of the commission was to ensure that the investigations done in response to suspicion of a child having been exposed to crime would be designed so as to be appropriate for children. The children would not have to have contact with the police, the prosecution, forensic medicine, social services and child psychiatry in various locations, but rather come to a single site where the environment would be geared to suit their needs. The children would not have to be subjected unnecessarily to repeated forensic interviews and interviews by different people, for different reasons.

An additional purpose of the commission was to enhance investigation quality through methodological development. In accordance with the government commission, the national authorities conferred with the Swedish National Council for Crime Prevention, the Swedish Crime Victim Compensation and Support Authority, Sweden's municipalities and county councils, and Save the Children Sweden.³

The Swedish government commission was unique in that the target group was expanded to include children who it was suspected or had been subjected to serious criminal acts against their life, health, freedom or peace of mind. This can be compared with the Iceland Barnahus, which only takes in children about whom there is suspicion of sexual abuse. Several of the Swedish Barnahus also came to include children who have witnessed violence against a relative in their target group.

The pilot operations were located in:

- Malmö
- Gothenburg
- Linköping
- Stockholm
- Sundsvall
- Umeå

Locally, these operations have various names; in this paper, however, we will use the collective name 'Barnahus'. The Barnahus model has spread rapidly throughout the country. In December 2008, there were 15 Barnahus; in 2010, there were 22; and in 2013, 28. A few other communities have also decided to start up Barnahus (Kalmar, Norrköping and Jönköping).

What is a Barnahus?

In their 2008 report to the Government, the responsible authorities describe the Swedish Barnahus as follows:

The Swedish Barnahus can be described essentially as follows: The Barnahus is a place at which the social services, the police, the public prosecutor's office, forensic medicine, paediatrics and child and adolescent psychiatry (CAP) can confer and collaborate, particularly in the initial stages of the preliminary investigation and social investigation.

As a rule, the social services play a coordinating role, and one of more social workers are based on the premises. At one of the Barnahus the regular staff also includes police officers, while at others, it includes continuous access to child psychiatric competence. At consultative meetings and in urgent cases by phone, professional representatives consult with each other, plan and assign tasks. If a preliminary investigation is opened the forensic interview with the child takes place at the Barnahus. The professionals who need to hear the child's narrative can follow the hearing by video in an adjacent room. There are also rooms for medical examinations and interviews. Every effort is made to ensure that forensic pathologists and paediatricians can work together at medical examinations, which are requested by the police or the office of the public prosecutor. The social services or Child and Adolescent Psychiatry (CAP) provide crisis support to the child.⁴

The growth of Barnahus has been extremely rapid and there have been significant difference between operations. This quickly led to discussions about the need for a common understanding of what a Barnahus is and common criteria for the country's Barnahus, similar to the situation in the US. The argument was that a common definition of the concept of the Barnahus is needed to ensure the concept does not become watered down.

Save the Children developed the first proposal for common criteria, in 2007.⁵ In 2008, the Government commissioned the National Police Board to work with the Prosecution Authority, the National Board of Forensic Medicine and the National Board of Health and Welfare to come up with guidelines for cooperation regarding children who have been exposed to crime. The national guidelines are designed for the administrative boards of the country's national government agencies, municipalities and county councils, as well as to steering groups and practitioners. In the commission, the public agencies have agreed on the criteria that must be fulfilled in order for cooperative operations in shared premises to be called Barnahus:⁶

The goal of such cooperative operations is to ensure that children who are suspected of having been exposed to crime enjoy legal protection, proper treatment and support and, if needed, immediate crisis and therapeutic interventions. Throughout the process, the focus shall be on the best interests of the child. The child shall be informed of all matters that affect him or her and shall be given the opportunity to express his or her views in such extent and in such manner that his or her level of maturity permits. The investigations that are carried out in parallel within the

legal system and the social services shall be commenced promptly and shall be conducted as rapidly as consideration for the child and for the complexity of the situation permits. The preliminary investigation shall be completed and a decision made as regards the laying of charges as soon as possible. The investigations are subject to statutory completion deadlines.

Previous evaluations

LUND EVALUATION

The first Swedish Barnahus were evaluated by Lund University in 2006-2007 and demonstrated largely positive results.⁷ Even if it was too early to see measurable effects as regards, for example, better prosecution or shorter processing times, the evaluation provided support for the contention that the Barnahus represented a quality improvement from the perspective of the child. The children were received in a carefully thought-out, positive manner, in an adapted, child-friendly environment, and more children gained access to some form of crisis support. More child hearings were carried out, more medical examinations were done, and it was more common that a special representative and attorney was appointed.⁸

It was found that much of the follow-up and evaluation showed that the cooperation of the various authorities involved had intensified and become more efficient through the Barnahus. Contact interfaces between the actors have increased, case conferences have acquired more structure, understanding for and knowledge about each other's areas of expertise have increased. At the same time, the evaluation showed that the perspective of legal sanctions tended to dominate the interaction of the authorities, particularly given the focus on the forensic interview of the child.

Some of the operations had not yet got properly under way during the trial period, which made the evaluation more difficult. It was observed that launching a Barnahus takes a long time and that it is a matter of a process. It simply takes time to develop properly functioning routines and establish a consensus approach and a mutual respect between the cooperating authorities.

It was also noted that CAP, forensic medicine and paediatrics were not fully involved in the Barnahus in all communities. The causes were numerous: it was a matter of lack of resources, a lack of support from the administration or that healthcare competence was not clearly requested.

The final report highlighted the fact that certain built-in dilemmas in the cooperation had become clearer as a result of the close co-operation taking place in the Barnahus. There were conflicts of norms applied between what is best for the child and what guarantees a fair and efficient legal process. Psychosocial interventions and contact with parents could make it difficult to secure evidence in a preliminary investigation and there was tension between the secrecy required for a preliminary investigation and the right of each party in a social services investigation to attend the proceedings and to be heard. This applies, for example, to the documentation of information obtained from listening in to a social services investigation where there is a risk that the information could be disclosed to a guardian who is a suspect.

Some clear conclusions were:

- that there was a need for common criteria for Barnahus to increase the equivalence of the operations.
- that the secrecy regulations needed to be clarified and modernised in relation to new operations that, like Barnahus, entail cooperation under a common roof
- that the rules governing documentation of the common work should be revised
- that there was a need for on-going national coordination and on-going evaluation

SUSANNA JONSSON'S DISSERTATION

Susanna Jonsson participated in the evaluation conducted by Lund University and then wrote her dissertation about the collaboration in Barnahus based on the data collected on the six first Barnahus in 2006-2007.⁹ The data consisted mainly of questionnaires to and interviews of the cooperating actors, and observations of the consultative meetings.

Jonsson identifies an intrinsic opposition in the operations of the Barnahus. In these operations, the 'social system', characterised by the ideal of a holistic approach and therapeutic philosophy, meets the justice system, characterised by an ideology of formal justice. The Barnahus are steeped in two ideas: to protect and support the children (*the therapeutic logic*), and to enhance the efficiency of the legal system (*the logic of the system of legal sanctions*). There is a tension between these ideas and their associated logics.

The analysis shows that at all Barnahus, the organisational, collaborative and institutionalisation processes are in a constant state of change. The operations are in a constant state of change and periods of greater unity may be followed by periods in which latent tensions are re-activated, creating difficulties and conflicts. Jonsson also contends that the logic of legal sanctions has acquired an interpretive prerogative over the logic of therapy, which has led to a general process of 'juridification'. As an example, the social services wait until the police have completed their forensic interview of the child before they contact the parents, thus allowing the logic of criminal sanctions to take precedence. This may result in a child being allowed to continue living in a dangerous environment during the waiting period.

Jonsson believes there is a risk that increased collaboration and increased data-sharing (according to the legislative amendments proposed by the National Police Board) will cause the power hierarchy she discerned in her analysis to become entrenched.

STOCKHOLM UNIVERSITY STUDY ON BARNAHUS

The Study on Barnahus, which was conducted on assignment from the National Police Board, the National Board of Forensic Medicine, the National Board of Health and Welfare and the Prosecution Authority within the framework of a government commission, was published in 2010.¹⁰ The 22 Barnahus in existence at the time were included in the study. The eight Barnahus with the longest-running operations (Umeå, Sundsvall, Stockholm, Uppsala, Linköping, Gothenburg, Lund and Malmö) were thoroughly investigated. They were compared with four communities without Barnahus (Halmstad, Norrköping, Stockholm and Luleå).

The investigators visited five Barnahus (Örebro, Sundsvall, Uppsala, Gothenburg and Lund) and the questionnaire circulated during these visits was completed by a total of 111 children. The children's responses demonstrated that they were by and large very content with the premises, the furnishings and the staff. The children were also glad they had the opportunity to tell the police what they had experienced.

The Study on Barnahus concluded that well-run Barnahus are better than regular forms of police investigation of cases involving children in at least two respects. First, it is better for the children to have all public institutional supports provided at a single site, so they avoid having to be passed around between different agencies. The child's sense of safety is enhanced when all measures involved in an investigation take place in the same place.

Second, the collaboration between the various professional groups and disciplines involved increases, which results in a broader knowledge base for the investigations and enables the actors involved to

tackle the child's problems from different perspectives. The cross-disciplinary collaboration also provides a broader and deeper foundation for the investigative operations.

The Study points out that when a Barnahus falls short of the established criteria, it is primarily a matter of the prioritisations and levels of commitment of the collaborating authorities. It is a matter of competence, resources and organisation. As an example, only 13 of the Barnahus offer crisis support for the children.

The criminal investigations conducted at Barnahus have not improved, but have the same shortcomings as in other areas of the country. On the other hand, cooperation between public agencies has increased, the involvement of paediatric competence in case conferences results in more medical examinations and more children receive crisis support.

The conclusion is that despite the shortcomings that do exist, as many children who have been subjected to criminal acts as possible should have the opportunity to come to a Barnahus.

The Study on Barnahus identifies nine fundamental preconditions for the operations of a Barnahus.

1. That access to the requisite specialist competence is available and that the operations have a certain volume.
2. That the degree of capacity utilisation, as regards the number children admitted to a Barnahus is increased, in line with target.
3. All involved collaboration partners assume a shared financial and personnel responsibility that is formalised in clearly formulated contracts or agreements.
4. That coordinators exist who represent both a legal and a social perspective at Barnahus.
5. A national system of coordination of certification, continuous follow-up and quality assurance of Barnahus
6. That Barnahus in communities with forensic units and university hospitals be designated as regional knowledge centres.
7. A common public agency responsibility on the national level for skills development and training of active professionals.

New regulations concerning:

8. The right of staff of Barnahus (coordinators) to obtain information about the criminal investigation of the child protection investigation. The right of staff of a Barnahus in this regard is unclear but is nevertheless a critical function at Barnahus in the coordination of investigative efforts and to monitor the child's need of support and protection.
9. The means by which a Barnahus can document and register both the day-to-day operations and individual cases.

BARNAHUS IN NORWAY

Norwegian Barnahus have also been evaluated.¹¹ Norway's first Barnahus opened in 2007. The

Norwegian Barnahus receive children under sixteen years of age and adults with developmental disabilities. In cases of physical or sexual abuse, a police report must have been submitted. In organisational terms, the local police, who also hire the treatment personnel, supervise the Barnahus.

The Norwegian evaluation is based on questionnaires given to children over ten years of age and to the adults accompanying them, as well as on interviews with and questionnaires distributed to lawyers, police, social services and Barnahus staff. The questions asked concern how children are received into the care of the Barnahus and how the collaboration between the various actors functions.

The evaluation covers the six first Barnahus in Norway – Oslo, Bergen, Trondheim, Kristiansand, Tromsø and Hamar. They started operating between 2007 and 2009.

Both children and adults feel well taken care of at the Barnahus. And even if many children have felt nervous about an imminent forensic interview, the large majority of them find their meeting with the police helpful. The children have only been asked to respond to questionnaires after their first forensic interview. They have not been asked about how they experience the support or therapy that was subsequently provided. A total of 123 children completed the questionnaire. The percentage of children who had follow-up meetings at least three times at the Barnahus varies between nine and 23 percent at the various communities.

Lawyers and police report that the Barnahus is a good place at which to carry out a forensic interview with a child. They point out the many advantages of work taking place at the Barnahus. It is good to have the professionals all in place so the child does not have to travel around. The Barnahus strengthens the professionals' competence and the coordination of their interventions. The disadvantages mentioned include insufficient capacity and long travel distances (when travel time is over three hours), unnecessarily large number of actors involved, and that the role of the Barnahus can be problematic.

The conclusion is that children who come to the Norwegian Barnahus receive better care than do children who are interviewed by the local police or in a district court. Coordination between the justice system and those who provide crisis support and treatment has increased. Increased competence in treatment providers and increased knowledge in members of the public are other effects.

The evaluation divided the operations of the Barnahus into three phases.

- Preparatory phase: Focus on coordination, risk assessment and identification of the needs of the individual child in preparation for the forensic interview. Three of the Barnahus hold case conferences. case conference
- Interview phase: The reception of children and their accompanying adult when they come to the Barnahus and forensic interview, including listening-in¹² ('dommeravhør').
- Follow-up phase: To be responsible for a cohesive chain of interventions for the child. Important factors include the needs of the child, what interventions the child already receives and what the child can be offered locally.

The degree of intensity in all three phases appears to vary from centre to centre. The outreach activities of the Barnahus and their function as centres of competence also vary from centre to centre. The financial circumstances and the local support provided by the police vary, which makes



it difficult to achieve the goal of all children having the same conditions and being treated in the same way. The staff at the Barnahus would like to see a different organisation, with stronger central direction and with social services and healthcare also represented in the steering group.

The staff would like to see an official forum in which staff from different centres could compare notes with each other. Also mentioned are a number of issues that need to be resolved on the national level. These include: that all children should have access to a Barnahus, that more children need to receive a medical examination, the need for common training and dimensioning of the operations.

The evaluators highlight the issue of the role of the Barnahus as centres of competence. Today, this is mainly a matter of external communications and case conference, and development opportunities, in which the Barnahus can develop and describe their operations, and function as centres of competence for each other on different issues, are recognized.

The evaluators maintain that the considerable differences between the different Barnahus need attention. It is a matter of differences in financial resources and staffing, and differences in approaches and routines. The evaluators suggest that a thorough evaluation of the resource allocation be carried out and that the feasibility of opening additional Barnahus be considered.

Clearer guidelines are needed as to what tasks the Barnahus should carry out for in the different phases. The aim is not to impose micromanagement but rather to ensure equivalent offerings throughout the country and better quality.

STARTING WITH THE UN CONVENTION ON THE RIGHTS OF THE CHILD

The UN Convention on the Rights of the Child applies for all children in Sweden.

The Convention contains four fundamental principles:

- No child may be discriminated against
- The best interests of the child are always primary
- The right to life, survival and development
- All children are entitled to be heard

Some of the articles of the Convention are particularly relevant for children suspected of having been subjected to criminal acts:

Article 1. A child: every human being under the age of 18.

Article 2. All children have the same rights and equal value. No one may be discriminated against.

Article 3. The best interests always primary.

In all measures involving children, be they taken by public or private social welfare institutions, the courts, administrative authorities or legislative bodies, the best interests of the child shall be primary.

The convention states shall ensure that institutions, services and establishments that are responsible for the care or protection of children meet the standards established by the relevant authorities, particularly as regards safety, health, staff numbers and suitability, as well as authorised supervision.

Article 12. The child is entitled to express his or her opinion in all issues that affect him or her.

When courts of law and public authorities handle cases that involve the child, the child shall be interviewed and the child's interests shall be primary. The child's right to freedom of thought, freedom of conscience and freedom of religion shall be respected.

Article 19. The child is entitled to be protected from physical or psychological abuse and from neglect or exploitation by his or her parents and other guardians.

Article 34. The child is entitled to protection from all forms of sexual abuse and from being exploited in prostitution and pornography.

Article 39. The child who has been the victim of neglect, exploitation, torture, armed conflict or other inhumane treatment is entitled to rehabilitation and social reintegration.

The UN committee on children's rights has criticised Sweden for differences between the municipalities' implementation of the Convention on the Rights of the Child and the social services' available resources for children exposed to risk.¹³

The four rooms of the Barnahus

One way to describe the Barnahus is that it has four rooms, each of which contains a particular operation. The operations referred to are criminal investigation, protection, physical health and mental health. The 'roof' consists of knowledge.

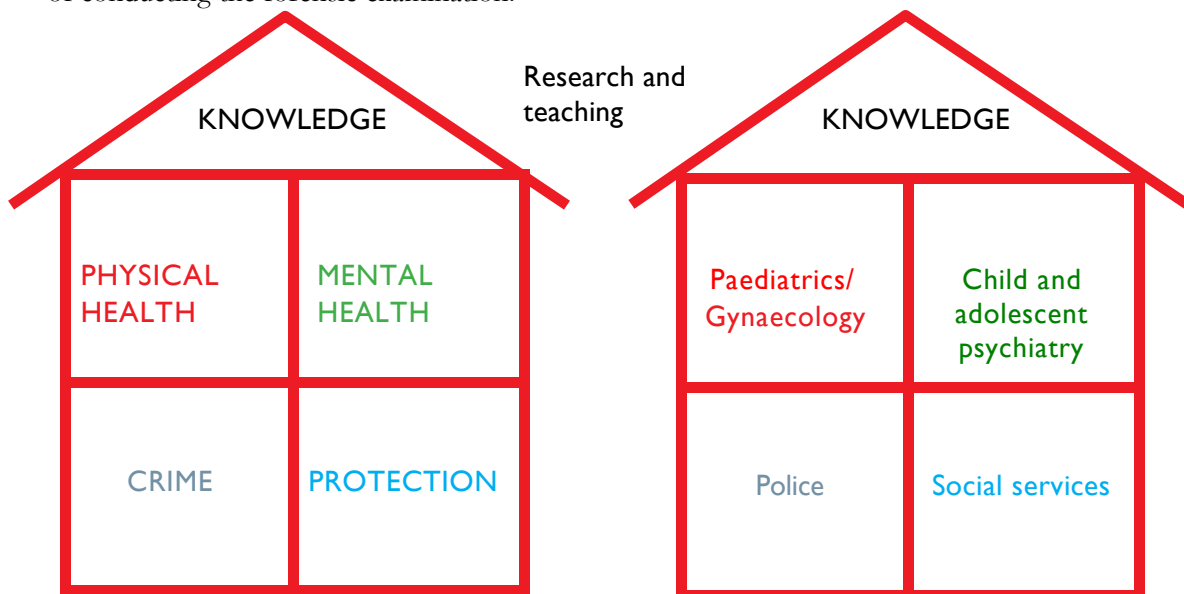
Model: In Sweden, different authorities have the primary responsibility for different 'rooms'. However, cooperation implies that the parties help one another, and the lines of demarcation are not always clear.

Criminal investigation: The police and the prosecution are responsible for the criminal investigation. Forensic medicine secures evidence upon request from the police or the prosecution; however, paediatricians, gynaecologists and other medical specialists participate and carry out the forensic medicine investigations. All of the other authorities are required by law to provide information when the police investigate violent or sexual crimes against children.

Protection: The social services have the primary responsibility for the protection of the child. All other authorities are required to report any suspicion of any circumstance in which the social committee should intervene to protect a child. The reporting duty includes an obligation to provide all the information that is needed in the child protection investigation.

Information: All collaborating authorities at a Barnahus have a responsibility to provide children with adequate information. However, the primary responsibility and the responsibility of coordination lie with the social services.

Physical health: Theoretically, healthcare is responsible for assessing the child's physical health and providing such care and treatment as may be needed. In practice, the child's physical health is barely even considered. When paediatricians participate in the collaboration, it is usually a matter of conducting the forensic examination.



The four functions of the Barnahus: four rooms, one model.

The social services' investigation of the care of the child includes an assessment of the child's physical health. Despite this, medical examinations are rarely performed. Sometimes, patient journals are requisitioned from healthcare, but they are often based on examinations with an entirely different focus (e.g., sore throat, or eczema) and the social services seldom possess the competence necessary to assess the journals.

Mental health: The Swedish model of the Barnahus places the main responsibility for the child's mental health on child and adolescent psychiatry (CAP).¹⁴ But the social services, too, have a responsibility. And it is precisely with regard to the initial crisis support that a boundary-setting problem often arises.

It is unavoidable that several authorities become involved and that they must cooperate with each other whenever there is a suspicion that a child has been the victim of a crime. Cooperation is difficult, however. Procedural rules, organisation and approaches can both promote and impede effective cooperation (see figure).

	Promoting factors (examples)	Impeding factors (examples)
Procedural rules	Regulations/routines that relate to cooperation. Structured run-through of rules, to identify rules that impede cooperation and to change them.	Different actors' sets of rules impede cooperation. Unclear instructions on how to deal with rule Incompatibility
Organisation	Clear objectives for collaboration. Properly functioning cooperation between the management functions of the administrations/responsible authorities.	Insufficient resources for collaboration. Organisational changes that are not communicated. Newly hired personnel not introduced into collaborative operations.
Approaches	Fundamental concepts are defined and understood in similar ways. Good knowledge of approaches taken by other actors.	A lack of respect for others' approaches. Some actor tries to persuade others that his or her approach should dominate the operations.

According to Bert Danemark, *Boken om Barnahus* [The book about Barnahus].¹⁵

Our method

With support from the Crime Victim Fund, Linköping University and Save the Children jointly carried out a quality review of the Swedish Barnahus in 2012. We took the initiative to the quality review, because we felt there was a great need to investigate the extent to which the Swedish Barnahus were living up to the requirements that define a Barnahus.

The investigation and the quality review of Barnahus in Sweden is the first of its type. It is significant, given that children who have been victims of child physical abuse or sexual abuse, or who have witness violence, need a professional and child-friendly reception, to avoid the risk of secondary traumatisation. The quality review is based on results of previous evaluations, but re-examines the content of the Barnahus operations in detail.

We took as our starting point the government's criteria¹⁶ and the manual for quality review that the US organisation for Child Advocacy Centres¹⁷ employs. The US Child Advocacy Centres and the criteria used there have served as the point of departure for the development of the Swedish criteria and the Swedish manual.

The purpose of the project was:

- to develop a Swedish manual for carrying out quality reviews of Barnahus;
- to secure support for the quality criteria among Swedish Barnahus;
- to assess the quality of Swedish Barnahus.
- Reporting of results: which centres meet the requirements? What is needed to meet the requirements?

From the Barnahus we collected written documentation referring to:

- cooperation agreements
- local guidelines and routines
- local evaluations
- Report on administration
- Communications

We visited every Barnahus for one day to view the premises and review the criteria with the staff of and representatives of the cooperating authorities.

The Barnahus that have been operating since 1 January 2011 were asked to participate in the investigation (see Appendix 1). One operation – the Gothenburg Barnahus – declined. The reason was that in 2012 the Gothenburg Barnahus underwent major changes: they rewrote their contract and planned to move to a new location. In Stockholm, the Barnahus wanted to participate in the study as a single operation with three locations (Västerort, City, and the police chief district of Västerort). As a result, the study came to include 23 operations and 23 locations.

The criteria we investigated are:

1. Organisation
2. Aims and target group
3. Environment
4. Co-planning
5. Pick-up and drop-off of children
6. Forensic interview
7. Medical examination
8. Crisis support and treatment
9. Follow-up
10. Barnahus as centres of competence
11. Assuring the supply of competence
12. Focusing on the child's best interests

Each criterion involves several components. The Environment criterion, for example, includes components such as suspected perpetrators not being on the site, the possibility of listening-in, safety and availability, privacy and sound insulation, child-friendly adaptation and the location of the Barnahus.

We distinguish between essential components and components associated with a points value. The essential components are components we ourselves have found must be met for the operation to live up to the name Barnahus, as defined by the responsible authorities. The components that carry points are those that we consider raise the quality of the operation, but that are individually not required for the Barnahus designation. A high points total implies that the operation meets a very high quality standard. A low point total implies that the quality of the operation needs to be improved.

Under every numbered heading in the results part, we have presented the results for the criterion in question and conclude with a brief summary and our recommendations. We did this so that the reader might be able to easily find the recommendations for each area. For example, if the reader is mainly interested in the environment in Barnahus, it is possible to read only that section. Under the final heading, Summary and recommendations, we present an overall analysis and highlight the areas most urgently in need of improvement on the national level.

It is important to stress that a Barnahus may have restricted operations (e.g., in that healthcare does not participate in the cooperation) but still maintain a high standard in the services it does provide. We have the centres if they provide crisis support, not what the quality standard of such crisis support is. We have asked if child forensic interviews are held in good time and by trained personnel, but have not examined the forensic interviews done.

In our contacts with the Barnahus we have encountered great dedication and a strong desire to develop and improve the centres' operations. Centre personnel invested energy and time to reply to our questions and we were consistently very well received during our visits.

The essence of our assessment has been to try to see the organisation, environment and activities of the Barnahus from a child's perspective, with the UN Convention on the Rights of the Child as the main focus. The Barnahus exist to serve the best interests of all children.



Results of the quality review

I. Organisation

Cooperation agreements

Smooth cooperation requires *direction on all levels of management*, particularly on the overall political and administrative levels. One key task facing the administrations of the collaborating agencies or authorities is to ensure that cooperation occurs and occurs smoothly, and to follow up and evaluate the operations. A clear structure for cooperation on the management level provides the provide conditions to reach the necessary agreements, including regarding *the sharing of responsibility, costs, coordinated follow-up and evaluation*.

A management-level contract/agreement - between the cooperating parties in the social services, the police, the public prosecutor's office, forensic medicine and healthcare - is an essential precondition of effective, appropriate collaboration. A cooperation contract/agreement should also be established between the actors on the steering group and working group level.

Most Barnahus include the participation of several municipalities. One of the larger municipalities will then have the main responsibility for the operations by providing staff and premises, while the others will pay in accordance with their size. The Värmland Barnahus, for example, involves 16 municipalities, and Karlstad has the main responsibility. The Västmanland Barnahus includes ten municipalities, and Västerås has the main responsibility.

Sixteen of the 23 operations (70%) have agreements signed by all four collaborating agencies (the police, the office of the public prosecutor, participating municipalities and county councils), while five others have cooperation agreements in which one of the four collaborating agencies is not represented. The Stockholm Barnahus has no cooperation agreement. The Malmö Barnahus has a cooperation agreement on the overall level. It concerns cooperation between municipalities and the justice system in many areas, and it is not possible to discern how the cooperation at the Barnahus should occur nor what the different agencies have committed to doing. Consequently we did not accept it as a Barnahus agreement.

Permanent staff

A function to *coordinate* the interventions of the various operations is needed so the parallel investigations do not interfere with each other. The task of the coordinator is to be the contact person for the cooperation partners and initiate the coordination and planning of the different actors' measures.

All of the Barnahus except Gotland have their own staff who are responsible for coordinating the operations. They are often called coordinators and are employed by the social services or by both the police and the social services. The position of coordinator is at least 50% of full-time. It is often combined with the task of coordinating the provision of crisis support to children and parents.

There are major differences between the different Barnahus as regards staffing. The Lund centre, for example, has four employees (one team leaders, two social workers and one administrative assistant),

whereas the Nyköping centre has only one part-time (50% of full-time) employee. It appears there is no connection between staffing and population served or between staffing and the number of reported crimes in the various centres' catchment areas.

Some of the centres have coordinators, from both the police and the social services, permanently based on site at the centre (Uppsala, Västerås, Gävle, Stockholm's northern suburbs [Sollentuna] and Eskilstuna). Moreover, several Barnahus police personnel have coordination duties at the centre but are physically based at the police department.

SUMMARY AND RECOMMENDATIONS

The essential organisational components are that a cooperation agreement, signed by all agencies, is in place, and that the Barnahus has personnel responsible for coordinating the various aspects of its operations (coordinators). The majority (87%) of the Barnahus have the essential components. The quality of and the content of the cooperation agreements vary significantly. We have identified at least 18 points that should be included in the cooperation agreement. Among the 23 Barnahus, the number of points contained in the agreement varies from zero to 18; on average, the centres' agreements contain 12 of the points.

Agreement contents:

Management-level agreement
Steering-group agreement
Working-group agreement
Covers objectives and target group
Covers financial responsibility
Covers the coordinator's authority
Covers the contributions of the police
Covers the contributions of the office of the public prosecutor
Covers the contributions of the social services administrations
Covers the contributions of physical healthcare
Covers the contributions of mental healthcare
Covers activities shared by entire team
Covers follow-up and reporting
Has a finite duration
Has an extension clause
Dispute clause
Skills development
Responsibility for competence

GRADED COMPONENTS contain written administrative guidelines and the opportunity for team members to provide feedback and suggests for the Barnahus's operations and routines. This allows scope for considerable improvement. At several Barnahus, the coordinator's role needs to be clarified and described. Informal routines for feedback from team members from the cooperating agencies should be formalised.

We perceive major advantages in the model of having coordinators from both police and social services.¹⁸ Such direct connections with the police and the social services makes it more feasible to have an overview of and to coordinate the operations.

At several sites, the coordinators work alone. During our visits to the Barnahus we have understood that working alone as a coordinator can be highly stressful. The duties are unique and it is difficult to solicit support from colleagues or supervisors, who do not fully understand what the coordinators do. Our recommendation is therefore that there should be at least two coordinators, or that coordinators should establish a permanent coordinators' network, so that coordinators from two or more geographically close Barnahus can have common guidance and supervision, work together and compare notes.

2. Objectives and target group

TARGET GROUP

In the national criteria for Barnahus, the target group is defined as follows:

The Barnahus' target group consists of children suspected of having experienced physical abuse and other violent crimes under Ch. 3 of the Criminal Code (crimes against life and health), unlawful deprivation of personal freedom, trafficking, unlawful duress, unlawful threat, harassment and other crimes under Ch. 4 of the Criminal Code (crimes against freedom and peace), and about whom investigations have been commenced simultaneously by the social authorities and by the public prosecution office and the police.

Rape of children, sexual abuse of children, sexual duress, rape, the purchase of a sexual act from a child, and other crimes under Ch. 6 of the Criminal Code (sex crimes).

Female genital mutilation under the Act (1982:316) prohibiting genital mutilation of women.

The aforementioned crime types include crimes motivated by honour.¹⁹

Six of the Barnahus (26%) have the same target group as in the national criteria. A further 14 centres (61

%) have a target group that is essentially identical to it. Three centres (13%) limit their target group sharply by eliminating certain types of crimes or age groups. The centres that sharply limit their target group - for example, by wholly excluding the 15-18 age group - have not been considered to meet the necessary component.

The social services do not automatically initiate an investigation to identify a child's need for support and rehabilitation. This often applies, for example, if there is a guardian who can protect the child and is not suspected of having committed a crime. However, the exposed child and his or her family may still have just as great a need for proper reception, support and treatment.

A limitation of the target group makes it difficult to gain an overview of how many children and adolescents who do not come to the Barnahus even though they have been exposed to crime, and also precludes any follow-up of this group. There is a risk that they are rendered invisible, fall between the cracks and are left without the support that society can offer.

Trafficking is included in the target group that the Government formulated. Few Barnahus report experience of children subjected to trafficking, but many say they would participate in the target group if a report came in. The question is, however, if there are routines to ensure that the children suspected of having been exposed to trafficking ever come to the centres. Children who have been exposed to commercial sexual exploitation can wind up under various crime classifications. Purchase of a sexual act from a child, use of children for sexual posing or child pornography are crime classifications that do not automatically lead to Barnahus. Behind these crimes in a report there may be human smuggling. The crime may then be investigated at a site other than a Barnahus, particularly if the victim is over 15 years of age. At the centres at which the target group has been restricted to crimes occurring within close relationships, a large proportion of the children who have been subjected to sexual abuse via the Internet are also excluded.

The Barnahus receive quality points if they include children living with violence in the family (witnessed violence, directly or indirectly) and if the collaboration also includes children who are young offenders of sex crimes.²⁰

Four operations (17%) include both children who experience violence and young offenders in their target group. A further nine (39%) include one of the two groups in their target group. Ten operations (44%) have none of the groups in their target group.

Of the operations that include young offenders in their target group, some receive them only for forensic interview, while others provide both coordination of interventions and therapeutic interventions.

The existing operations for children who have witnessed violence may be divided into:

- Forensic interviewing of children who have witnessed violence.
- Crisis support for children who have witnessed violence in the family.
- Consultative meetings and co-planning between agencies.

Crisis support for the children who have witnessed violence is the most common form of operation.

Most Barnahus report that they hold forensic interview with children who have witnessed violence - regardless of whether they are part of the official target group or not. However, they also report that it is quite rare that they carry out forensic interviews with children who have witnessed violence. Several public prosecutors claim that they prefer not to hold forensic interview with the children because it is difficult for them to 'be forced to choose between their parents.'

Case conferences/co-planning occurs extremely rarely regarding children who have witnessed violence regardless of whether they are in the centre's target group or not. Some centres report that they have held case conferences occasionally, but that this is an exception. It is only when there is suspicion that the children have also been subjected to physical abuse and are therefore plaintiffs themselves that they become the object of co-planning.

Case conferences should also be held regarding children who have witnessed violence. They can be interviewed by the police (even though they seldom are) and they have the same needs of protection and support, as do other crime victims. The difference is that they are not plaintiffs. When the focus of co-planning is on the initial child forensic interview and picking-up of children with a special representative, they fall outside the framework.

There is no clear connection between how much or what operation that children who have experienced/witnessed violence are offered at Barnahus and if they are part of the official target group. Some centres include the children in their target group but have very few operations for them; other centres do not include them in their target group but do receive them in their premises when they are to be heard as witnesses.

When children outside the target group who have a need for it are heard at the Barnahus, this creates points. In two operations (9%), all children who are suspected of being victims of crime or having witnessed crime are heard at the centre even if they do not fall into the target group. This implies that even children who do not fit the target group will come to the centre to be heard, but they do not receive the coordination services or crisis support.

In 12 operations (52%), children outside the target group are heard at the Barnahus if they are believed to have need of it. So, for example, young people with developmental disorders who are in need of a safe environment are heard there.

Nine operations (40%) hear only children in the centre's target group.

PROMPT INVESTIGATION²¹

Under Section 2, first paragraph, of the Proclamation on Preliminary Investigations, whenever there is suspicion that a child has been subjected to a crime, the preliminary investigation shall be carried out especially promptly:

- if the crime was directed against the plaintiff's live, health, freedom or peace and
- the crime carries a sanction of over six months' imprisonment.

The preliminary investigation must be concluded and a decision made regarding the question of indictment as soon as possible and not later than within three months after the point at which there is reasonable suspicion that a certain person has committed the crime. Both the National Police Board and the Prosecution Authority recommend that an initial child forensic interview be held not later than within two weeks after the preliminary investigation has commenced.

Does the Barnahus live up to the requirements of promptness?

Nine of the operations (40%) themselves report that they live up to the requirement of promptness. Seven (30%) report that they uphold the two-weeks time limit for forensic interviews but are not able to meet the three-months limit. Seven of the operations (30%) have significant problems meeting the deadlines, causing shortcomings in the quality of the collaboration and negative consequences for children and families.

We made a comparison with nationwide statistics on the extent to which the country's public prosecution offices meet the deadlines for crimes against children (see Appendix 2).²² The comparisons include all violent crimes and sex crimes against children from 0-17, whereas most Barnahus have a narrower target group. Several of the public prosecution offices have several Barnahus; some have both Barnahus and areas that have no Barnahus, making comparison more difficult. In future it would be desirable to have statistics that are congruent with the Barnahus' catchment areas. This is necessary to follow how a Barnahus follows its official assignment as regards target group, prompt attention and outcome of interventions such as support and treatment.

According to the Swedish Prosecution Authority, prosecutors meet the established deadline (90 days) in 64% of the cases.²³ This applies to all violent crimes and sex crimes against children (0-17 years of age). The allowed time period starts when there is someone under reasonable suspicion of having committed the crime, and ends when a decision has been made in the question of indictment. But again, there are significant differences throughout the country (see Appendix 2).

The public prosecution offices in Sweden that are the worst at meeting the deadline are:

Falun, which meets 42% (Dalarna Barnahus)

Södertörn, which meets 42% (the Huddinge/Botkyrka Barnahus and Barnrättscentrum Handen), Södertälje and Salem municipalities (in which a Barnahus has opened, but it is not included in the quality review)

Kristianstad, which meets 48% (Nordöstra Skåne Barnahus)

Norrköping, which meets 49% (no Barnahus)

Borås, which meets 52% (no Barnahus)

Kalmar, which meets 54% (no Barnahus)

In Falun, Södertörn, Kristianstad and Norrköping, the centres could not meet the deadline in even half of the cases.

Nationally, the public prosecutor's offices that are the best at meeting the deadlines are: Helsingborg, which meets 80% (Södra Skåne Barnahus) Jönköping, which meets 80% (no Barnahus)

Östersund, which meets 79% (no Barnahus)

Uddevalla, which meets 77% (Trollhättan Barnahus) (Trollhättan, Vänersborg and Lilla Edet), but also a number of other municipalities: Åmål, Strömstad, Lysekil, Mellerud, Bengtsfors, Färgelanda, Dals-Ed, Tanum, Munkedal, Sotenäs, Orust, Tjörn, Stenungsund and Uddevalla)

Uppsala, which meets 75% (Uppsala Barnahus) Skövde, which meets 75% (no Barnahus)

There is no clear connection between short processing times and the existence of a Barnahus. Public prosecutor's offices with Barnahus are among those with the fastest investigation times in the country, but they are also among those with the longest processing times.

The centres that succeed in investigating the crimes in time report that this yields enormous advantages for the children, the parents and the professionals involved. The staff find that the children are more frequently able to talk about the crime during the forensic interviews and that it is much easier to protect them.

Several of the centres have as a goal to be able to take care of large parts of the investigation within one day. To prepare for the forensic interview with the child, personnel from the child's school or preschool and other adults close to the child are interviewed. The child is usually interviewed in the morning. An addition officer and a prosecutor are present in the listening-in room. The prosecutor can immediately order that a suspect be brought in for questioning. The prosecutor will often want to question both parents, even though only one of them is a suspect. The police officer present in the listening-in room knows what the child has said and can interrogate the adults.

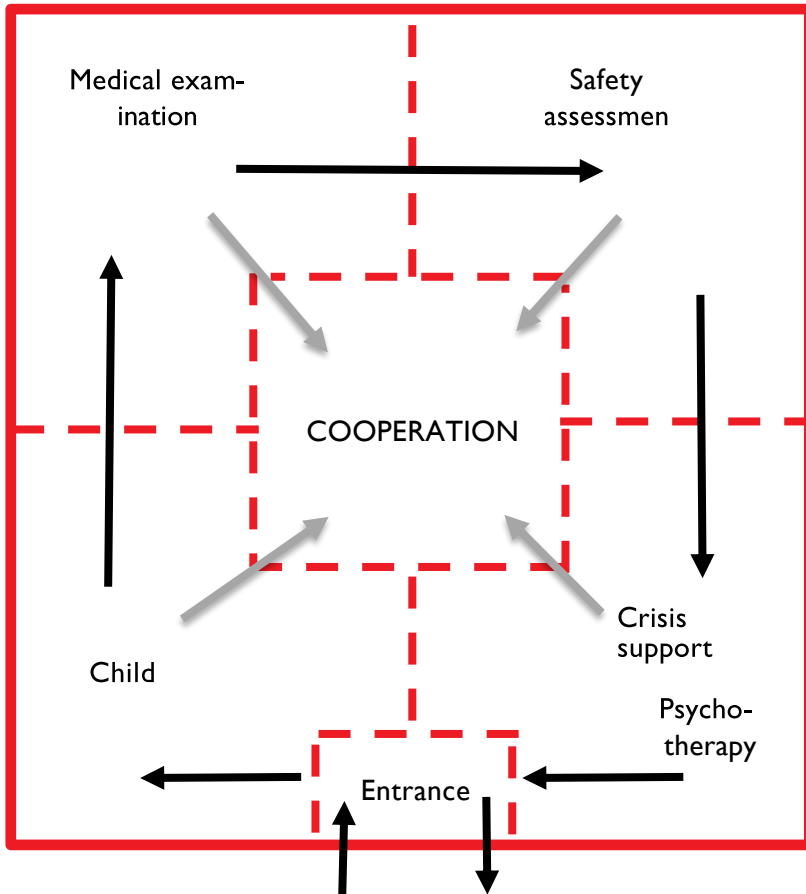
The investigating social services and any treatment personnel who may be involved are also present in the listening-in room. They step in immediately following the police hearing. They make their protection assessment and converse with the parents directly following the police hearing of the parents. Can the child be safe at home? Can the person suspected of a crime be kept away from the home so that the child can go home? The social services are present if the child is to meet its parents and go home with them. If this is not possible, the child is immediately placed in a family shelter.

Lisa²⁴ has stated at school that her father beats her. The school notifies the social services, which in turn make a report to the police. A few days later, Lisa is picked up at school. Together with a special representative, Lisa and her teacher go to the Barnahus. A police officer questions Lisa. The teacher sits in the waiting room.

Another police officer, a prosecutor, the special representative, a social worker and a psychologist

from CAP are present in the listening-in room, following the interview. Lisa reports several occasions of physical abuse, including that she was beaten on her back with a belt. Lisa says her father also beats her mother and that she tries to stop the father from hitting Lisa.

The prosecutor immediately directs the police to bring the father in for questioning, and that the mother must also be questioned, as a witness. The prosecutor decides that the forensic investigation that has already been prepared shall go ahead.



6. Flow chart illustrating a child's path through the Barnahus

After a break for juice and a sandwich, Lisa accompanies the teacher to the doctor's office. There Lisa is examined and the doctor finds the marks on her back that Lisa says come from the belt. The police and the prosecutor are informed immediately.

Lisa's mother confirms what Lisa has described. She also makes a report on the physical abuse to which she herself was subjected.

The police officer that followed Lisa's forensic interview by listening-in is the one who will then interview the father. He partly concedes physical abuse of Lisa and the mother. He is arrested.

The social services speak with the mother and Lisa, individually and with both together. They consider that Lisa is safe with her mother now that the father has been arrested, but that both of them require a great deal of support. Lisa is tired and wants to go home, but Lisa and her mother must still stop by the psychologist at CAP, and they make appointments for sessions later in the week.

Lisa and her mother go home together.

When the police and the prosecutor fail to get an investigation done in time, the situation looks totally different.

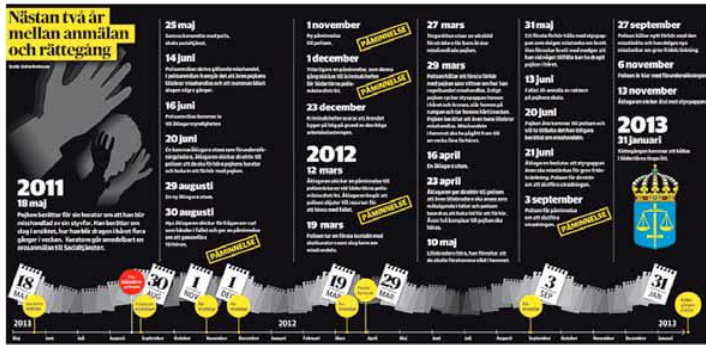
When the police succeed in prioritising the forensic interview of a child within two weeks but are unable to interrogate the suspected parent in conjunction with that, problems arise. The parents are informed that the child has been interviewed, but are not told why. They often receive the advice to refrain from talking with their child. The social services point out how difficult this makes their work. They must then investigate the child's needs but are forbidden from speaking openly with the parents. They are often indignant and concerned, and they feel that the parents close ranks and are unwilling to let the social services in.

Tim²⁵ has stated at school that he gets beaten at home. He is picked up by a special representative and is interviewed by the police. After, the police call his home and tell the parents that Tim has been interviewed. The social services, too, speak briefly with the parents and make an appointment for later in the week. They urge the parents not to pressure or query Tim. Tim returns to school and goes home as usual. Not before two months after, the parents are called to a forensic interview.

At the Barnahus with the longest wait times, it is rarely possible to allocate times for forensic interview of the child during the case conference. This implies that the social services must initiate their investigation and speak with the children and the parents. They feel their hands are tied, in that they do not feel they can talk about the police report. They are also afraid that their own investigation will sabotage the preliminary police investigation. Sometimes, they have already concluded their investigation by the time the police call the child to be interviewed. In such cases, the social services are often absent from the listening-in. At several of the Barnahus with long processing times by police and prosecutor, the staff brings up their concern that they may actually be worsening the child's situation. They find it hard to see the police report has any positive effects or is in the best interests of the child.

When the investigation and the forensic interview of the child are delayed so much that the social services' investigation is done before they begin, the police must consider making a new report to the

social services. The information from the forensic interview of a child may provide a foundation for the police to make a report to the social services, so they may investigate the child's need of support and protection. It is our impression that this is rarely done. The Barnahus should have routines in place for making a report to the social services and for the sharing of information throughout the period during which they are in contact with the child and the family, not only in connection with the police report.



7. Excerpt from the Swedish daily Dagens Nyheter, 7 January 2013

In an article published in January 2013, Dagens Nyheter described how the police and the prosecutor in the Stockholm suburb of Södertörn handled a case of suspected child abuse. It took almost two years between the report and the trial:

SUMMARY AND RECOMMENDATIONS

An essential component as regards Objectives and target group is a target group that is largely in line with the national criteria for Barnahus. Twenty (87%) centres have that.

We see a number of problems with the target group that has been established in the government's criteria.

Restricting the target group to cases in which parallel investigations are initiated by social authorities and by the police and the prosecutor excludes the children who are not being investigated by the social services. They do not benefit from the child-adapted environment, the crisis support or the interventions that the Barnahus offers. Often, however, the need for such supports is there.

Quality points are given if children who have witnessed violence and young offenders are included in the target group, if the centre accepts children outside its target group and if the police and the prosecutor live up to the requirement of prompt processing.

While children who have witnessed violence are to be considered victims of crime, in practice they do not have the same rights and opportunities, as do other crime victims. Owing to the fact that they are not injured parties, the police rarely interview them and their opportunities to obtain compensation for crime are made more difficult. Co-planning between the agencies involved is extremely rare. Children who have witnessed violence require attention to a considerable greater extent. Giving them the status of plaintiff would give them an unquestionable place in the operations of the Barnahus.

We propose that the target group of Barnahus be extended so that all children who are to be interviewed by the police are interviewed at a Barnahus. Co-planning of forensic interviews,

medical examinations, crisis support and treatment should be done at consultative meetings, even if the protection requirement has been satisfied. There is also a need for a system for guaranteeing that the children who have been exposed to commercial exploitation, sexual or otherwise, may come to the Barnahus and are eligible for the coordination, training child forensic interview leaders and support and treatment.

Prompt investigation is critical for the child and is absolutely essential for the success of the cooperation that is supposed to take place within the Barnahus. However, 60% of the operations have difficulty living up to the requirement of promptness. At the centres that fail to investigate promptly, all available resources should be applied to address the situation.

3. Environment

AN ENVIRONMENT OUTSIDE THE POLICE BUILDING PROTECTED FROM SUSPECTED ADULT PERPETRATORS

The environment at a Barnahus should be physically and psychologically safe. The Barnahus should be built to preclude, as far as possible, encounters between victims and their identified abusers. A police building is not an appropriate environment for a Barnahus: the whole idea is to remove children from the police building.

Fifteen of the Barnahus (65%) have not operations for adult perpetrators on their premises.²⁶

Six operations (26%) admit adult perpetrators to their premises but ensure that they do not come into contact with the children who come to the centre. Suspected perpetrators are present on the premises because they receive various supportive interventions or because they are offered an appointment so they can come and view the premises where their child has been interviewed and receive information. The usual situation is that the visits are scheduled when child are not present on the premises, that they have a different entrance, or are received in a separate part of the premises. This can entail considerable scheduling challenges.

At the Malmö Barnahus we noted that the separation between children and the adult perpetrators in insufficient because the operations for violent men have the same entrance and the same premises as do the operations for children. No effort is made to schedule their appointments at different times. In Trollhättan, the Barnahus is inside the police building. The Trollhättan Barnahus shares its entrance with the rest of the police building, and the large waiting room for members of the public is in full view from the entrance. Adults wanting to report a crime, or adults who are to be interviewed, wait there. The Stockholm Barnahus has one of three premises in the Solna police department building, but since the other two clearly separate children and adult perpetrators, and moreover suspected perpetrators are not present in that particular part of the building, there is some doubt as to whether Stockholm meets that criterion.²⁷ This implies that two operations (9%) do not achieve the necessary component.

PREMISES PERMIT LISTENING-IN ON THE CHILD FORENSIC INTERVIEWS

One of the primary purposes of the cooperation that occurs in the operations of the Barnahus is to save the child from having to tell his or her story on several occasions and to several individuals, as that can result in secondary traumatisation of the child. Another important purpose is to enable the police and the social services, with the support of child and adolescent psychiatry, to immediately conduct a risk and protection assessment.

An effective solution that takes the child's needs into consideration is the so-called listening-in. Listening-in means that the various professional who need to hear the child's story follow the forensic interview on a monitor in an adjacent room (a listening-in room). This method gives all of the professionals involved an opportunity to have supplementary questions posed to the child, which facilitates the assessment of their various contributions. With this method, the child does not have to repeatedly describe the events for various individuals on various occasions.

All of the operations have premises that permit listening-in on forensic interviews.

The forensic interview rooms are usually planned and furnished in the same way. Two armchairs placed an angle to each other, often with a fur throw over the armrest of the seat that is for the child. Discreet cameras that permit recording and listening-in. Few or no decor items or toys, to avoid the chance the child will become distracted during the forensic interview. Usually floor-length draperies and curtains, both for privacy and to provide sound insulation and improve the sound recording.



Västerås forensic interview room.



Västerås listening-in room.

The listening-in rooms are more dissimilar: they are not identical in terms of furnishings and size. However, all Barnahus have listening-in rooms. IT is possible for several categories of professionals to follow the child forensic interviews in real time and, consequently, quickly make assessments and make decisions.

Some centres have several listening-in rooms. One of the sites of the Stockholm Barnahus has a different model for listening-in: a public prosecutor and a police officer occupy one room, while other professionals occupy another. The argument given for this set-up is that the police officer and the public prosecutor can then discuss between themselves without jeopardising the secrecy required during the preliminary investigation process. A counterargument might be that that would imply that it could reduce the cooperation of the police and the prosecutor with the other agencies.

SAFETY AND ACCESSIBILITY

The Barnahus must be physically safe and the safety must be adapted for children of all ages. Children should always be under supervision through the design of the premises or in that personnel and/or an accompanying support person is present. The Barnahus must also be accessible for children and adults with functional impairments.

Most of the operations have a high standard of quality in terms of safety and accessibility. There are some exceptions - for example, premises that lack disability washrooms or where there are stairs without a ramp or elevators, which makes it impossible for someone in a wheelchair to access the premises. The Uppsala Barnahus and one of the sites of the Stockholm Barnahus has limited accessibility; however, at both places they are planning to move to new premises. At a few Barnahus there are alternative entrances or disability washroom in another part of the building. At the Lund Barnahus it is difficult for a person with mobility issues to get to conference rooms on the upper floor; however, the spacious premises make it possible to select conference rooms on the lower floor.

PRIVACY AND SOUND-PROOFING

In order for the operations of a Barnahus to function, it is important that waiting rooms and rooms for case conferences, case discussions and family interviews are separate and private. Nor should neighbours or adjacent operations disturb the centre's operations.

Sixteen operations (70%) have waiting rooms and rooms for case conferences, case discussions and family interviews that are separate and private. Seven (30%) have private, separate areas for certain purposes but not for all. It can be a matter of defective sound insulation, or simply that there are too few rooms. No operation has difficulties so great that we believe secrecy cannot be assured.

Many of the Barnahus report that they initially had problems with sound insulation. The forensic interview rooms are particularly sensitive as sounds from outside can potentially distract the child and worsen the quality of the recording. By adding additional insulation and through building on additions to the premises, they have often succeeded in resolving the difficulties, but not always. There are some centres at which the poor sound insulation is a real problem in their day-to-day operations. The staff must either avoid talking in the corridors or schedule different activities so that they will not disturb each other.

At the centres that provide neither crisis support nor medical examinations, the premises are often small. At several sites (e.g., Södra Roslagen Barnahus and Nyköping children's advocacy centre) the waiting room is directly inside the entrance door, so visitors must pass through it when they arrive or leave. This implies that children who sit there are relatively exposed and the staff has to plan carefully to ensure that the professionals arrive a little before the child.

At sites that only provide child forensic interview, it is usually only one child or one sibling group that comes to the Barnahus. There are never unknown people waiting in the waiting room. This implies that small premises with less private waiting rooms can work. If the centre also provides medical examinations and crisis or therapeutic services, the requirements on premises become entirely different. The same applied to the centres that have several forensic interview rooms.

The more extensive Barnahus require several waiting rooms, conference rooms and examination rooms.

When there is a shortage of separate, private areas, the normal day-to-day operations require considerable planning and scheduling. It can be particularly sensitive in cases of children who come to be interviewed without their parents' knowledge. In such cases it is not acceptable that they might run into a child or adult who they know socially. The children who come back for crisis support or treatment are in a different situation: they and their parents have themselves chosen to come.



The waiting room at the Lund Barnahus

Several of the Barnahus have premises that are in need of expansion, partly because the operations there have grown.

Some of the centres are housed together with other operations in the premises. Such situations often involve support to adults (mainly women) who have been exposed to violence and children who have witnessed violence, or children participating in various forms of support groups. It is also relatively common that the premises are used for supervision of personnel in training.

Child forensic interviews are often held in the morning. Holding child forensic interviews in the afternoon makes it difficult to get the day's work done before preschool and school dismissal times, when staff need to go home. The accompanying support persons often need to go home at the end of their working day. This implies that it is acceptable to use the premises for other operations in the afternoons and evenings.

During our visits to the Barnahus, centre personnel point out both advantages and disadvantages of sharing the premises with other operations. Desolate empty premises with much work being done alone are not good. When the permanent staff consists of only one person and the operation consists primarily of child forensic interviews and consultative meetings, the premises easily become empty. Sharing with other social service operations brings coordination gains and sometimes reduced vulnerability to sick leave and vacation absences. It also fills the premises with activity. But the other operations can also interfere.

Barnahus are found in all kinds of buildings. The Malmö Barnahus, the Trollhättan Barnahus and the Stockholm Barnahus have their premises in police buildings. Linköping Barnahus is in an old day-care centre, while the Lund Barnahus is in an old children's home. The Stockholm Barnahus and the Huddinge/Botkyrka Barnahus have their premises in apartment buildings. The most common situation is that the Barnahus are housed in multi-storey buildings with many other tenants: neighbours might include businesses, social service operations, medical clinics, dental clinics, and Swedish as a Second Language training operations.

We find that the requirement of privacy can be met in various ways. That the Barnahus is in its own building with a discreet, dedicated entrance, has major advantages; however, visitors can also be anonymous in buildings with many different operations and a lot of people moving around. No-one knows where in the building they are headed.

CHILD-FRIENDLY ENVIRONMENT

The exterior of the Swedish Barnahus is rarely child-friendly. The American and Icelandic versions are often housed in freestanding buildings that look like large houses. The exterior is designed to look more like a home than a public building. That is not the case in Sweden. Most Barnahus are in buildings that are reminiscent of public buildings or large office towers (see figure 3, 10-12). A few are in multi-dwelling buildings or in former day-care centres or children's homes. None of the buildings was designed or built specifically to be a Barnahus.

The centres' furnishings are adapted for children, but the amount of materials and toys that can be found in the centre varies considerably. At many sites it is easier to associate the furniture and colours with a public-sector environment for adults (hospital, social services, etc.), than with a home or a place that welcomes children.

At many sites, the environment is adapted to the needs of younger children - teenagers might feel less comfortable. Presumably this reflects the fact that it is mainly younger children who come to the Barnahus: in many communities, a large proportion of crimes perpetrated against teenagers are investigated outside the Barnahus.



Lund Barnahus, in a former children's home.



Trollhättan Barnahus, in a police building.



Gävle Barnahus, in an older apartment building.

Surely it is worth asking what it means for the children if the environment is an adult-type environment or one that is clearly meant for children. The idea of a child-friendly environment is that children should be made to feel safe and welcome. Not that they are temporary guests in the adults' legal process.

DISTANCE AND TRAVEL

With a few exceptions, Barnahus are located very centrally in the main city or town of the catchment area. This does not mean that they are close for everyone. Children, parents and social services in the most remote municipalities may be faced with long distances. This becomes particularly clear with centres with large geographic catchment areas, such as the Värmland Barnahus (in Karlstad) and the Dalarna Barnahus (in Borlänge). Some Barnahus are in sparsely populated areas with large geographic distances. This entails long travel distances to the remotest municipality. It is worth noting, however, that the distances in such sparsely populated areas are great regardless of whether there is a Barnahus there. People must get themselves to the central town, at which the police, the public prosecutor and a hospital are located.

Teleconferencing is a way to organise a consultative meeting with the social services when they are located far from the Barnahus - travelling several hours to participate in a consultative meeting of, say, 20 minutes' length is not an efficient use of the time. What is lost is the personal interaction between the employees. During our visit, centre personnel stress that it is easier to work with someone when you know the other person, but that if you have met each other a few times, the phone method can be a viable alternative. In some places, even the public prosecutor's office is located some distance away. For the Trollhättan Barnahus, the public prosecutors are in Uddevalla. There, the prosecutors sometimes participate by phone. At the Södra Roslagen Barnahus, the prosecutors are in Sollentuna. There, the social services, the police and the coordinators travel to the Sollentuna Barnahus for consultative meetings, so that the prosecutors and healthcare personnel can participate.

During our visits to centres, centre staff point out that travelling in to the Barnahus is worth it. In the sparsely populated areas and in small towns where everyone knows everyone, it feels more anonymous to travel to the central town. It counteracts the spread of rumours. There is also more specialist expertise there than locally. The child comes to a forensic interview and a medical examination a few times - also in these cases the trip is not so burdensome. As regards crisis support and treatment, on the other hand, children and parents can come many times, and it may be warranted to see if it is possible to arrange it closer to the child's home.

It is worth stressing that the idea of the Barnahus does not prevent the adults/professionals from going to a place closer to the child, but the reason for doing so must be that it is in the child's best interests, not that it makes it easier or more practical for the professionals. Portable recording equipment can be considered if there are sufficiently suitable premises in which to interview the child in locally. If it is too far for the child and his or her family to travel for treatment, there is the option of providing support closer to the child.

SUMMARY AND RECOMMENDATIONS

A necessary component as regards environment is that the Barnahus is built so as to preclude, as far as possible, encounters between victims and their identified abusers. Twenty-one of the centres (91%) live up to this. The premises must also permit listening-in on forensic interviews of children, a requirement that all of the centres satisfy.

Quality points are awarded for a number of components that involve the opportunity for listening-in, safety and accessibility, privacy and sound insulation, child-friendliness, and distances and travel times.

The environment inside the centres is often of an extremely high quality, with well-designed planning and clear child-friendliness. The shortcomings that exist concern primarily sound insulation and privacy. The sound insulation is definitely a key factor to think about during the planning of new premises. Some of the centres also have environments that are more geared to younger children than to teenagers.

The external environment has major shortcomings: the Barnahus are usually housed in large apartment buildings or large public structures. None of the premises was built specifically to serve as a Barnahus.

With a few exceptions, Barnahus are located very centrally in the main city or town of the catchment area. Children, parents and social services in the remotest municipalities can still have long travel times, which can require adaptations of the operations.

4. Co-planning

CO-PLANNING AND CASE CONFERENCE

The operational hub of the Barnahus is the co-planning and coordination that takes place between the agencies. Much of the co-planning takes place at so-called consultative meetings. However, the term ‘consultative meeting’ is used for various types of meetings with varying purposes, and therefore needs to be defined. In our understanding, the term is used for at least three different types of meetings.

PLANNING CASE CONFERENCE

Planning case conferences are a type of meeting held to collaboratively plan and coordinate interventions. This implies that those who participate need to know what child the meeting concerns. When the consultative meeting is over, everyone knows who is doing what and when they are doing it. This implies that, for example, an appointment for a child forensic interview is made when everyone involved can participate in the listening-in, that the child pick-up and that time is allocated for risk and protection assessment, as well as for crisis support.

The planning case conference also involves agencies exchanging the information they need to plan and individualise the events that are to take place. Does the child have special needs? Who is the guardian? Has the child gone to a healthcare provider for injuries? Are there prior reports? Is the child currently a client of CAP and of the social services?

Co-planning and coordination of interventions takes place at an after-meeting directly following the child forensic interview. Those who participated in listening-in collaboratively agree on how the ongoing work is to be coordinated. Planning case conferences are usually held as part of the initial investigation, but can also be held on several occasions, to coordinate what the various agencies do. In the remainder of this report, it is planning case conferences that we are referring to, unless we specifically state otherwise.

At some Barnahus there are special treatment case conferences at which the social services and CAP coordinate their efforts without the presence of the justice SIDE.

CASE CONFERENCES

‘Consultative’ implies that a case is discussed anonymously. One of the participants describes a case without naming the child’s name and the other participants use their knowledge to give their views and advice on the handling of the case. The typical example is that the social services describe a case to elicit views as to whether or not it should be reported to the police. At one of the Barnahus sites, consultative meetings make up the majority of the meetings that take place.

It often happens that the case is initially presented anonymously and that during the course of the meeting it is decided that it should be reported to the police and the secrecy is then dropped. At other times, the meeting participants might go back to their workplace and submit a police report later. Both of these methods restrict opportunities to coordinate and co-plan.

Barnahus often report having gone from having a large proportion of consultative meetings at the start of their operations, to having an increasing proportion of planning meetings. The consultative meetings are a way to achieve common frames of reference and greater understanding for each other’s work and perspectives.

Some Barnahus have decided to keep their consultative meetings anonymous vis-à-vis healthcare. This implies that the police, the public prosecutor and the social services co-plan and coordinate their efforts, whereas CAP and paediatricians listen and act as consultants with regard to children in general. They do not know what child is affected by the consultative meeting and cannot contribute information about the individual child.

In practice it is surely in only a very few cases that social services or healthcare require the views of the police or the public prosecutor as to whether or not the case should be reported to the police. The assessment and the decision is always that of the person making the report and the police perspective is naturally mainly whether or not the event in question is criminal and whether or not it has exceeded the statute of limitations. Violent crimes and sex crimes are to be reported to the police in most cases. In the exceptional cases in which it would not be in the child's best interests to make a report to the police, an experienced senior social worker or CAP may have more to bring to the assessment.

On the other hand, it may be helpful to get views as to how the handling in connection with the police report should be managed - particularly if the participants are unused to dealing with cases involving violence. What should be said to the child? When should the parents be informed? What information has to be included in the police report?

There is a risk that consultative meetings on the question of whether or not to make a police report will prolong the handling of the case. A police report is done during or after a consultative meeting, rather than when the suspicion of a crime arises. For a child who has said at school that he or she gets beaten at home, a few weeks' additional wait is an unnecessary burden. This also implies that the crime is more difficult to investigate and, eventually, that the chances of resolving the crime are reduced.

At several Barnahus, the public prosecutors clearly communicate that they prefer not to participate in consultative meetings. They do not want too much prior information about the suspected crime or about the family, and consider that all suspected crimes should be reported to the police.

Case conference with cooperating partners, schools and preschools do not only take place in the form of consultative meetings. The coordinators often conduct many of their case conferences by phone. In Malmö, the police have a special phone line people can call for advice about making a report to the police of suspicion of a crime against a child.

Consultative meetings are an important way to spread knowledge and can be extremely meaningful; however, this does not involve much co-planning. For this reason, we discuss them in the section that deals with Barnahus as centres of competence.

FOLLOW-UP MEETINGS

Following-up meetings are not primarily for co-planning, but are rather a way for the participants to learn from a concluded case. Follow-up meetings usually occur when there is a sense that something went wrong or that something was missed.

Results of co-planning

We have assessed that 11 of the operations (48%) have clear-cut and consistent routines for ensuring a particular child's case receives attention. This implies that they can clearly report on how they become aware of children, via the social services and via the police, even as regards acute cases and reports received on weekends or outside of normal office hours

Nine (39%) have clear routines in place, but they are not always followed, or they do not apply to all children. For example, it may be the case that acute cases sometimes fall through the cracks or that routines are new have do not yet function fully or in all of the municipalities in the catchment area.

Three of the operations cannot report any clear routines: the way in which cases are brought to the Barnahus varies from case to case.

A good example is the Malmö Barnahus, which has spent considerable effort on creating new routines that enable them to quickly be notified of crimes against children so they can begin to investigate. A few years ago, Malmö had the longest processing times in the country. Today, they are turning that around. In 2012, Malmö processed 73% of the cases in time - a good margin better than the national average of 64%.

One key step is that they have gone from four child investigators in 2010 to thirteen by autumn 2012. Another key step is that they have accelerated the path leading to the police report.

In 2010, the police carried out a review of child-abuse cases and found that normally it took two to three weeks, from the time a child told someone about the abuse (for example, in school) until the case reached the public prosecutor. In over half of the cases, the school or the social services had informed the parents of the police report. Only 3% of the cases received were cleared up.

In 2011, the police launched an educational campaign, targeting schools and social services, on how they should proceed when they suspect crime against a child. Now it takes two to four days before a case reaches the public prosecutor. Since 2010, the number of police reports of crimes against children has risen sharply. The police receive three to four cases a day, and all are forwarded to a consultative meeting. The social services, the police and the public prosecutor attend the consultative meetings and the school/preschool participate in part of the meeting by phone, that that the forensic interview can be planned when the child is on site and can be accompanied by a safe person from there. Consultative meetings are held every day, and an appointment for a child forensic interview is always made during the meeting.

At several centres, we noted that the routines delay the investigations. For example, the social services might process all cases anonymously before they submit their police reports, or they might not make their police reports until the consultative meeting takes place. The processing time is measured from the point at which the police report is received; however, several weeks may have elapsed from the time the child tells someone about the crime until the time the police report is made. It can also be a matter of internal routines at the police and public prosecutor that account for why it might take time before a prosecutor receives the case.

At several Barnahus, the public prosecutors have child weeks, and are responsible for all new Barnahus cases during one week. They are then relieved of participation in court sessions and can attend all consultative meetings and child forensic interviews.

Eighteen of the operations (78%) have more or less clear guidelines or agreements as to how consultative meetings are to be conducted and what cases are to be dealt with at consultative meetings. Twenty operations (87%) have a fixed meeting time.

The Nacka Barnahus does not hold consultative meetings. The individual caseworkers at the police and the social services co-plan by phone. Healthcare is not involved in this cooperation. Meetings also usually occur by phone by the Stockholm Barnahus. The Gotland Barnahus hold regular meetings that are called 'meetings', but it is not the case investigators who participate, but rather the supervisors.

Eleven of the Barnahus (47%) hold meetings as part of their routine in most cases that are reported to the police. There is considerable variation. Five of the centres (22%) hold meetings in a very small percentage of the cases. In some places the focus is on case conferences (consultative meetings). This applies often to the issue of whether the social services should make a police report or not.

Effective co-planning requires that one person be appointed to coordinate the meeting and to inform the members of the team of what cases will be dealt with. The rule is that the coordinator (or coordinators) issues notices to attend the meeting and also chairs the meeting.

The Gotland centre has no coordinator. Instead, it is the supervisors from the social services, the police and CAP who hold a weekly meeting with the public prosecutor and a paediatrician (sometimes an investigator from the social services will also attend, in urgent cases, but never a police investigator).

It is unusual for planning meetings to be held on several occasions for the same child. A meeting in advance of or after a police report to coordinate the first responses is the main rule. On-going cooperation occurs on the caseworker level. Cases that are unusually troublesome, or cases that have gone wrong, can lead to additional consultative meetings to clear up difficulties. But many of the Barnahus never hold follow-up meetings or multiple meetings.

The Trollhättan Barnahus is an exception. Consultative meetings held there generally follow up all on-going cases and their continued development.

At fifteen Barnahus (65%), the meetings include, as a rule, representatives of the police, the prosecutor's office, the social services, physical healthcare, mental healthcare and coordinators from the centre itself. At three Barnahus (13%) the meetings include, at a minimum, police, public prosecutor, social services and centre personnel participate. The other agencies participate as time allows or when necessary. At five Barnahus (22%) there are no agency representatives, or no meetings are held at all.

Nine operations (39%) always deal with all four main areas of Barnahus during the meeting: the criminal investigation, the protection of the child, crisis and treatment interventions and medical examination. A further four operations (17%) always handled the criminal investigation, the

protection of the child and the crisis and treatment interventions at their meetings. At the remaining 10 operations (44%) the meetings are restricted to issues relating to the criminal investigation and the protection of the child.

At six Barnahus (26%) we found that team cohesion was good. The team members were able to clearly explain what an investigation involves. The roles appeared to be clearly defined and the team members stated that as a result their investigations and interventions functioned smoothly. At 13 Barnahus (56%) we found that parts of the team had good cohesion whereas other parts were not as closely involved with the investigation or the interventions. The roles are usually clearly defined, but certain team members dominate the work.

At four of the centres (17%) the team as a whole does not appear to have good cohesion. The members were possibly meeting each other for the first time during the review. Some of the members defined the investigation process whereas others watched or followed them. Sometimes there were open conflicts and open distrust between the agencies.

In several communities at which CAP and paediatrics participated in meetings it was decided they were to serve as consultants only. This implies that the prosecutor, police and social services would know what child the meeting concerns, but not the other participants. They could therefore only provide general advice on the basis of what the others said.

At the centres that had chosen another solution, CAP and paediatrics could also prepare the case, by retrieving the journals in question upon request by the social services or the police. They would then know if the child had an on-going relationship with CAP and previous healthcare contacts could provide important information as to the seriousness of the case (for example, if a child has repeatedly sought care for injuries that may be caused by physical abuse or if a child has functional impairments or emotional problems that require adaptations during the investigation).

When CAP acts only as consultants in meetings, the other participants are often dissatisfied. Even if they appreciate the knowledge and views that CAP share, their role seems diffuse and peripheral. The social services are looking for concrete help with crisis support and treatment for the child and the family. The police want support in preparation for and during forensic interviews with young children and children with special needs. Basically, they want someone to meet the children and offer concrete support, not someone who only has opinions about what others should do. When CAP fail to live up to these expectations, conflicts and mutual distrust among team members are often the result.

SUMMARY AND RECOMMENDATIONS

Necessary components as regards co-planning are that guidelines or agreements include criteria and routines for meetings, that a fixed meeting for the purposes of collective discussion is held regularly and that there is good cohesion among at least parts of the team. Eighteen of the operations (78%) manage all of the necessary components.

Our recommendation is that planning meetings be held as a routine in all cases that are reported to the police. Consultative meetings have a key function, but run the risk of causing delays in the investigation process. The report to the police should be made immediately upon suspicion of crime against a child. Several Barnahus need further work to improve team cohesion and improve the cooperation of the various agencies.

‘Graded components’ concerns the questions in how large a percentage of the cases that

are reported to the police are meetings held, whether someone is appointed to coordinate the meetings, and whether multiple follow-up meetings are held. Graded components also relates to different agencies' or functions' presence at meetings and whether the meetings deal, in addition to criminal investigations and protection, with crisis interventions, treatment and medical examination.

Almost half of the Barnahus (44%) use the meetings solely to plan the first child forensic interview and the child's need of protection in relation to that forensic interview. At many centres, there is no paediatrician and/or no representatives of CAP at the meetings. The child's physical and mental health is thus not in focus at all, in sharp contrast to the fundamental concept of the Barnahus. In this respect there is a great need for operations development. Healthcare needs to develop its participation in the cooperation at Barnahus in many communities. The goal must be for them to participate in meetings concerning identified cases and provide concrete elements of the casework (assessments, crisis interventions and health examinations).

5. Child pick-up and drop-off

PICKING-UP OF CHILDREN

When a guardian is suspected of a crime or if it could be feared that a guardian, due to his or her relationship with the person who may be suspected of a crime, will not uphold the child's right to a criminal investigation, the district court appoints a special representative.²⁸ The representative is usually a lawyer. The special representative takes over the guardian's right to make decisions regarding forensic interview and forensic examination and has the authority to pick up the child to bring him or her to the forensic interview without notifying the guardians beforehand.

We found that eleven Barnahus (48%) have clear and consistent routines for the picking-up of children and for cooperation in connection with this picking-up. Seven Barnahus (30%) have clear routines but exhibit shortcomings in terms of following them. Five Barnahus (22%) were unable to describe any clear routines.

Having clear routines does not mean every case proceeds in an identical manner. Adaptations to the child's age and needs must be made. A four-year-old, for example, has a different need for information than what a 17-year-old has.

However, the routines - especially concerning the child pick-up - differ significantly from one centre to the next. At several of the centres it is always the social services that pick the child up from day care or school (formally upon request by the special representative). The special representative meets up with them at the Barnahus. Sometimes, he or she has a brief meeting with the child before the forensic interview; sometimes, there are no routines for that. It sometimes happens that the special representative neither greets nor has any conversation with the child.

At other Barnahus it goes without saying that the special representative picks up the child. This implies they have time together before the forensic interview. The child can be given information and the special representative has an opportunity to assess whether it would be appropriate to interview the child or have the child undergo a medical examination.

Regardless of whether it be the social services or the special representative who picks the child up, a familiar person whom the child knows and who can provide reassurance must also be present. The preparation of a pick-up includes arranging to have one adult whom the child knows and trusts present. This person could be, for example, a teacher, a day-care worker, a counsellor, or an after-school recreation instructor.

It is noteworthy that the familiar individual whose presence is required when the child is picked up to provide reassurance is not required to follow along to the Barnahus, but they do it anyway for the child's sake. It is surprisingly rare that this routine involves any problems. The familiar individual whose presence is meant to reassure the child waits while the child is interviewed and can also accompany the child back to school.

During our visits to Barnahus, we encounter many questions and criticism regarding the role of the special representative. The widely varying routines lead the staff to wonder what the rules really are. At several Barnahus there is criticism as to how the special representatives function. Staff view them as passive and not taking their job seriously, and not being used to speaking with or being with children. At some Barnahus, examples were given in which the special representative had intervened

and terminated an forensic interview or a medical examination because it was not in the best interests of the child, but those were exceptional cases.

There is sometimes a concern among social services personnel that they take on too much responsibility when they pick up a child. What forms of insurance apply? What would it entail if they were in an accident while en route?

Several Barnahus have been extremely active in trying to improve the routines around pick-ups and special representatives. They have, for example, held meetings with the special representatives to inform them about routines and what is expected of them, and answered their questions about the operations. They have also developed written information for schools/day cares and parents on what the law says, and special forms on which the special representative can give formal consent to the social services' picking-up the child.

Most Barnahus hold meetings for principals and day care supervisors at which they brief them on Barnahus and on the rules that apply when they need to report a suspected crime against a child or if a child is to be picked-up by a special representative to attend an forensic interview. This ensures that schools and day care are prepared when it actually happens.

The routines regarding *information given to the child* when he or she is at the Barnahus are strikingly similar throughout the country. The police officer who is to interview the child meets the child at the door and shows him or her around the premises. The child is informed about the listening-in and has an opportunity to meet the people who will be sitting in the listening-in room if he or she wants to. Some children test the camera and take a peek into the listening-in room.

At the same time, there is a difficulty in the fact that the police do not want to inform the child of the police report and suspicion of crime. There is a fear that it will be seen, as a factor that reduces the importance of what the child will subsequently say in the forensic interview. It is thought that the child could be tempted to give a false account - for example, if it were mentioned that they were meeting because a teacher reported that the child had mentioned in school that her or she had been beaten. This is clearly different from the situation with adult plaintiffs, who are informed as to why the forensic interview is held. The child is carefully informed as to how the Barnahus works and who the child is supposed to meet there, but not about the reason why the child has been brought there.

There is often a clear structure to the listening-in, with the police taking a short pause to allow the others to suggest follow-up questions. Sometimes the prosecutor functions as a chairman in the listening-in room, and helps the others sort among the questions.

SUPPORT FOR ACCOMPANYING ADULTS

Nineteen of the operations (84%) have personnel available to provide support and information to guardians or other accompanying individuals while they wait while the child is being interviewed at the Barnahus. However, at nine of the operations the staffing is so low that only some of the accompanying individuals can be offered support. Four operations (17%) do not offer support to accompanying individuals.

Support is offered to both the parents and to the individual familiar to the child who must be present when a child is picked up without the parents' presence to provide reassurance. This implies that

personnel are on site to speak with the child and answer any questions he or she might have when the child is there for forensic interview. The Barnahus that offer that support consider it an important opportunity to interact with and offer on-going crisis support for parents and child.

However, the individuals familiar to the child, who are to be present to provide reassurance, may also have a need for support. They must return to their workplace and meet the parents of the child who has been interviewed. Will they be angry? To whom can they refer questions? What should they say to other children and parents about where they have been? What will happen with the children and the family in the future?

INFORMATION AFTER FORENSIC INTERVIEW AND CHILD DROP-OFF

After the child forensic interview and medical examination, if any, the child must leave the Barnahus. In exceptional cases, the child is placed outside the home. The most usual next step, however, is that the child must go home to one or both of the parents, even though they may be crime suspects. It is then of the utmost important that this occurs in such a way that the child is as safe as possible and that the child and the parents are informed of the planned course ahead.

We consider that eight operations (35%) have clear and consistent routines for child drop-off and how the cooperation between agencies is to proceed after the forensic interview. Twelve operations (52%) have clear routines that are not always followed. Three operations could not describe any clear routines.

Some Barnahus have a clear structure including an after-meeting at which the public prosecutor lays out the path ahead in the case and the tasks pertaining to informing parents and children are assigned. At some Barnahus the public prosecutor interprets the preliminary investigation secrecy as meaning they cannot inform the social services of the next step - which significantly restricts their ability to make a protection assessment.

The greatest shortcomings we see are involved in child drop-off. At some Barnahus there are clear routines according to which the child must never be allowed to meet a suspected parent alone after an forensic interview. The social services are always present and have a meeting with the parents before meeting with the child again. At some Barnahus there are also family therapists who can be introduced to the family immediately and can visit them in their home that same day. They can also be available on weekends and evenings.

At other Barnahus the routine is that the child returns to school or day care after a forensic interview and is then picked up or walks home as usual. The social services try to speak with the parents by phone before the parents meet their child, but they do not always succeed in doing this. At several Barnahus, the personnel say that sometimes the children meet their parents themselves after a forensic interview. The police have informed the parents that their child has been interviewed. We consider this unacceptable. When this occurs, the police are often concerned about how the child will then fare at home. At one Barnahus, we were informed that the police had become so concerned about the reaction of a particular parent when they called and said they had interviewed the child that they immediately alerted the social services. Despite this, it took two days before the social services contacted the family.

Even the routines specifying who is to inform the child after the forensic interview are sometimes inadequate. This implies that any of several individuals could inform the child, or that no-one does so. A

good example is Sundsvall, where they have a special form for the after-meeting on which it is specified who is responsible for informing the child.

It is worth noting that it is difficult to have good routines for child drop-off when the processing times are too long. Prompt processing and forensic interview of child and suspect on the same day (if the two live together) is a necessary precondition for proper functioning.

ROUTINES FOR COOPERATION AND EXCHANGE OF INFORMATION IN THE ONGOING INVESTIGATION

Clear routines for the exchange of information and cooperation are also needed after the first forensic interview. How should new information arising from police forensic interview, medical examination or crisis support/treatment be handled? Do cooperation partners' receive information about decisions on the issue of the pressing of charges? Do cooperation partners' receive information about the work done by the social services?

We consider that five Barnahus (22%) have clear and consistent routines, while 14 (61%) have clear routines that are not always followed. Four (17%) cannot describe any clear routines.

At most of the Barnahus there are routines for the on-going exchange of information, and one of the coordinator's tasks is to make the routines known and get all of the employees to follow them. The idea that the police must report to the social services that they have received a report on a crime against a child appears to have become established as an unquestioned routine in most places, but that the duty to report also applies when new information is received during the course of the investigation is less well known.

There is also, in many places, weak awareness of what the duty to report actually involves. An example of a police officer who claimed that the duty to report applies only when parents are under suspicion. The police had not understood that any suspicion that a child is being harmed must be reported, regardless of the particular crime suspected or who the suspected perpetrator is.

When the time for processing by the police and public prosecutor is too long, there are many examples in which the social services have completed their investigation and when the police finally interview the child it is unclear what action should be taken if the child talks about violence during the forensic interview. In such a case, is the new information relayed back to the social services?

Who makes the report to the social services if a parent admits to a crime? If injuries are found during a forensic medicine examination? If a suspected parent is released?

Who ensures that the treatment is informed if charges are laid/a preliminary investigation is terminated, so that they can offer support?

Secrecy is sometimes given as a reason for not disclosing information to other agencies. Sometimes, secrecy is an impediment - but it is often forgotten that it is possible to ask parents and children if they consent to certain information being passed on - for example, so that they can be offered support. Information can always be shared if consent is given.

SUMMARY AND RECOMMENDATIONS

The necessary components in terms of child pick-up and drop-off are a matter of having clear routines for informing, picking up and dropping off children. There must also be clear routines for the exchange of information during the on-going processing of the case. We set the bar relatively low by approving the Barnahus that have clear routines, even if there are shortcomings in the adherence to the routines. Our reason in this was that since the Barnahus have limited opportunities to how well the cooperating agencies follow the centres' recommendations. Even so, only 16 Barnahus (70%) had all of the necessary components fully in place. Of these, there are only five centres (22%) that we consider to have clear routines in all areas and follow them to a great extent.

We consider it extremely urgent that all Barnahus establish what routines for child pick-up and drop-off are to apply in their catchment area and work actively to ensure they are implemented.

One counterargument might be that it is not the job of the Barnahus to design routines for the other agencies' work. We contend that it is their job, because it relates specifically to co-planning when there is a suspicion that a child has been exposed to crime. The law says it is the social services that are the primary responsible agency. In questions that involve children who fare badly or are at risk of faring badly, the municipal social committee is supposed to co-operate with public bodies, organisations and other affected parties. The committee is supposed to actively promote the establishment of functioning cooperation.²⁹

During our visits to Barnahus, it was clear that there is a great need for such routines that can prevent children from coming to harm and being further traumatised during the investigations.

The graded component is that there are personnel in place who offer accompanying adults support during the time the child is interviewed or examined at the Barnahus. This is a key function and we consider there should be sufficient resources to allow this support to be offered to all Barnahus and to all accompanying individuals.

6. Child forensic interview

CHILD FORENSIC INTERVIEW BY TRAINED INTERROGATOR IN CHILD-FRIENDLY ENVIRONMENT

The police offer training in three steps for investigators of crimes against children. The first step concerns forensic interview technique, the second deals with the child forensic interview, while the third is a next-level course. At seven of the Barnahus (30%) only lead child interrogators who have completed or are pursuing the equivalent of step two of the child forensic interview training conduct child forensic interviews. Some of the Barnahus have extremely experienced child forensic interview leaders - all have completed step three.

Nine of the Barnahus (39%) have certain shortcomings in terms of training, but try to compensate for that by allowing the more inexperienced conduct the more straightforward forensic interviews. Seven operations (30%) do not follow the training guidelines at all. They have not succeeded in recruiting child interrogators and many child forensic interviews are held by personnel who are utterly untrained in holding child forensic interviews.

As a rule, child forensic interviews in the catchment area should be conducted at the Barnahus. In many communities it is difficult to obtain non-ambiguous answers as to whether all children are interviewed at the Barnahus or not. Demarcations in the police organisation affect where the crimes are investigated and where the children are interviewed. The county police or the neighbourhood police unit can investigate some of the crimes. Children over fifteen can be investigated by the police youth teams or by the district police. Demarcations as regards what crimes belong to the target group vary. In addition, we have the vague target description in the government's criteria 'when parallel investigations have been initiated'.

Even so, we asked the operations to estimate how large a percentage of the children in the target group are interviewed on the premises of the Barnahus. Seventeen operations (74%) estimate that they hear over 80% of the children at the Barnahus. Five (22%) operations interview over half of the children at the Barnahus, while one operation (4%) interviews less than half of the children at the Barnahus.

Child forensic interview that is adapted to the child's developmental age

To be able to adapt the child forensic interview to the child's developmental level, the police must determine as well as possible whether the child has special needs and whether the forensic interview needs to be adapted to those needs. According to the Royal Proclamation on Preliminary Investigations, someone with special knowledge in child or forensic interview psychology should assist at the forensic interview, or should comment regarding the value of the child's *testimony when the testimony has critical significance for the investigation or is important in view of the child's age and development and the nature of the crime*.³⁰

Three operations (13%) received full points, even though we did not hear of any case in which a public prosecutor brought in outside expertise to carry out the actual forensic interview. On the other hand, expertise may be engaged prior to the forensic interview or may participate in the listening-in. At some of the Barnahus at which CAP plays an active role in the cooperation, their competence is often utilised to adapt the forensic interviews to the child's developmental level.

Fifteen operations (65%) try to determine as far as possible whether the child has special needs, and sometimes engage a child psychologist or other expertise to carry out or give advice on the form of the forensic interview. Five operations (22%) rarely determine whether the child has special needs, and the forensic interview should be adapted to that. A child psychologist or other expertise is engaged only in exceptional cases or never to carry out or give advice on the form of the forensic interview.

43 LISTENING-IN

One of the primary purposes of the cooperation that occurs in the operations of the Barnahus is to spare the child from having to tell his or her story on several occasions and to several individuals. Another important purpose is to enable the police and the social services, with the support of child and adolescent psychiatry, to immediately conduct a risk and protection assessment.

An effective solution that takes the child's needs into consideration is the so-called listening-in. Listening-in means that the various professionals who need to hear the child's story follow the forensic interview on a monitor in an adjacent room (a listening-in room). This method gives all of the professionals involved an opportunity to have supplementary questions posed to the child, which facilitates the assessment of their various contributions. With this method, the child does not have to repeatedly describe the events for various individuals on various occasions.

It is particularly important the public prosecutor participates in the listening-in since he or she leads the preliminary investigation and is the person who decides on ongoing measures in the investigation. These may involve coercive measures such as deprivation of liberty, search of the premises, or forensic interview of suspects or witnesses. With the public prosecutor participating in the listening-in, such decisions can be made directly. It is particularly important when guardians are suspects, since they are immediately informed when the child has been interviewed by the police. There is then a risk that they will destroy evidence if it has not been secured.

All Barnahus include the special representative/counsel for the injured party in the listening-in. This also provides an opportunity for defence counsel to participate in a subsequent forensic interview. Moreover, many Barnahus have as routine that one additional police officer is present in the listening-in. That officer then gets all the information on what the child said directly and can then proceed to lead forensic interviews of suspects and witnesses.

When treatment personnel from CAP or the Barnahus are present in the listening-in, an opportunity exists for them to make an initial assessment of what supporting interventions the child needs. They can then be available and prepared directly after the forensic interview to provide support should the need arise.

At three of the Barnahus (13%), the public prosecutor, the social services and treatment personnel participate, as a rule, in the listening-in. At nine of the Barnahus (39%), the public prosecutor and the social services participate, as a rule, in the listening-in, but not treatment personnel. Eleven of the Barnahus (48%) exhibited shortcomings as regards the presence of the public prosecutor and/or the investigating social services in the listening-in

Many public prosecution offices have a heavy workload and it is difficult for them to find the time to participate. However, to a certain extent this is a matter of inadequate organisation and priority-setting. The public prosecutors who always participate in listening-in report significant efficiency

gains. The public prosecutors' work is scheduled so that they have 'child weeks' when they are involved in meetings and forensic interviews, but have no court sessions.

When the public prosecutor is not present in the listening-in it slows down the process. The police are obliged to wait for further instructions. This implies that the social services are not notified of the ongoing investigation and their work on the protection assessment and their communication with the parents made more difficult.

INTERPRETER

All operations engage interpreters when needed. Parents require an interpreter more frequently than do the children. However, six operations (26%) report that the lack of trained and suitable interpreters in certain languages is an obstacle to their operations. This might mean, for example, that they are forced to use telephone interpretation or less-skilled interpreters.

At several Barnahus staff mention secrecy issues in connection with interpreters. The interpreters have a duty of secrecy; however, even so, problems arise in small language groups, for which there is a considerable risk that the interpreter knows the parents or the child. In cases involving honour issues, the centre may prefer to use a telephone interpreter, to reduce the risk of recognition.

SUMMARY AND RECOMMENDATIONS

Necessary components in respect of child forensic interview are that the social services and the public prosecutor participate in the listening-in in every case, and that the Barnahus makes it possible for children and families that do not speak Swedish to participate in the investigation. Twelve of the operations (52%) include all team members with investigative responsibilities in the listening-in. All Barnahus make it possible for children and families who do not speak Swedish to participate in the investigation.

Even if all Barnahus have the opportunity to carry out full listening-in, the opportunity is not fully utilised. Close to half of the Barnahus have shortcomings, particularly in the public prosecutor's participation in the listening-in. These shortcomings must be addressed.

Few Barnahus include treatment personnel, as a rule, in listening-in. This reflects, again, a lack of focus on the child's health. No individual assessment of the child's need for treatment is carried out.

Graded components CONCERN having trained child interrogators, that all children are interviewed at the Barnahus and that the forensic interviews are adapted to the child's developmental level. Only 30% of the Barnahus have fully trained child interrogators. Efforts to recruit, train and retain child interrogators must be stepped up. The centre needs to bring in a child psychologist or other expertise more frequently, to get help to adapt and interpret the forensic interviews based on the child's developmental level.

7. Medical examination

In theory, there are two reasons for the medical examination at Barnahus: The job of healthcare personnel at a Barnahus is to investigate the child's somatic status, assess the presence of injuries, and investigate, assess and meet the child's need for somatic treatment.³¹ Such health examinations require the consent of the guardian.

The purpose of the medical investigation is to document injuries and issue a forensic certificate on the basis of the examination results. A forensic pathologist can also issue a forensic certificate on the basis of journal documents prepared by other physicians. A forensic examination is requested by the public prosecutor or the police. When a guardian is suspected of a crime or if it could be feared that a guardian, due to his or her relationship with the person who may be suspected of a crime, will not uphold the child's right to a criminal investigation, the district court appoints a special representative.³² The representative is usually a lawyer. The special representative takes over the guardian's right to make decisions regarding the forensic interview and the forensic examination and has the authority to pick up the child to bring him or her to the forensic interview without notifying the guardians beforehand.

A forensic medical certificate is obtained from a physician at the forensic medical department of the Swedish National Board of Forensic Medicine, or a physician who by agreement with the agency has undertaken to issue such a certificate, if the injuries, illnesses or other circumstances to which the certificate is supposed to refer are considered as possibly being important in the investigation of crime that may be assumed to result in sanctions other than fines.³³

If special grounds exist, the forensic medical certificate may be obtained from another physician with the appropriate competence. An example of special grounds would be sex crimes, when examination to secure traces may be required immediately, with acute situations that require urgent care, and where the care provided makes subsequent examination more difficult or impossible, with situations in which no physician at the Swedish National Board of Forensic Medicine or physician with an agreement with the Board is available, and an examination or forensic medical certificate cannot wait, with crimes against children for which paediatric or paediatric surgery expertise would be desirable.



Barnahus examination room

The opinion of the National Board of Forensic Medicine is that it is often appropriate that an examination of the child be carried out by a physician from the National Board of Forensic Medicine together with a paediatrician or paediatric surgeon.

In practice, in many parts of the country the distance to a forensic pathologist and physicians who have an agreement with the Swedish National Board of Forensic Medicine is great. Forensic units exist at six sites in the country: Stockholm, Linköping, Lund, Uppsala, Umeå and Gothenburg.

Few of the Barnahus have statistics as to how many medical examinations have been carried out. Therefore, to get an idea of the scope we obtained statistics from the National Board of Forensic Medicine. In 2012, the National Board of Forensic Medicine (staff forensic pathologists and physicians who have a contract with the National Board of Forensic Medicine) carried out a total of 336 examinations of children in Sweden. They also issued 486 forensic medical certificates based on journal documents.³⁵

The variations in the number of children examined by forensic pathologists are considerable over the country. In the Gotland and Västernorrland County police districts no examinations at all took place in 2012. In the Jämtland police district one was conducted, while in Halland County and Södermanland County two were carried out. (See Appendix 3)

Teenagers are examined more frequently than are younger children. For example, in 2012, 39 16-year-olds and 32 17-year-olds were examined, but only 12 one-year-olds and ten 10-year-olds. In the 0-6 age group forensic pathologists carried out a total of 113 examinations, in the 7-12 age group, 84 examinations, and in the 13-17 age group, 139 examinations. (See Appendix 4)

Just how many children are examined by paediatricians or other physicians not associated with the National Board of Forensic Medicine is highly uncertain. There are no national statistics. However, according to the Study on Barnahus, 13% of the children who come to the Barnahus are examined by a physician. There is considerable variation between communities. In Lund and Malmö, only 7% of the children were examined; in Linköping, 23%.³⁶

During our visits to Barnahus, the public prosecutors, police, physicians, coordinators social services were actually in agreement. More children should be examined. But it is not happening.

At 74% of the Barnahus, as a rule, medical competence is represented at meetings. This implies that the issue of forensic examination can be discussed with an expert in the field and the medical issues can be brought up. It could be about suspicious injuries on the child or functional impairments or illness in the child, or about a need for testing and the significance of illness or functional impairment in a parent for the child and the investigation.

At six Barnahus (26%) preparation of the meetings involved retrieving journal data from healthcare upon request by the social services or the police. This means that at the meeting there is information about prior injuries for which the child has sought care and about any special needs that need to be taken into consideration and for which the investigation needs to be adapted.

In our visits to Barnahus the most striking thing about medical examinations is that they take up so little space in the operations of the Barnahus. In town after town, staff explain how the lack of medical examinations is a problem. In some communities, the examination rooms of the Barnahus are completely empty: no or very few examinations are conducted at the centre. At other Barnahus, staff

have given up and removed the physician's rooms.

In three of the operations (13%) forensic examinations are done at the Barnahus if they are not complicated or urgent. In a further six operations (26%) forensic examinations are done at Barnahus; however, due either to a lack of equipment or a lack of time the majority are carried out in other premises.

In six operations (26%) forensic examinations are consistently carried out by forensic pathologists in cooperation with a paediatrician, a gynaecologist or other medical specialists. In two operations, the examinations are done by two physicians. But at most Barnahus (61%), it is a physician who carries out the examination.

It is extremely unusual for medical examinations of children to be done at a Barnahus within the framework of the social services investigation with the approval of the guardian or in conjunction with measures relating to the Care of Young Persons Act (LVU).

SUMMARY AND SUGGESTIONS

The necessary component as regarding medical examinations is that medical competence is present at planning meetings and that forensic examinations are planned there. Seventeen operations (74%) fully implement the necessary component.

Graded components involve retrieving information from the child's journals, that forensic examinations are carried out at the Barnahus, that forensic examination is carried out in cooperation between forensic pathology and other medical specialists (for example, paediatricians and gynaecologists), and that health examinations are carried out at Barnahus.

Today, paediatricians rarely have work time allocated to cooperating around and examining children in connection with police investigations. They should. The paediatricians must be included in a close cooperation with the justice system so they can explain when a medical examination is warranted.

Forensic medicine exists at only six places in the country, and cannot cover all of the communities in which crimes against children are investigated. Children who are exposed to violence have the same right to rehabilitation and protection wherever in the country they may live. This must also function in places that are remote from the communities that have forensic medicine.

The medical examinations at the Swedish Barnahus have a purely police-driven purpose: they are a matter of securing evidence. It is seldom that the focus is on the child's physical health and right to treatment measures. The job of healthcare in Barnahus, according to the National Board of Health and Welfare, is to investigate the child's somatic status, assess the presence of injuries, and investigate, assess and meet the child's need for somatic treatment.³⁷ We have not been able to see that this occurs at any Barnahus.

This is a national responsibility. We need a new system that actually works in practice. The departure points must be that:

- children must be afforded the same rights throughout the country

- more forensic medical investigations must be carried out
- there needs to be a greater focus on children's physical and mental health

We propose that there be a clear structure for cooperation and responsibility as regards medical examinations when children are suspected of having been exposed to crime. Supervising paediatricians and gynaecologists must be present at every Barnahus.

8. Crisis support and treatment

The criteria for the Swedish Barnahus clearly state that if needed children must be offered crisis and treatment interventions.³⁸ Crisis and treatment interventions must always take place with the consent of the guardian if the child is not old enough or mature enough to decide for him or herself. It is important that an individual assessment of the child's needs be done by personnel with suitable training. Children and parents must be asked what the needs are. This implies that there should be a preparedness to offer crisis support to all children. When treatment personnel (from CAP or the Barnahus) participate in the listening-in there is a real chance of being able to assess the need for ongoing investigation or treatment.

Crisis support and treatment can either take place at the Barnahus or at some other place, depending partly on how great the distances are in the catchment area.

Under Article 12 of the UN Convention on the Financial, Social and Cultural Rights, a state is obligated to ensure that healthcare is available for all and particularly for especially vulnerable and marginalised groups in society. In the Swedish tradition of medical care it is clearly stated in various documents that there must be 'equal care for all', or an egalitarian healthcare system. Egalitarian healthcare implies that care and treatment are to be offered on equal conditions and with equivalent reception for everyone regardless of place of residence, age, gender, functional impairment, education, social position, country of origin, ethnic or religious affiliation, or sexual orientation. In the formulations in the Healthcare Act, healthcare that endeavours to ensure good health and care on equal terms prioritises those whose need is greatest. State governance is intended to give municipalities and counties the means by which to offer the population care on equal conditions, and to ensure that the operations maintain safe, high-quality care in accordance with science and tested experience).⁴⁰ Accordingly, people should be offered advice, support and treatment based on their need, regardless of where in the country they live. Gov't proposition 1981/82:9 on the Healthcare Act, etc., states that 'easily accessible' refers to geographic conditions.

The Social Services Act⁴¹ makes clear that the social services have a responsibility to ensure that individuals who have been exposed to crime, and their close family members, receive support and help. The municipal social committee must grant the necessary assistance to crime victims and their close family members based on individual assessments.⁴² 'Close family member' is someone with whom the crime victim has a close and trusting relationship - such as spouses, co-habiting partners, parents, siblings, children or other relatives.⁴³ There are no limitations as to crime type.

Crime victims are to be offered:

- A proper reception
- Emergency crisis support for children (in outpatient clinic operations, through financial assistance or by referral)
- Emergency crisis support for close family members (in outpatient clinic operations, through financial assistance or by referral)
- Relevant information as to what support they may receive from both the social services and other actors
- Help with contact with other agencies
- Facilitation of contact with volunteer organisations and other actors

According to the National Board of Health and Welfare it is the responsibility of the social services

to help ensure that crime victims and their close family members receive the support and the help they require, either through the social services or through another organisation. The operations that volunteer organisations such as women's refuges and crime victims' refuges conduct are a key complement to the social services. But the work of the volunteer organisations does not relieve the social services of their responsibility. It is appropriate that support to crime victims and their close family members be coordinated so that the individual need not have contact with more administrative employees than necessary.

Every county council must offer high-quality healthcare to every resident of the county council.⁴⁵ If someone is not a resident of the county council requires immediate medical help, the county council must offer such care.⁴⁶

As regards children, healthcare must cooperate with other public agencies and relevant actors on issues that relate to children who come to harm or who are at risk of harm.⁴⁷

CRISIS SUPPORT FOR CHILDREN

We found that the access to crisis support and treatment varies significantly throughout the country. Three operations (13%) have preparedness to offer all children crisis support on site and regularly include treatment personnel in the listening-in.

Twelve operations (52% offer some children crisis support on site. Treatment personnel are included in the listening-in when it is believed the need is great. Three operations (13% do not offer crisis support on site; however, the issue of crisis support is brought up at meetings and is offered immediately at another site.

In five of the operations (22 %) there was no crisis support for children available via the Barnahus. The question of crisis support is normally not brought up at meetings.

CRISIS SUPPORT FOR PARENTS AND OTHER FAMILY MEMBERS

Eight operations (35%) offer parents and other family members crisis support at Barnahus. Nine (39 %) offer no or extremely limited crisis support to family members; however, those who need or want interventions are referred to other care providers. Six operations (26%) offer no crisis support for family members on site. Nor do they have any routines for referring family members to other care providers.

ONGOING MENTAL HEALTH CARE

We consider that six operations (26%) immediately pass children who have a need for mental health care on elsewhere for treatment. The transition is simple, involving neither a referral procedure nor wait times. At eight operations (35%) the children do not always have access to mental health care either because it is difficult to find suitable care providers or because the transition to treatment is difficult or demanding.

At nine operations (39%) there are in practice major limitations as to actual access to mental health care for clients of the Barnahus. Children and families are left without care because they do not fit into the care provider's target group or because the transition to treatment is difficult or demanding.

During the visits to the operations at which CAP only has a consultative role at meetings (or does not even participate), there was often extreme frustration among the other agency representatives. They saw a huge need for crisis support and treatment that is not being met.

Example: A man has assaulted his daughter and her buddy. The buddy receives immediate support from the social services. The daughter who is exposed in a close relationship belongs to the BUP target group. There, she is placed in a queue and has to wait.

Sometimes, CAP personnel say that the children and the families are welcome to come to CAP to see them. However, those who meet with the children at the Barnahus see that the thresholds to treatment are too high: the children rarely come there. In other

communities CAP personnel openly question why the Barnahus's children belong to their target group. At several places the situation is so bad that the social services have simply stopped trying to contact CAP. They have stopped making referrals or trying to arrange treatment. Sometimes they pay private psychotherapists when children have fared really badly.

In large parts of the country there is no first-line psychiatry for children between six and sixteen. This means that children and parents have no obvious first recourse to which they can turn for help with emotional problems. The staff at district medical centres do not have sufficient knowledge about children's mental health, particularly not as regards children who are exposed to violence or abuse. The social services and school have no treatment resources. At CAP it is considered that the children do not feel sufficiently poorly to be received there (even though no assessment has been done). The consequence is that the children are bounced between different operations without receiving the rehabilitation to which they are entitled.⁴⁸

At the Barnahus at which CAP takes an active part in the crisis support and has permanent staff at the Barnahus, the situation is experienced quite differently. While staff might often wish for more CAP resources (e.g., staffing that would cover the entire week and not just one or a few days of the week) there is security in the fact that children can get support and rehabilitation if they are in need of it.

When CAP personnel are on site they also become a resource in the crisis response for children and parents. If a child reacts extremely strongly during an forensic interview, direct support is available. When parents who are waiting with their child are extremely nervous and in crisis, CAP can converse with them directly and on site.

At several/some Barnahus, there is a clear focus on the child's mental health, whereas at others there are major shortcomings.

We interpret this as indicating that it is partially a matter of the social services and CAP speak different language. When the social services submit a referral to CAP, they describe what they see. Violence, abuse and a difficult social situation. CAP reads the referral while on the hunt for a psychiatric diagnosis. They will not get it from the social services, since it is not the job of the personnel there to make diagnoses and it is rarely a matter of competence.

At the same time, CAP ought to know better. Violence and abuse of children are a serious risk factor for mental health and the percentage of children who have psychiatric diagnoses is very high indeed. If the children do not receive an assessment, however, we do not know what children meet the criteria for what diagnoses. Someone has to carry out the assessment. According to the Swedish model of Barnahus it is children and adolescent psychiatry that have that task - a task that they fail to perform in large areas of the country.

INFORMATION TO CRIME VICTIMS THROUGHOUT THE PROCESS

None of the Barnahus has a specially appointed person to provide support and information to children and families throughout the legal process. At ten Barnahus (45%) there are such major shortcomings as regards information, that we consider that they do not fulfil the necessary requirement (necessary component). It is sometimes unclear who has the assignment of giving information, or whether it really happens in practice. The staff perceive that children and families are often left without information.

At three Barnahus there are specially appointed personnel or team members who provide crisis interventions and support as long as the investigation and legal process are ongoing. At twelve Barnahus (52%), crisis interventions and support are provided 'as needed' by various members of the team. They can also refer the client on to other services. Eight Barnahus do not provide crisis interventions or support during the legal process. Families themselves must seek help if they find themselves in a crisis or need support during an intervention or legal process.

FOUR MODELS OF CRISIS SUPPORT AND TREATMENT AT BARNAHUS

We identify four models of how to organise crisis support and treatment at Barnahus:

- Extensive crisis support is provided to children and parents at the Barnahus, either by the social services, the county council or in cooperation. CAP has permanent staff at Barnahus and ongoing treatment interventions are given in an unbroken value chain. A need for crisis support and treatment interventions is brought up at planning meetings. Examples: Linköping Barnahus, Lund Barnahus, Sundsvall Barnahus, Västmanland Barnahus and Nordöstra Skåne Barnahus
- Extensive crisis support is given to children and parents at the Barnahus. If additional interventions are required, they are not coordinated via the children's crisis centre. Either the parents themselves must seek CAP or they will be sent a referral from the social services. If CAP participates in meetings they have a consultative role. Example: Malmö Barnahus
- Some crisis support is given to children and parents at the Barnahus. If additional interventions are required, they are not coordinated via the children's crisis centre. Either the parents themselves must seek CAP or they will be sent a referral from the social services. If CAP participates in meetings they will mainly have a consultative role. Example: Örebro Barnahus
- No crisis support is given to children and parents at the Barnahus. Coordination of crisis support and treatment interventions does not occur via Barnahus. If CAP participates in meetings they will mainly have a consultative role. Example: Nyköping Barnahus, Värmland Barnahus, Nacka Barnahus

SUMMARY AND RECOMMENDATIONS

Necessary components as regards Crisis Support and Treatment are that crisis support is immediately provided to children who are clients, and the children who have a need for mental health care are immediately sent further for treatment. Additionally, information to crime victims is to be provided throughout the process. Eight of the operations (35%) manage all of the necessary components.

Graded components deal with crisis measures for parents and the other family members,

as well as the opportunity to access crisis interventions throughout the legal process. Here, too, there are clear shortcomings.

Our conclusion is that children who have been exposed to violence have their right to rehabilitation served at a small number of communities in Sweden.

- The Barnahus must develop their range of support interventions and treatment so that they might benefit more children.
- Every Barnahus must have a clear organisation of its treatment range, but fixed staffing by treatment personnel at the Barnahus, a routine for actively providing crisis support, and a fast and simple transfer of the children who require ongoing/other treatment.
- All children and parents must receive information about the possibility of accessing crisis support and treatment, and a chance to express their own desires and to influence the structure of such support and treatment.

At the Barnahus at which there are major shortcomings in the range of crisis support and treatment, responsible politicians and salaried employees must conduct a review to determine what the shortcomings are due to. Sufficient resources must be allocated and if needed the work must be reorganised for example, in that the county council accepts its part of the responsibility for treatment and rehabilitation of children exposed to violence, by funding one or more positions based at the Barnahus.

9. Follow-up

Generally, statistics at Barnahus are highly insufficient. It is impossible to follow an individual child via the Barnahus and see what interventions the child has received and what they led to. Linköping is an exception and has recently introduced a computerised statistics system that enables them to gather in more data but maintain secrecy between agencies. Every agency enters its own information into the system, but cannot access what the other agencies have entered regarding individual children. On the other hand, everyone can benefit from compilations.

Five of the Barnahus (22%) can describe basic statistics regarding

- police reports, age, gender, cause
- number of planning meetings
- attendance at meetings
- forensic interviews
- presence at listening-in
- special representative, counsel for the injured party
- forensic examination, forensic medical certificate
- number of children and family members in crisis support/treatment
- outcome in legal process

Ten Barnahus (44%) can describe statistics on

- police reports, age, gender, cause
- number of planning meetings
- attendance at meetings
- forensic interviews
- presence at listening-in

Seven of the Barnahus (30% have major shortcomings as regard the keeping of statistics.

It is usually coordinators who are responsible for preparing and compiling statistics, but a few Barnahus employ administrative assistants. Eleven Barnahus (47%) have ensured that the statistics they have are disseminated through their annual report, administrative report, or the equivalent.

SUMMARY AND RECOMMENDATIONS

Necessary component in terms of follow-up is that the Barnahus can present basic statistics that relate at least to

- police reports, age, gender, cause
- number of planning meetings
- attendance at meetings
- forensic interviews
- presence at listening-in

Sixteen Barnahus (70%) successfully provide the necessary component. Graded components concern more detailed statistics and dissemination of statistics. Generally, the statistics at Barnahus are extremely *deficient*. It is impossible to follow an individual child via the Barnahus and see what interventions the child has received and what they led to.

It is our view that a review and an amendment of the secrecy legislation are needed to permit the keeping of common statistics and follow-up. This has also been pointed out in previous evaluations and is extremely urgent. A national template for the keeping of statistics and for follow-up is necessary to permit comparisons within the country.

10. Barnahus as centres of competence

According to the National Board of Health and Welfare, information is a significant part of the support provided by the social services to crime victims. The social services can provide information on what opportunities for support and help exist, on how to make a police report, on the insurance and the legal processes, on the right to counsel for the injured party in certain cases, and on other organisations' operations in the service of crime victims and their close family members. It is pointed out that information must be available to individuals with functional impairments and to those who do not speak Swedish - but there is no mention of information geared specifically to children.⁴⁹

A questionnaire that the National Board of Health and Welfare carried out in 2012⁵⁰ reveals a great need for knowledge about issues relating to violence against children. Approximately half of the municipalities questioned reported that they have a great need for knowledge about the selection of methods of providing protection to children who have been exposed to violence and methods of talking to children about violence. Somewhat fewer reported that they had a great need of knowledge about the discovery and investigation of signs of violence, the assessment of the child's need for protection, and the selection of methods of providing support and treatment. Altogether, nine of ten had some form of need for knowledge in these areas. Eight of ten reported that their knowledge needs referred to all types of violence.

Seven of ten of those who responded to the questionnaire turned to a Barnahus if they had questions that involved violence toward children. This implies that Barnahus were the most common source of knowledge. It can be compared with only three of ten turning to state agencies.

The National Board of Health and Welfare draws the conclusion that the Barnahus have already developed into local or regional knowledge centres for questions about violence against children. The centres provide trainings and lectures, give case conference case conferences and receive study visits. However, the National Board of Health and Welfare also sees a need for a national coordination of knowledge dissemination regarding the children who are in the Barnahus' target group.

This applies particularly to

- development and dissemination of knowledge to prevent, and to discover early, violence against children, inclusive knowledge about risk factors, and gender, diversity, functional impairment and threat perspectives on earlier efforts.
- On-going support for effect evaluations of methods in preventive work and methods of assessment and initiatives for support to children who have been exposed to violence and in certain cases for the perpetrators as well.
- the role of basic and specialised trainings in the spread of knowledge.

EXTERNALLY DIRECTED OPERATIONS

Many of the Barnahus function as local centres of competence on issues concerning violence and abuse of children. We consider that fifteen of the Barnahus (65%) have extensive information dissemination operations and externally directed operations. This may be a matter of study visits, case conferences, information-sharing get-togethers, and lectures.

Six of the Barnahus (26%) have personnel who respond to inquiries about information

dissemination and externally directed operations when they receive inquiries, but have no particular plan as to how it should take place.

Two Barnahus (9%) do not provide information dissemination/externally directed operations, nor can they accept assignments when they receive inquiries.

In a previous evaluation the Barnahus were criticised for being difficult to find on the Internet. Twelve Barnahus (52%) have information materials on their operations easily available on the Internet, including brochures aimed at adults that are distributed or can be downloaded. Altogether there is information on 20 Barnahus (87%) on the Internet.

The Linköping Barnahus has the most well developed website. It includes information for professional, for parents and for children.

Four Barnahus (17.4%) have easily available information materials aimed at children about the operations of Barnahus.

Many more are discussing the possibility of developing information materials for children, but they do not know how they will distribute it and are afraid it could have adverse consequences for children who have been interviewed at the Barnahus and whose parents are suspects. Insufficient protection for children causes hesitancy about providing written information. It is feared that it could have negative consequences for the child if the child displays a brochure at home after the forensic interview

The Linköping Barnahus has an animated slideshow that describes what a child experiences at a Barnahus on their website.

DEVELOPMENT WORK

Barnahus could have a key role in knowledge development regarding children exposed to violence. Since so many children pass through and since all relevant authorities and professional categories are represented, the chances of being able to identifying difficulties and challenges in the work and of developing new approaches are good.

Five Barnahus (22%) carry out extensive and active development work through method development projects or participation in research. Eight Barnahus (35%) conduct a certain degree of development work. Nine Barnahus (39%) carry out none or extremely little development work.

SUMMARY AND RECOMMENDATIONS

The section on Barnahus and centres of competence has no necessary components. The graded components involved externally directed work, information materials for children and adults, and development work.

Twenty-one (91%) of the Barnahus conduct externally directed work. They receive study visitors, give lectures, hold case conferences and arrange trainings. This is extremely important work that well warranted being further developed and expanded.

Since the 2010 Study on Barnahus, more Barnahus have published information on the Internet, but

there are still major shortcomings as regards information, particular information addressing children. It would be helpful if such material were developed centrally. In 2013, the government assigned the Swedish Crime Victim Compensation and Support Authority to prepare, in cooperation with the Ombudsman for Children, information for children who are exposed to crime.

The development work at Barnahus could be developed significantly more, but fewer Barnahus with low resources have hardly any ability to conduct such work. National coordination and regional Barnahus that receive state funding to enable them to function as competence centres in their regions are routes by which development work can be stimulated.

I I. Skills development

To increase the understanding between the various agencies and facilitate teamwork and consensus, collective further training and skills development are needed. It cannot be replaced by letting each professional category or each agency independently undergo skills training.

Eight of the Barnahus (35%) offer the team members a opportunity for regular further training through formal and informal training in interdisciplinary issues related to investigations of abuse of and interventions targeting children. A further ten Barnahus (44%) offer more irregular or sporadic further training for the team. Five Barnahus (22%) offer no opportunities for common further training. None of the Barnahus have any clear skills development plan in a true sense, and few have allocated funds for interprofessional training and activities.

The common skills development that is most frequently mentioned is the networking meetings that Save the Children holds for Barnahus. They are arranged on one full weekend day and include talks on current topics and an opportunity for discussion and conversation.

At 18 of the Barnahus (78%), all or a large percentage of the staff who come into contact with children at the centre are offered regular supervision.

SUMMARY AND RECOMMENDATIONS

The Skills Development section has no necessary components. Graded components concern the opportunity for collective, recurrent further training for the various professional categories, and that the professional categories that interact with children should have regular supervision.

We perceive major shortcomings as regards collective further training and skills development. We propose that all Barnahus establish a clear skills development plan and allocate funds for interprofessional training and shared activities.

12. Focusing on the child’s best interests

We placed this last criterion at the end of the project. We have no answer as to the extent to which it is fulfilled. We saw a need for a criterion that focused on the child’s best interests throughout the process. This is now it is formulated in the objective for Barnahus:⁵²

Throughout the process, the focus shall be on the best interests of the child. The child shall be informed regarding measures that affect him or her and shall be given an opportunity to express his or her understanding of them and view to the extent that and in the manner that his or her level of maturity permits.

A simple checklist for how the child is informed and given an opportunity to express his or her views and opinions might look like this:

Area		Informed by:
Information	Upon pick-up	
	Prior to forensic interview	
	After forensic interview: What	
Information on	Preliminary investigation	
	Medical examination	
	Social investigation	
	Prosecution	
	Judgement	
Information on	Access to support and treatment	
Child-friendly information	Folder	
	On the Internet	
Opportunity to express one’s wishes and to have an influence?		
Anything you wonder about?		
For all children?	Meetings	
	Forensic interviews at Barnahus	
	Crisis support	

It also includes some points about same rights for all children. Are co-planning of meetings, the environment at Barnahus and crisis support things that all children enjoy? Or are they things that are only offered to a small percentage of the children about whom there is suspicion they have been exposed to violence in the catchment area?

All Barnahus

SUMMARY OF NECESSARY COMPONENTS (Max 19)

Linköping, Lund and Uppsala are the three Barnahus that fully provide all of the necessary components. But several Barnahus come close. Dalarna, Skåne Nordväst, Nordöstra Skåne and Västmanland are missing only one component. Gävleborg Sundsvall are missing only two necessary components (see table).

Barnahus and necessary components

Barnahus	Points	number	Percentage
Linköping, Lund, Uppsala	19	3	13.0
Dalarna, Nordöstra Skåne, Skåne Nordväst,	18	4	17.4
Gävleborg, Sundsvall	17	2	8.7
Huddinge-Botkyrka, Malmö, Södra Roslagen, Trollhättan	16	4	17.4
Eskilstuna, Värmland, Norrort	15	3	13.0
Nyköping, Umeå	14	2	8.7
Nacka, Örebro	13	2	8.7
Gotland, Handen	9	2	8.7
Stockholms ⁵³	8	1	4.3
		23	100.0

Finally, we divided the operations into three categories:

- A - A full Barnahus, in which all four of the rooms of the Barnahus are filled with operations.
- B - One of the rooms of the Barnahus is empty.
- C - Two of the rooms of the Barnahus are empty. Cooperation takes place only between the social services and the justice system; that is, protection and criminal investigation are the main focus, not physical or mental health.

Four Barnahus have operations in all four rooms, and fall into category A: Linköping, Lund, Skåne Nordväst and Uppsala (Necessary components 18-19).

Sixteen operations fall into category B (Necessary components 8-18).

The operations in Malmö, Nacka and Gotland fit category C (Necessary components 9-16).

SUMMARY OF COMPONENTS WITH AN ASSIGNED POINTS VALUE

Highest number of points is 75. None of the Barnahus received full points (which would hardly be expected either). The Linköping Barnahus got the highest value, at 69 points; the Skåne Nordväst Barnahus got 59 points; and the Lund Barnahus got 58 points. A further six operations have over 50 points.

Graded components (max. 75 points)

Barnahus and graded components

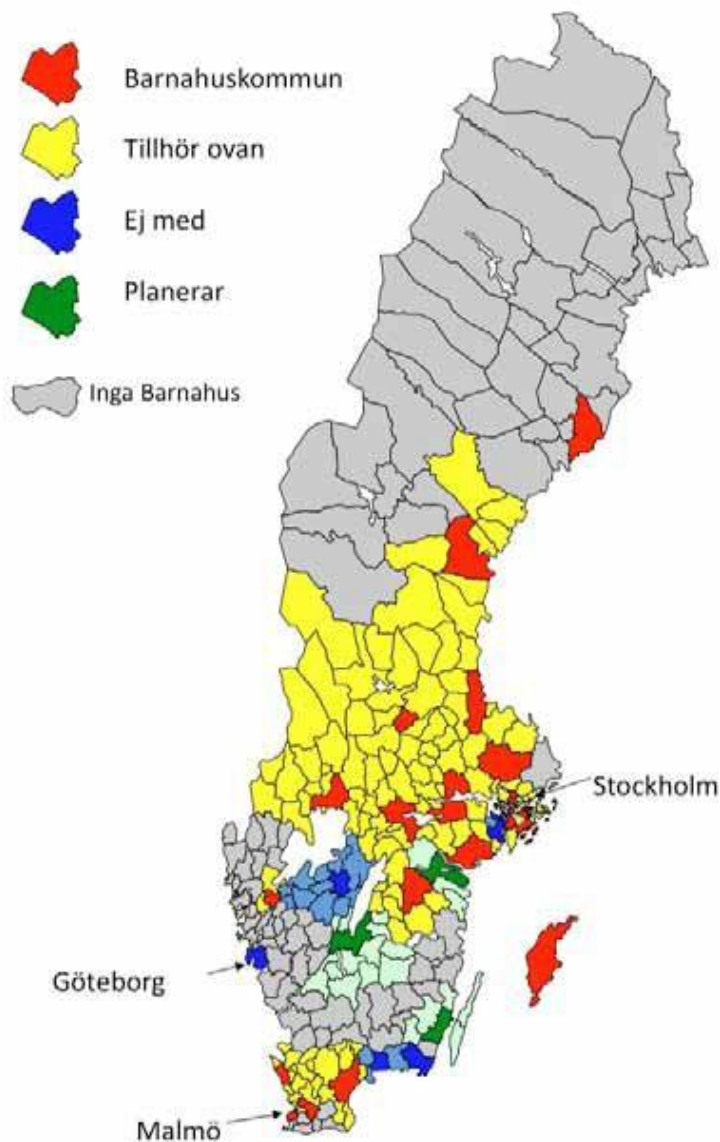
Barnahus	Points	number	Category
Linköping Barnahus	69	1	A
Skåne Nordväst Barnahus (Helsingborg)	59	2	A
Lund Barnahus	58		A
Nordöstra Sköne Barnahus (Kristianstad)	56	2	B
Trollhättan Barnahus	56		B
Västmanland Barnahus	54	1	B
Sundsvall Barnahus	52	1	B
Uppsala Barnahus	51	1	A
Gävleborg Barnahus	50	1	B
Eskilstuna Barnahus	49	1	B
Norrort Barnahus (Sollentuna)	46	2	B
Umeå Barnahus	46		B
Södra Roslagen Barnahus	45	1	B
Malmö Barnahus	43	2	C
Värmland Barnahus (Karlstad)	43		B
Huddinge-Botkyrka Barnahus	42	2	B
Örebro Barnahus	42		B
Dalarna Barnahus (Borlänge)	41	1	B
Handen Barnahus	35	2	B
Nyköping Barnahus	34		B
Nacka Barnahus	34	2	C
Stockholm Barnahus	31		B
Gotland Barnahus	23	1	C
	M=46	23	

The Barnahus that belong to category A Barnahus receive fairly high points on graded components 51-69 (average value 59.3). This is to be expected, as having regular operations in the four rooms automatically gives more points. Similarly, category C Barnahus will receive lower points while the Malmö centre, for example, receives high points for the operations conducted there.

Map of Sweden - number of municipalities that have a Barnahus

The Barnahus that were part of our quality review cover 140 of the country's 290 municipalities. Recently opened Barnahus and the one centre that chose not to participate (Gothenburg) cover a further 24 municipalities. In 23 municipalities there are advanced plans to start a Barnahus. This implies that 187 (64%) of Sweden's municipalities have or plan to start Barnahus, whereas the remainder - 103, or 36% - currently lack a Barnahus.⁵⁴

Municipalities with existing or projected Barnahus in Sweden in 2013.



Need for additional studies and research

This quality review has focused primarily on macrostructures in the operations of the Barnahus, rather than on examining quality - on the micro level - for example, how child forensic interviews take place, or the quality of medical examinations or of interventions provided. There is great scope here for ongoing research and development. It is our hope that the completed quality review can provide the foundation for ongoing quality assurance work at the various Barnahus, so that a subsequent quality review will be able to categorise more centres as true Barnahus (category A Barnahus).

The quality review we have carried out is primarily about what components a Barnahus has. There is a great need for ongoing study of the various operational elements individually, and to make comparative studies to identify which are of high quality and are effective. This applies particularly to crisis and treatment interventions.

In our review we did not investigate the quality of the preliminary investigations or the social investigations. That has been done to a certain extent in prior evaluations; however, ongoing evaluation and method development is needed.

The sanctions for physical abuse can be criticised because they sometimes disadvantage the child who is exposed. This applies, for example, to parents with small financial margins who are ordered to pay penalty fines. If the child continues to live at home, the child can be indirectly adversely affected. A better alternative would be that a parent who has committed minor physical abuse undergo treatment designed to stop the violence.

A method that has shown promising results is Cognitive Integrated Treatment of Child Abuse (KIBB), which is being tested at several Swedish Barnahus in a training and research project.⁵⁵ The program is aimed at families in which a parent has struck his or her child, resulting in a police report, and continues for 16 weeks. The program contains themes that relate to violence and its effects on children, trauma therapy and child parenting strategies. Its main purpose is to improve the relationship between children and their parents, to improve the child's health and particularly to avoid a repetition of the abuse in the future.

The social services have a responsibility to make risk and protection assessments when there is suspicion that a child has been exposed to violence, but they have few instruments that could help them in making their assessments. The development of risk assessment instruments must therefore be a high priority.

The objectives of Barnahus clearly state that the focus shall be on the child's best interests. We have seen many examples showing that this is not the case in Barnahus operations, but have not analysed the issue in this quality review. It is urgent that this be done. The checklist we present under the heading *Child's best interests* as primary focus could be used as a basis for a questionnaire to the Barnahus in which the staff themselves could estimate how well they fulfil the objectives. This would provide a clearer picture of where the greatest shortcomings lie. The questionnaire could also be supplemented with in-depth interviews.

Summary and recommendations

Barnahus are here to stay!

Eight years ago there were no Barnahus in Sweden. Today, Barnahus cover 164 of the country's 290 municipalities. An additional 23 municipalities have advanced plans to start a Barnahus.

The development has been extremely rapid. Most indications show that the growth of Barnahus in Sweden has implied a real improvement for children exposed to violence. In a relatively short space of time, the model has conquered large parts of Sweden.

Starting a Barnahus is a process that takes time and energy. It is reasonable to assume that it takes at least three years before the establishment phase is over and the centre personnel can focus on method development and quality assurance work.

Barnahus are here to stay. The Barnahus are a step in the right direction to ensure that children and adolescents who have been exposed to various types of abuse and crime encounter a helpful response. The good examples are numerous. However, there are a considerable amount of shortcomings and weaknesses at many of the Barnahus, and these must be addressed.

More national cooperation and national taking of responsibility would create better conditions in which to rectify the shortcomings. The good examples that exist deserve to be disseminated throughout the country: it is unnecessary that every Barnahus on its own should have to work out successful routines and methods. National coordination provides better conditions in which to learn from one another.

Under every criterion mentioned above we have discussed what we see as shortcomings and presented suggestions for improvement. Many of the shortcomings can and must be resolved at the local level. Others, however, require legislative amendments or national campaigns in order to find resolution. This will be the focus of the following discussion.

The development of the operations and the routines at the Barnahus is proceeding in the right direction. More and more Barnahus are being established. It is also highly encouraging that the cooperating agencies have, upon assignment by the government, established criteria for what a Barnahus must contain. However, certain structures and laws exist that prevent the cooperation from being as effective and child-friendly as might be desired.

Certain difficulties have been pointed out in all of the evaluations of Barnahus that have been carried out, and these remain to be resolved. The difficulties are largely independent of the cooperation within Barnahus - they existed before the Barnahus were introduced. However, the close cooperation that occurs within Barnahus has exacerbated the pre-existing difficulties. And these weaknesses make it extremely difficult for the Barnahus to live up to the criteria that the government has established.

If Sweden is to live up to the requirements of the UN Convention on the Rights of the Child and achieve consistent high quality in its Barnahus, structural and legislative changes are needed.

It is time for the government to take the matter seriously and implement the measures that are needed.

Barnahus for all children!

Today, children are handled differently when there is suspicion they have been exposed to crime, depending on where in Sweden they live. The Study on Barnahus pointed out the difficulties involved in offering all children access to Barnahus, depending on small catchment areas and long travel distances. Even though several Barnahus have been established since then, these children are at risk of receiving lower-quality investigations and care. It is our view that this shows there is a need to develop models that could involve mobile resources and local forensic interview rooms (at the local social services office or nearest district medical centre), particularly for the initial investigation and assessment of the need for crisis support and treatment.

Concerning children and adolescents who belong to the Barnahus' target group, we find that many of them have a great need for social, somatic, psychological and psychiatric support. It is therefore unreasonable that they should not receive a response and service of a consistent standard of quality. This is particularly weak as regards the contribution from healthcare - that is, medical examinations, crisis support and psychological or psychiatric measures. It is unacceptable that place of residence becomes the deciding factor in what level of support is offered to a child who has been exposed to violence. The underlying problems involve organisation and resource prioritising, as well as knowledge and attitudes. If Sweden is to live up to the Convention on the Rights of the Child, these problems must be resolved.

We propose that the government take the measures needed to ensure that all children in Sweden have access to Barnahus that are of a high standard of quality.

Expand the target group!

All children have a right to a child-friendly, safe environment. All children have a right to be given age-appropriate information. All children have a right to crisis support and treatment, and it is not possible to know what their need for this is before they have been assessed.

Too often, the target group established in the criteria for Barnahus implies that children are shut out from Barnahus when the social services have not commenced an investigation. This occurs, for example, when the perpetrator is not a guardian. The situation is particularly common among the age group 15-18.

So the selection of the target group implies that there is a great risk that children who have been exposed to commercial exploitation or human trafficking never have an opportunity to come to a Barnahus. Since the last-named two groups are often particularly vulnerable and are often what is called polyvictimised⁵⁶ their need for specialised help is particularly great.

While children who have witnessed violence are to be considered victims of crime, in practice they do not have the same rights and opportunities as do other crime victims. Owing to the fact that they are not injured parties, they are rarely interviewed by the police and their opportunities to obtain compensation for crime are made more difficult. Co-planning by the agencies involved is highly unusual. Children who have witnessed violence require attention to a considerable greater extent. Giving them the status of injured party would give them an unquestionable place in the operations of the Barnahus.

The Study on Barnahus pointed out that most Barnahus had too low a case volume (fewer than five children per week) to maintain proper competence and continuity in the cooperation. By eliminating the restrictions that are imposed and that are described above, centres would stand to gain a more

efficient organisation, and all children who have been exposed to crime could come to the Barnahus. It is the child's need for help and support that should guide us.

We propose that the target group of Barnahus be expanded so that all children who are to be interviewed by the police are interviewed at a Barnahus. Co-planning of forensic interviews, medical examinations, crisis support and treatment should be done at consultative meetings, even if the protection requirement has been satisfied. There is also a need for a system for guaranteeing that the children who have been exposed to commercial exploitation, sexual or otherwise, may come to the Barnahus and benefit from coordination of agency responses, trained child interrogators, support and treatment.

Establish a Lex Barnahus.

As early as 2008, the National Board of Health and Welfare, the Prosecution Authority, the National Police Board and the National Board of Forensic Medicine wrote that it should be considered whether the secrecy regulations could be clarified and if necessary adapted to organisations in which different authorities cooperate, to simplify cooperation in Barnahus.⁵⁷

The Study on Barnahus proposed a new set of regulations regarding the right of Barnahus staff to have insight into a criminal investigation or the social services' investigation of the care of the child and the opportunity for a Barnahus to document and register both its day-to-day operations and individual cases.

In our quality review we have again seen a need to clarify the secrecy legislation and the opportunity to document individual cases and adapt the legislation so that it simplifies cooperation in Barnahus and children's opportunity to eventually read the documentation of the measures taken and interventions they have received from a Barnahus.

Establish Lex Barnahus Secrecy legislation and documentation opportunities must be overhauled, clarified and modified, so that the agencies present at Barnahus will be able to exchange the information required to serve the child's right protection, support and information. The opportunity to exchange information should apply not only to the initial phase of the investigation.

The legislation should also facilitate common statistics so that a child can be tracked through Barnahus and various measures taken by public agencies, from the initial report and investigation right to the concluded preliminary investigation or a judgement that has acquired legal force, or the concluded treatment measures.

The challenge facing the social services: improving the routines surrounding protection and information.

The fact that a large percentage of the Barnahus lack clear routines to ensure that children receive the protection and information to which they are entitled after having been at a Barnahus is a serious problem.

We consider it extremely urgent that all Barnahus establish what routines for child pick-up and drop-off are to apply in their catchment area and work actively to ensure they are implemented. However, we also consider it a national responsibility to examine whether measures to improve the work of the social services in this area are required.

The challenge facing the police and the public prosecutors: Implementing zero tolerance for failing to complete investigations on time.

It is unacceptable that the police and the public prosecutor fail to comply with existing legislation requiring prompt processing of crimes against children. The irregularities are well known and have been targeted in summons applications by Save the Children Sweden and by the Swedish Ombudsman for Children for several years.⁵⁸ Nevertheless, in 2012 only 64% of the crimes were investigated within the stipulated time period. *We suggest that the affected authorities affected take forceful measures to guarantee that the police and the public prosecutor follow the existing legislation and investigate crimes against children promptly. Cooperation between the affected authorities must be prioritised to assure both the proper reception of the child and a high standard of quality in the preliminary hearings. Suspicions of crime against a child must be investigated carefully and the child's right to be heard and to receive information must be upheld.*

The current recommendation that children are to be interviewed by the police not later than two weeks from when it is suspected they have been exposed to crime should be inscribed in law.

A requirement of PROMPTNESS is imposed when crimes against children are to be dealt with in a court.⁵⁹

There should be zero tolerance for failure by the police and the public prosecutor to complete their investigation of the case on time.

The challenge facing healthcare: Take responsibility for children's mental and physical health.

In all evaluations of Barnahus the insufficient participation of healthcare in Barnahus has been pointed out. This applies to both physical and mental health. Barnahus are a form of organisation that facilitates cooperation among different agencies. Even so, healthcare has not succeeded in fulfilling its mission in Barnahus other than at a few centres. Local cooperation and local agreements have not been a sufficiently powerful tool for ensuring that children have the right to care and treatment throughout the country.

It appears that the prevailing routines are based on an outdated model for assuring the supply of medical competence to Barnahus in Sweden. Given that forensic pathology units only exist at the regional level, some other model needs to be developed. Briefly, we might describe such a model as one in which the local examinations are done by paediatricians and gynaecologists with special training. Supervising paediatricians and gynaecologists must be present at every Barnahus.

With cases that are difficult to assess, special knowledge (a second opinion) could be obtained from the nearest forensic pathology unit, while a national knowledge centre (see below) would have the overall responsibility for monitoring developments in the area, arrange further training and develop national guidelines.

The departure points must be that:

- children must be afforded the same rights throughout the country
- more forensic medical investigations must be carried out

- there needs to be a greater focus on children’s physical and mental health

We propose that all children who pass through a Barnahus be *offered* a health examination by a paediatrician who is knowledgeable and experienced with children who have been exposed to violence and neglect. This would create an opportunity to identify all children for whom there is a need for ongoing investigation and treatment. Preferably, such an investigation could take place in cooperation with a psychologist so that the child’s mental health could also be assessed. The health examination would be voluntary.

Children who have been exposed to neglect make up a large and highly vulnerable group. The Barnahus could be a place where these children could be identified at receive attention. Even if the crime suspicion that is the reason for the child’s appearance at the Barnahus is not extremely serious or cannot be proven, an increased focus on the protection of that child and on that child’s health could mean the child would receive help and proper interventions in time. This could involve children exposed to maltreatment by a stranger because of inadequate supervision at home or children exposed to minor physical abuse, but also various forms of mental abuse or neglect or teenagers who expose themselves to great risk without an adult seeing or intervening.

Ultimately, the Barnahus could be a specialist resource for exposed children regardless of whether there is a police report or not. The healthcare team that examines and assesses children after a police report could also be available for other children who have come to the attention of the social services. This applies, for example, to children in substance abuse environments and children in care placements.

According to our analysis, there are serious deficiencies in terms of resources, organisation, competence and attitudes in healthcare regarding children exposed to violence. This is something that cannot be resolved at the local level.

In the introduction, we gave a summary of Bert Danemark’s model of cooperation.⁶⁰ Regarding CAP’s participation in Barnahus, that model might look as follows:



Danemark applied to CAP's participation in Barnahus

	Promoting factors	Inhibitory factors
Rules and regulations	<ul style="list-style-type: none"> • CAP has clear undertakings in cooperation agreements. • Time set aside for meetings and for assessment/crisis conversations at Barnahus. • Meetings have been identified for CAP. • Structure, to identify difficulties in co-operation and improvement ideas. 	<ul style="list-style-type: none"> • Vague cooperation agreements. • CAP participates 'when time permits'. • CAP manages 'customary tasks' • Meetings are anonymous for BUP. • No structure to identify difficulties in cooperation or improvement ideas.
Organisation	<ul style="list-style-type: none"> • Permanent staffing of CAP at Barnahus. • CAP is available to provide crisis support in connection with forensic interviews at the Barnahus. • Time set aside for cooperation and common skills development. 	<ul style="list-style-type: none"> • CAP receives visitors at the clinic, 'does not leave the building'. • Refers to customary referral-based procedure. • Requires that 'parents themselves call'. • Refers to a first-line psychiatric competence that does not exist. No time allocated to cooperation or collective skills development.
Approach	<ul style="list-style-type: none"> • Child's best interest the No. 1 priority. • The fact that children are left with no crisis support or treatment due to agencies' organisational boundary-setting is unacceptable. • Continues to see the patient/offers support until someone to whom the patient can be referred is found. • Respect for the competence and assessments of other agencies (that is, if the social services say that more or some other competence is needed, CAP will take on the patient; if CAP reports a case to the social services, it is taken seriously). 	<ul style="list-style-type: none"> • Keeping their own assignment/the procurement as top priority. • No taking of responsibility for children who fall between the cracks. • Little respect for the assessments of other agencies. Mutual distrust.

We propose that the government appoint a commission to clarify the responsibility of healthcare with respect to children exposed to violence.

The commission should result in clearly formulated requirements from the government as to how the county councils should staff the Barnahus with paediatric and psychological/child psychiatric competence. It should use the Barnahus at which paediatrics and CAP are practised in cooperation as models.

A shared challenge: To let the rights of the child be our No. 1 priority.

Many of the shortcomings we see in the operations could be rectified through a more active implementation of the UN Convention on the Rights of the Child. The Convention contains four fundamental principles:

- No child may be discriminated against
- The best interests of the child are always primary
- The right to life, survival and development
- All children are entitled to be heard

The fundamental principles of the Convention on the Rights of the Child can be used as a guide to the organisation of cooperation. See figure/illustration 23.

The principle that no child may be discriminated against implies, for example, that Barnahus must be available for all children who are suspected of being exposed to crime, and that all children must be offered crisis support. The principle that the child's best interests always applies implies, for example, that no child may be allowed to fall between the cracks as a result of organisation, and that there be sufficient flexibility to change routines based on the individual child's special needs or wishes.

How the four fundamental principles of the Convention on the Rights of the Child can be applied to the operations of and cooperation within Barnahus.

Principles of the Convention on	Good examples	Shortcomings
No child may be discriminated against	<ul style="list-style-type: none"> • Barnahus for all children • Meetings as routine for all • All children are offered crisis support/treatment • All children offered a health examination by a paediatrician 	<ul style="list-style-type: none"> • Definitions regarding target group (age, type of crime) • Not all proceed to a meeting • Not all children are offered crisis support/treatment
Best interests of the child always applies	<ul style="list-style-type: none"> • No child shall be allowed to fall between the cracks due to organisation • All children who are to be interviewed by the police are welcome to come to the Barnahus • The adults move to the Barnahus • Flexibility to change routines based on the child's special needs 	<ul style="list-style-type: none"> • Keeping the operation's own assignment/organisation as the first priority. For example: • Children who are not investigated by the social services may not be interviewed at a Barnahus • CAP receives patients via customary referral procedure • Agencies do not leave their regular premises • The premises are not accessible for children with functional impairments
The right to life, survival and development	<ul style="list-style-type: none"> • Fast processing, well-functioning routines • High quality standard in investigations • Thorough protection assessments • Focus on mental and physical health 	<ul style="list-style-type: none"> • Long processing times • Inadequate protection assessments • Inadequate focus on physical and mental health
All children are entitled to be heard	<ul style="list-style-type: none"> • Information material for children • Clear information in conjunction with pick-up and drop-off • Clear information and an opportunity to be heard as regard the legal process, the investigation into the care of the child, crisis support/treatment and medical investigation • Information in connection with concluded process 	<ul style="list-style-type: none"> • Inadequate information given to the child at all stages • No way for children to control what is offered them or what they engage with

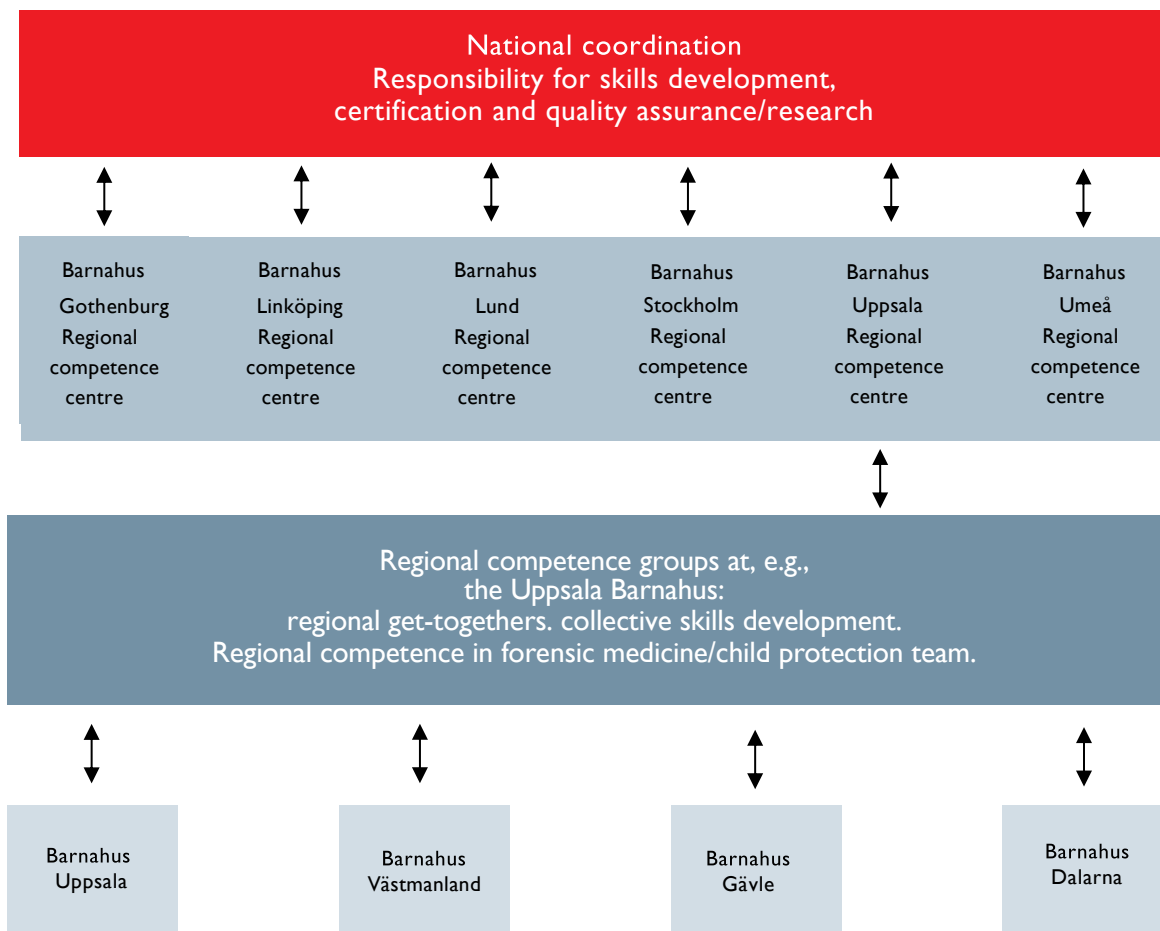
Establish national coordination of Barnahus operations.

During the period of the initial trial operations of Barnahus (2005-2007), the four cooperating agencies were in frequent contact with each other and with the six Barnahus. They organised working retreats with representatives of all Barnahus and professional gatherings for police officers, prosecutors, social services and child and adolescent psychiatry. All operations received visits from representatives of the cooperating agencies and the consultative group on a few occasions. At these visits there was an opportunity for the staff to bring up and discuss challenges or problems they were experiencing in their operations. Often the agency representatives provided solutions either by explaining legislation or rules and regulations by describing how other Barnahus had dealt with the problem.

When the trial operations ceased in March 2008, agency cooperation on the central level also ceased. This created a vacuum. Since then, Save the Children (partly together with Swedish municipalities and county councils) has continued to hold network gatherings for Barnahus personnel. These gatherings draw active professionals from new and old Barnahus to compare notes and learn from each other. They meet one full day per term to compare notes and listen to talks.

The need for continuing agency cooperation was stressed right in the presentation of the first Government commission on Barnahus. The Study on Barnahus again highlighted the need for national coordination.

24. Model for national coordination



We propose that the government establish a National Centre of Competence for Children Exposed to Violence. Such a centre of competence would have a clear link to the practical operations of Barnahus. This link to Barnahus would create a natural and unique foundation for knowledge and skills development in several agencies that encounter children who have been exposed to violence: the justice system, the social services and healthcare. The centre of knowledge may also form the platform that the Government sought when it commissioned the Swedish National Board of Health and Welfare to investigate the need for knowledge about violence against children.⁶¹

It will be responsible for the collective skills development and further training of professional staff at Barnahus. The centre of knowledge will also stand for a national coordination of the certification, continuous follow-up and quality assurance of Barnahus.

We also propose that the government allocate funds to enable Barnahus in communities with forensic medical units and university hospitals to function as regional centres of knowledge.

Footnotes

- 1 Diesen, C. (2003) . *Barnet i vuxnas rättssystem: en jämförande studie i nio europeiska länder om barnet i rättsprocessen vid misstanke om sexuella övergrepp: deltagande länder: Danmark, Finland, Grekland, Island, Italien, Rumänien, Spanien, Sverige och Tyskland*. Rädda Barnen.
- 2 www.nationalchildrensalliance.org.
- 3 Socialstyrelsen (2008). *Barnahus – försöksverksamhet med samverkan under ett tak vid misstanke om brott mot barn*.
- 4 Rikspolisstyrelsen, Rättsmedicinalverket, Socialstyrelsen & Åklagarmyndigheten (2008) . *Barnahus – försöksverksamhet med samverkan under ett tak vid misstanke om brott mot barn*, p. 9.
- 5 Landberg, Å. (2007). *Det här menar vi med Barnahus*, Rädda Barnen, Landberg, Å. (2009). *Gemensamma kriterier. Barnahus i tio punkter*. Rädda Barnen.
- 6 Rikspolisstyrelsen (2009). *Delredovisning av regeringsuppdrag avseende gemensamma nationella riktlinjer kring barn som misstänks vara utsatta för brott och kriterier för landets Barnahus*.
- 7 Rejmer, A. & Åström, K. (2008) . *Det blir nog bättre för barnen*.
- 8 Rikspolisstyrelsen, Rättsmedicinalverket, Socialstyrelsen & Åklagarmyndigheten (2008) . *Barnahus – försöksverksamhet med samverkan under ett tak vid misstanke om brott mot barn*.
- 9 Jonsson, S. (2011) . *Rätt, makt och institutionell förändring. En kritisk analys av myndigheters samverkan i Barnahus*. Rättssociologiska institutionen, Lunds universitet .
- 10 Kaldal, A., Diesen, C ., Beije, J . & Diesen, E .F. (2010) . *Barnahusutredningen 2010*. Juridiska institutionen vid Stockholms universitet. Jure Förlag.
- 11 Stefansson, K ., Gundersen, T. & Bakketeig, E. (2012) . *Barnehusevalueringen 2012. Delrapport 2. En undersøkelse blant barn og pårørende, jurister og politifolk, samt ledere og ansatte*. Norsk institutt for forskning om oppvekst, velferd og aldring NOVA Rapport 9/2012.
- 12 In Norway, children under 16 are rarely heard during court proceedings. Instead, a judicial forensic interview is carried out and it is recorded. It is the district court that decides whether to hold a judicial forensic interview and where it should be (cf. Sweden, where it is the public prosecutor who decides). They vary in the degree to which the district courts use children's homes and whether they permit the social services to be present in the listening-in. Police forensic interviews can also be held at the Barnahus.
- 13 UN Committee on the Rights of the Child (2009). *Concluding observations: Sweden*.
- 14 See Socialstyrelsen (2008). *Barnahus – försöksverksamhet med samverkan under ett tak vid misstanke om brott mot barn*.
- 15 Danemark, B. in Landberg, Å . (Ed.) (2009). *Boken om Barnahus*. Gothia Förlag, p. 24.
- 16 Rikspolisstyrelsen (2009). *Delredovisning av regeringsuppdrag avseende gemensamma nationella riktlinjer kring barn som misstänks vara utsatta för brott och kriterier för landets Barnahus*. www.nationalchildrensalliance.org.
- 17 www.nationalcac.org NCAC, National Children's Alliance.
- 18 The Study on Barnahus also recommends the model of coordinators who represent both a legal and a social perspective.
- 19 Rikspolisstyrelsen. (2009). *Delredovisning av regeringsuppdrag avseende gemensamma nationella riktlinjer kring barn som misstänks vara utsatta för brott och kriterier för landets barnahus*, pp 9-10 .
- 20 Rikspolisstyrelsen (2009). *Delredovisning av regeringsuppdrag avseende gemensamma nationella riktlinjer kring barn som misstänks vara utsatta för brott och kriterier för landets barnahus*, pp 9-10 .
- 21 We have not investigated whether or not the social services meet their deadline (the investigation of the care of the child should not take more than four months) but focused rather on the processing times of the police and the public prosecutor.
- 22 Landberg, Å. (2013). *Brott mot barn går före – om man bor i rätt del av landet*. Rädda Barnen.
- 23 The figures we analyse above refer to suspected physical abuse of child under 15. These figures represent all violent and sex crimes against children under 18 for which there is reasonable suspicion that a certain person is responsible.
- 24 This is a fictive case, intended to illustrate case progression.
- 25 Fictive case.
- 26 Some operations include children who have exposed other children to abuse in their target group. This implies they may come to the Barnahus for forensic interview and supporting interventions. This would then occur at times when other children are not in the premises.
- 27 Stockholm is planning to relocate its operations.
- 28 Act (1999:997) on Special Child Representatives.
- 29 Social Services Act 5:1a.
- 30 Section 19, Royal Proclamation on Preliminary Investigations.
- 31 Socialstyrelsen (2008). *Barnahus – försöksverksamhet med samverkan under ett tak vid misstanke om brott mot barn*.
- 32 Act (1999:997) on Special Child Representatives.
- 33 2 Section, Act (2005:225) on Forensic Medical Certificate due to Crime.
- 34 Rikspolisstyrelsen, Rättsmedicinalverket, Socialstyrelsen & Åklagarmyndigheten (2008). *Barnahus – försöksverksamhet med samverkan under gemensamt tak vid misstanke om brott mot barn*.
- 35 Source: Rättsmedicinalverket.

- 36 Kaldal, A., Diesen, C., Beije, J. & Diesen, E. F. (2010) *Barnahusutredningen 2010*. Juridiska institutionen vid Stockholms universitet. Jure Förlag.
- 37 Socialstyrelsen (2008) . *Barnahus – försöksverksamhet med samverkan under ett tak vid misstanke om brott mot barn*.
- 38 Rikspolisstyrelsen (2009) . *Delredovisning av regeringsuppdrag avseende gemensamma nationella riktlinjer kring barn som misstänks vara utsatta för brott och kriterier för landets Barnahus*.
- 40 Socialdepartementet. (1999). *God vård på lika villkor? - om statens styrning av hälso- och sjukvården*. SOU 1999:66.
- 41 Ch. 5, Section 11 of the Social Services Act.
- 42 Ch. 4, Section 1 of the Social Services Act. 43 Gov't bill 2006/07:38 p. 31.
- 44 Socialstyrelsen. (2012) *Brottsoffer och deras närstående. Socialtjänstens ansvar för att ge stöd och hjälp*.
- 45 Section 3 Healthcare Act.
- 46 Section 4 Healthcare Act.
- 47 Section 2 f HSL and Ch. 6 Section 5 PSL.
- 48 Landberg, Å. (2012) . *Våldsutsatta barn inom Hälso- och sjukvården. Kritik och förslag från Rädda Barnen 2012*. Rädda Barnen.
- 49 Socialstyrelsen (2012). *Brottsoffer och deras närstående. Socialtjänstens ansvar för att ge stöd och hjälp*.
- 50 Socialstyrelsen (2012). *Kunskap om våld mot barn. Behovet av en nationell samordning*.
- 51 For one Barnahus we lack data.
- 52 Rikspolisstyrelsen (2009) . *Delredovisning av regeringsuppdrag avseende gemensamma nationella riktlinjer kring barn som misstänks vara utsatta för brott och kriterier för landets Barnahus*.
- 53 In 2012, Stockholm underwent a reorganisation. Its purpose was to create a mega-Barnahus in premises that also contain three police chief districts. Its operations functioned on a minimal level while waiting for the new organisation, which is reflected in the low points value achieved.
- 54 Additionally, a number of other municipalities around the Umeå Barnahus can use the Centre when needed but have elected to remain outside the cooperation agreement.
- 55 Kjellgren, C., Svedin, C. G. & Nilsson, C. (2013) . Implementing an evidence-based program targeting child physical abuse.
- 56 Being polyvictimised means having been exposed to a number of traumatic events.
- 57 Rikspolisstyrelsen, Rättsmedicinalverket, Socialstyrelsen & Åklagarmyndigheten (2008). *Barnahus – försöksverksamhet med samverkan under ett tak vid misstanke om brott mot barn*.
- 58 Barnombudsmannen (2012). *Signaler*. Landberg, Å. (2013) . *Brott mot barn går före – om man bor i rätt del av landet*. Rädda Barnen .
- 59 A Ministry article from June 2013 suggests that the government impose a deadline for the courts when a child is suspected of having been exposed to crime. (Ds 2013:30 Skyndsamhetskrav och tidsfrister i ärenden med unga misstänkta och unga målsägande.).
- 60 Se Denmark, B. i Landberg, Å. (red) (2009) . *Boken om Barnahus*. Gothia Förlag.
- 61 Uppdrag att genomföra en kartläggning av behov av kunskap om våld mot barn, m.m. (S2012/275/FST).
- 62 Källa: Swedish Prosecution Authority, Analysis Dept.

Appendices

Appendix 1. Operations included in the quality review

Malmö Barnahus (Malmö) Mellersta Skåne
Barnahus (Lund)
Skåne Nordväst Barnahus (Helsingborg) Nordöstra
Skåne Barnahus (Kristianstad)
Trollhättan Barnahus
Gotland Barnahus (Visby)
Linköping Barnahus
Örebro County Barnahus (Örebro)
Eskilstuna Barnahus Handen
Barnahus (Haninge) Stockholm
Barnahus
Södra Roslagen Barnahus (Täby)
Norrort Barnahus (Sollentuna)
Huddinge-Botkyrka Barnahus
Nacka Barnahus
Västmanland Barnahus (Västerås)
Uppsala County Barnahus (Uppsala)
Värmland Barnahus (Karlstad)
Dalarna Barnahus (Borlänge)
Gävleborg Barnahus (Gävle)
Sundsvall Barnahus Umeå Barnahus
Nyköping Barnahus

Appendix 2. Percentage of cases in 2012 in which the deadline (90 days) for the investigation of violence against or abuse of children (0-17 years of age) was met.

By public prosecutor's office.⁶²

Public prosecutor's	Met the
Falun	42
Södertörn	42
Kristianstad	48
Norrköping	49
Borås	52
Kalmar	54
Örebro	55
Västerort	56
Eskilstuna	58
Nyköping	59
Söderort	59
Norrort	60
Sundsvall	61
City	62
Halmstad	63
Växjö	63
Västerås	63
Linköping	64
Gothenburg	65
Luleå	68
Gävle	68
Umeå	69

Karlstad	70
Southern Skåne	72
Malmö	73
Karlskrona	73
Skövde	75
Uppsala	75
Uddevalla	77
Östersund	79
Helsingborg	80
Jönköping	80
Entire country	64

Appendix 3. Investigations and statements by forensic pathologist, by police department. Source: Swedish National Board of Forensic Medicine.

Police authority	Living examination	Statement	Total
Police, Dalarna Division	13	12	25
Police, Gotland Division	0	1	1
Blekinge County Police	3	36	39
Gävleborg County Police	19	8	27
Halland County Police	2	13	15
Jämtland County Police	1	2	3
Jönköping County Police	4	13	17
Kalmar County Police	9	22	31
Kronoberg County Police	7	3	10
Norrbottn County Police	5	6	11
Police, Skåne Division	64	25	89
Stockholm County Police	41	112	153
Södermanland County Police	2	16	18
Uppsala County Police	50	16	66
Västerbotten County Police	14	14	28
Västernorrland County Police	0	14	14
Västmanland County Police	22	6	28
Police, Västra Götaland Division	36	89	125
Örebro County Police	5	62	67
Östergötland County Police	36	10	46
Police, Värmland Division	3	5	8
No information	0	1	1
Total	336	486	822

Appendix 4. Medical examinations conducted by forensic pathologists, by age group, 2012. Source: Swedish National Board of Forensic Medicine.

Age	num
0	13
1	12
2	11
3	19
4	20
5	20
6	18
7	18
8	19
9	11
10	10
11	12
12	14
13	15
14	20
15	32
16	39
17	33
Total:	336



Save the Children fights for children's rights. We stimulate public opinion and support children in unsafe situations in Sweden and internationally.



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